



# Fundamental Review of Data Returns

*Consultation Response*

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# Fundamental Review of Data Returns

## *Consultation Response*

**Prepared by the Fundamental Review Project Team**

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# 1. Introduction

- 1.1 This document forms the Government response to the consultation on the Fundamental Review of Data Returns. The consultation was open for 12 weeks from 30 August 2011 to 22 November 2011, and conducted in accordance with the then extant Government Code of Practice on Consultation. Overall, the consultation received **75 responses**.
- 1.2 This Government response document provides background to the Fundamental Review, and sets out what we heard from the consultation process and how this factors into the final recommendations for data returns. The status of individual data returns, setting out whether they are to be retained, discontinued or further work is required is detailed at [Annex D](#). In arriving at this decision where relevant, these responses have been taken into account when laying out the plan for the discontinuation of data returns that have been deemed no longer required. Finally, this document gives details on ongoing work to reduce the burden of data returns, making reference to the original proposal in the consultation document to undertake a second phase of the Fundamental Review.

## Background

- 1.3 Meaningful information is the lifeblood of the NHS and is essential not only to support the care-giving process, but to enable every NHS organisation to manage day-to-day governance, to make statutory returns to regulators and contractual returns to commissioners in order to inform the wider health system, and ensure accountability for public money. However, different information is needed now and in the future compared to the past, when we primarily gathered data that supported performance management and delivery of process targets. The Department's position on the future use of information is set out in 'The power of information: Putting all of us in control of the health and care information we need.' The emphasis has now shifted to collecting data that informs public and patient choice, helping clinicians to improve the quality of care, through a clear focus on improving outcomes.
- 1.4 It is for these reasons that the Government made a commitment in the White Paper *Equity and Excellence: Liberating the NHS* to "...initiate a fundamental review of data returns, with the aim of culling returns of limited value. This will ensure that the NHS information revolution...is fuelled by data that are meaningful to patients and clinicians when making decisions about care, rather than by what has been collected historically."<sup>1</sup>

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<sup>1</sup> Equity and Excellence: Liberating the NHS available from:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_117794.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf)

Paragraph 5.7, page 44

- 1.5 The Fundamental Review covered all national data returns requested by the Department of Health in England and its Arms Length Bodies (ALBs) from NHS organisations. The review **did not** cover the burden imposed by all national collections of data on providers of NHS care - for example, data returns commissioned from the Royal Colleges, and non-health public bodies. This review also did not consider any additional data returns requested by commissioners (Strategic Health Authorities and Primary Care Trusts) from other NHS bodies.
- 1.6 Additionally, the Fundamental Review did not cover the Department's responsibilities for adult social care, and the data collections required from local authorities. *Transparency in outcomes: a framework for adult social care* announced a 'zero-based review' of social care data that took place concurrently<sup>2</sup>. The review of social care data aims to establish a new national data set and replace all current collections, substantially reducing the burden imposed and making data collections more relevant to modern services and outcome priorities.

### Consultation Process

- 1.7 The consultation document sought views on the findings of the Fundamental Review. For clarity and background, it also detailed the Fundamental Review of Data Returns process, explaining the methodology, engagement with the NHS and other bodies, the recommendations arising from the review, as well as outlining the next steps for this programme of work.
- 1.8 We looked for views on the recommendations of the Fundamental Review from the NHS as the main providers of information, and from the organisations that regularly request data from the NHS. However, we also recognised that the information generated as a result of these data returns, including some official and national statistics, are used by a much wider audience, such as research organisations and academia, as well as being of interest to patients and the public. We actively encouraged comments from these and other groups.
- 1.9 Where information from data returns supported the publication of official or national statistics, we identified the impact our recommendations will have upon these publications in a statistical annex. We also produced technical annexes that gave more detail on the recommendations for each of the data returns in the baseline, to allow individuals with an interest in a specific area to comment.
- 1.10 The consultation document was promoted to the NHS through *The Week*, and articles covering the review ran in trade publications. In addition to this, we sought expressions of interest to run awareness events with NHS colleagues resulting in an event at NHS

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<sup>2</sup> See the Information Centre website for more information on the review of adult social care data: [www.ic.nhs.uk/services/social-care/news-and-events/zero-based-review-of-social-care-data](http://www.ic.nhs.uk/services/social-care/news-and-events/zero-based-review-of-social-care-data)

East of England. We also ran a session with statistics professionals from the Health Statistics User Group to gather views on the impact of the recommendations on statistical publications and their users.

### **Suspension of data returns**

- 1.11 The Fundamental Review recommended that 76 (25%) of the returns be discontinued and estimated that this would reduce the burden on the NHS by approximately £10m per annum.
- 1.12 In the latter stages of the Review, and during the preparation of the consultation package, 58 data returns with a recommendation to be discontinued have been suspended. This decision was taken for a number of reasons, such as; where the existing Review of Central Returns (ROCR) licence was coming to an end, or had expired, and there was considered to be no value in continuing to collect data that did not fit with Government priorities; where collecting data of this type would be seen as an inappropriate use of resources particularly at a time when resources are scarce; or where the data was available for collection via a more efficient collection system. These were suspended on the basis that they could be reinstated if the consultation demonstrated a strong case for resumption, and that they contributed to the effective delivery of healthcare.

## 2. Findings from Consultation

- 2.1 As mentioned above we received **75 responses** to the consultation. The majority of responses came in the form of organisational responses from the NHS and professional bodies. We also received a smaller number of responses from individuals. The list of organisations that responded can be seen at [Annex B](#).
- 2.2 There was a good mix of organisations responding to the consultation with an interest in the Fundamental Review. However, the overall number of responses to the consultation may have been limited despite the inclusive nature of engagement throughout the review by the very technical nature of the consultation, along with the large volume of supporting material published alongside the consultation. In addition, the majority of the responses we received chose not to answer every question systematically, instead choosing to respond to specific questions as appropriate. Not all returns and themes received a significant number of comments and some did not receive any at all. For this reason, we have chosen not to provide a question-by-question analysis of responses in this document. Instead, this section covers the responses to the core questions along with some of the specific issues raised by respondents.

### Overall Findings

- 2.3 As described above, many respondents chose to respond based on specific data returns rather than answering each question posed. The tables below show the answers related specifically to the recommendations in the review.

**Q1: Are there any other data returns that the review has not identified that are requested by the Department of Health or its Arms-Length Bodies?**

Yes	No
10	33

- 2.4 Most respondents answering this question indicated that there were no data returns that the Fundamental Review had overlooked. Respondents that gave examples of returns that should be incorporated, listed data returns that were either out of scope for the Fundamental Review (i.e. not commissioned by DH or its ALBs), or were not part of the June 2010 baseline. Returns that have been introduced since the review first started have been assessed against the same criteria used in the review as part of the Health and Social Care Information Centre’s Review of Central Returns (ROCR) process. Post consultation, some returns were reconsidered on the basis of evidence received and



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were subsequently taken out of scope on a definitional basis, for example ‘Admitted Patient Flows was found to be a dataset definition rather than a data return.

2.5 The responses indicate that we identified all relevant data returns, supporting the fundamental nature of the review. However, in attempting to include all relevant data returns we included in the baseline some data items that were not suitable for review. These are outlined below in [section 2.6](#).

2.6 In an attempt to conduct a truly fundamental review that was wide-ranging and inclusive as possible we incorporated some items in the baseline that, upon reflection, should have been omitted. The table below sets out the revisions made to the fundamental review baseline, listing the relevant returns, as well as explaining the reasons for removing them from the original baseline:

Data return Reference	Title	Reason
62	Monitoring Revisions to new GP Contract-FIMS(FHS)4 and PFR1A-D data collection from PCTs 2006-7	This was found to be a duplicate of GMS-Quarterly analysis of cash limited expenditure.
152	Admitted Patient Flows	Dataset definition rather than a data return.
153	Admitted Patient Stocks	Dataset definition rather than a data return.
158	Inter-Provider Transfer Administrative Minimum Dataset	For local use only. Not a central return.
165	Referral to Treatment Clock Stop Administrative Event	Data items as part of an existing commissioning dataset (CDS)
166	Referral to Treatment Data Set	Data items as part of an existing commissioning dataset (CDS)
168	Summarised Activity Flows	Dataset definition rather than a data return.
169	Summarised Stocks	Dataset definition rather than a data return.

**Q2: Do you agree with the findings of the review, in terms of retain recommendations?**

Yes	No
39	11

2.7 Again, the majority of responses to this question supported the recommendations in the Fundamental Review adding that the review findings were reasonable and struck the right balance. Some responses questioned the recommendations on specific returns,

where these are significant they are included within [section 3](#) under the individual themes they relate to.

2.8 Where we received specific responses on retain recommendations, these will be factored into the on-going licensing of returns by the Review of Central Returns team.

**Q3: Do you agree with the findings of the review, in terms of discontinue recommendations?**

Yes	No
24	30

2.9 Where people disagreed, some responses questioned the recommendations on specific returns. Where these are significant they are included within [section 3](#) under the individual themes they relate to.

2.10 Some responses disagreed with the proposed discontinue recommendations, questioning the proposal to make data available through other means. Where returns are due to be discontinued once the data is available from alternative sources, work will be undertaken to verify that the specific data items are available from the alternative collection methods proposed. In some cases this will mean that there is a period of dual running of existing data returns and the new proposed returns to ensure the effective transition and that both the relevant data items are included in the new collection mechanism and that the quality of data is fit for purpose. Where relevant this is detailed further in [section 3](#) on thematic findings.

2.11 Some general concerns were raised about data still being needed at a local level. The Fundamental Review recommendations are only applicable to central data returns. Information that is required at a local level can still be collected by organisations.

**Q4: Do you agree with the findings of the review, in terms of further work required recommendations?**

Yes	No
33	11

2.12 Again, the majority of responses to this question supported the recommendations in the Fundamental Review. Some responses questioned the recommendations on specific returns. Where significant these are included within [section 3](#) under the individual themes they relate to.

2.13 The category of ‘Further Action Required’ may have been misunderstood by some respondents. The recommendation does not mean that the returns will be discontinued,

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but rather that further investigation will be carried out in the future. Therefore where we received specific responses on further work required recommendations, these will be factored into the on-going licensing of returns by the Review of Central Returns team.

## 3. Findings by Theme

- 3.1 Not all of the themes received specific comments about individual returns within them (Cancer, Clinical, Primary Care and Specialist did not receive specific comments). Some themes (Finance, Health and Safety/Emergency Preparedness, Patient Care and Experience and Public Health) received a small number of specific comments that were generally supportive. We have set out below the themes where a substantial number of specific comments were received.

### Mental Health

- 3.2 A number of comments were received questioning the intention to discontinue data returns without having in place a suitable alternate mechanism for data capture. The intention within this theme is to ensure that dual running occurs between existing data returns and the Mental Health Minimum Dataset and Improving Access to Psychological Therapies Dataset to ensure that the data quality is sufficient to discontinue the individual specific returns.

#### Improving Access to Psychological Therapies (IAPT)

- 3.3 We received a small number of comments about this data return questioning the recommendation to run this return in parallel with the new IAPT dataset on a time limited basis. The intention is to continue to run the two systems in parallel throughout 2012/13 to assure the data quality of the new system before discontinuing the existing Omnibus collection.

#### Informal patients and Patients Detained under the Mental Health Act

- 3.4 Further detail on the proposed discontinuation of this return is provided in the statistical [Annex D](#).

### Performance

- 3.5 A significant number of comments were received regarding specific returns in this theme. While most comments were in agreement with the recommendations, concerns were raised about the QMAE - Accident & Emergency, Genito-Urinary Medicine 48 Hour Access Target Monthly Monitoring (GUMAMM) and KH03a Open and Staffed Adult Critical Care beds returns. Further detail on the proposed discontinuation of these returns is provided in the statistical [Annex D](#).
- 3.6 A number of responses raised concerns that discontinuing the Monthly Activity Flow (known as the MAR) and Quarterly Activity Return (known as the QAR) returns and integrating the data in the Secondary Uses Service (SUS) would remove the ability

locally to monitor referrals. While we stand by the recommendation to integrate these returns into SUS to reduce the burden, we acknowledge that this must happen on a managed basis. We will consider whether a new return that collects referral data once the dual running of MAR and QAR with SUS has ended and the MAR and QAR are discontinued is the best method to manage the transition into a system fully derived from SUS.

### Support Services

- 3.7 There were a small number of returns which received specific comments through the public consultation. While most comments were in agreement with the recommendations, concerns were raised about the Junior Doctors Hours return

#### Junior Doctors Hours

- 3.8 A few concerns were expressed about the Junior Doctors Hours return as it was felt that the return was valuable for workforce planning. Although the central collation of the data is proposed to be discontinued, the data can still be collected locally. Trusts still undertake the monitoring of junior doctors' hours (and have a contractual obligation to do so)

### Workforce

- 3.9 A number of comments were received regarding returns in this theme. A number of concerns were expressed about the following returns:

#### Annual HCHS non-medical workforce census, Annual non-medical census (Bank Staff only), Annual Medical and Dental Workforce Census

- 3.10 A number of comments criticised the proposal to discontinue these returns on the basis of using ESR to provide the data.
- 3.11 It is essential to understand the shape and size of the hospital and community health sector workforce as we work through transition and help deliver the ambitions of the White Paper Equity and Excellence: Liberating the NHS. The annual medical and dental and non-medical workforce censuses provide a detailed breakdown of the NHS hospital and community workforce across the country, and are used to support and inform a very wide range of national workforce policies and the national workforce planning agenda.
- 3.12 These collections will continue, using the data available from the Electronic Staff Record (ESR). However, there is now a very large reduction in burden due to the improvements in the information available and enhanced quality of data on ESR so we are able to collect the majority of this information directly from the ESR system, rather than going to individual organisations for validation manual data collection. This data

source could potentially provide additional information on bank staff (e.g. Gender, ethnicity, age, occupation code), payments made to bank staff as well as covering other bank staff beyond the existing collection that is restricted to nursing staff. Further details will be published when available through joint work between the Department of Health and the Health and Social Care Information Centre (HSCIC) via the Workforce Information Architecture Project to support this.

- 3.13 The census information (excluding bank) will continue to be collected as normal for the two trusts, which are not on ESR – Moorfields Eye Hospital NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust.
- 3.14 Further details on the proposed discontinuation of these returns are provided in the statistical [Annex D](#).

### Annual NHS Vacancy Collection, General Practitioners Practice Vacancy Survey

- 3.15 A number of comments were received which criticised the proposal to discontinue these returns.
- 3.16 The Department of Health is working with the HSCIC and other stakeholders to design the Workforce Information Architecture (WIA) for the new education and training system which includes information on vacancies.
- 3.17 The WIA programme will help to provide a long-term solution to vacancy information, which will lead to more regular and more granular information with the information being collected centrally via administrative systems where possible, negating the need for local burdensome bespoke data collections. The new data sources will potentially offer more than the vacancy surveys, which are of limited use in pulling out genuine recruitment shortages from normal turnover and annual recruitment cycles.
- 3.18 Further detail on the proposed discontinuation of this return is provided in the statistical [Annex D](#).

### NHS Staff Engagement and Attitudes towards the NHS

- 3.19 The NHS staff engagement survey was recommended to be discontinued at the time the fundamental review was undertaken as there was no evidence of ongoing Ministerial commitment. However, it was agreed that if the survey was required in the future, then a new licence to collect data would be sought from the HSCIC, to reflect the updated survey.
- 3.20 Subsequently Ministers have agreed to continue to collect data to support NHS staff engagement and attitudes towards the NHS and this has been granted a ROCR licence for one year.

### Practice Staff Return

3.21 In light of the consultation responses received, the status of this return has been changed from discontinue to retain. There is support for the continuation of the practice staff return, basing it on the increased need for this information due to the changing NHS landscape and transferring care from acute to primary or community care. As part of this we will build on the work the HSCIC has done to improve the quality of the data and factor this in through the Review of Central Returns process.

### Other findings from the consultation

**Q5: Will these recommendations have any other impact, positive or negative, that we have not identified?**

3.22 A number of comments were received in response to this question covering a broad range of general issues. In addition to this a number of comments about individual specific returns were also received – these have been dealt with through the thematic section above. Most of the general comments were isolated in that either a single organisation or individual made them. The types of general issues people covered are detailed below.

3.23 Local collection of data – a general feeling that although the data may not be requested centrally that this was unlikely to significantly change local practice, in particular where locally commissioners saw the value in the local data collection. Points in addition to this related to the impact of the benefit of removing data returns not being felt locally if commissioners continued to request data, as the majority of the cost was loaded into the collection of the data not into the central reporting (therefore the burden was not likely to be removed). It was also indicated that in some cases by removing the central return there could be a perverse incentive in that locally bespoke solutions may be put in place that were more burdensome than a centrally defined return. Concern was also expressed that without a consistency of data return across organisations, then trend data, benchmarking and associated identification of best practice may not follow. It was also noted that there may be a loss of useful cumulative quality measures if consideration was not given to the total impact of the returns recommended for discontinuation. Comments on data quality and the need to ensure accurate and timely feedback to organisations collecting data were also made.

**Q6: Will the proposed changes to Official or National Statistics have an impact on the uses you make of statistics?**

**If so, in each case:**

- **Identify the return and publication affected**
- **State whether you accept or object**

- Explain what you use the affected publication for
- Describe the impact on your use, taking into account the availability of alternative sources
- Give details of any presently unpublished sources you know of that, if published, might be used instead.

3.24 Most people either did not respond to this question or indicated there was no impact on the use made of statistics. Issues related to the impact made on the use of statistics have been included within [Annex D](#).

**Q7: Where you object to changes can you suggest alternative collections which you feel are of lesser value which might be considered for discontinuation instead?**

3.25 There were very few comments received to this question and in general terms these did not offer any alternative collections that should be considered for discontinuation. Where a small number of alternative collections were suggested, these will be looked at as part of the ongoing licensing process.

**Q8: Do you have any other views on related statistical issues?**

3.26 There were a small number of comments relating to this question. Concern was expressed about the potential loss of equality data. Some comments regarded issues beyond the scope of this review. Some comments related to the need to align timing of alternate data sources so that in transition between existing and future data returns there was no gap. A view was expressed that statistical products should be presented in a way that are easily understandable to a lay person. These views have been considered as part of the drafting of this consultation response.

**Q9: In terms of either themes or individual data returns, what should the priorities be for the second phase of work?**

3.27 A small number of comments were received in response to this question; most with suggestions about themes or individual returns which could be considered as a priority for inclusion in future review work. These comments will be taken into consideration when future review work commences and prior to that, where relevant considered as part of the Review of Central Returns process.

**Q10: Do you have any comments on the ROCR burden estimates identified for data returns?**

3.28 There were only a very small number of responses directly relating to this question, and most of those that did were supportive of the burden estimates included. There were a few comments relating to individual returns suggesting either under or over estimates



had been included, where relevant these comments will be used as part of the Review of Central Returns process. A few comments related to the total burden savings figure querying whether this was correct, given that in a number of cases it is expected that locally commissioners will still request data returns even though this is not required centrally. A few comments acknowledge the weakness of a total burden savings figure when there are some data returns with no burden estimate attributed to it. A couple of comments query what activities are included in the burden estimate, indicating significant resources dedicated to the analysis of data at both a local and a central level.

### **Q11: Do you have any comments on the costs/benefits identified in the consultation stage Impact Assessment?**

3.29 Overall there were only a small number of comments related to this question. There were a few specific comments relating to individual returns, and where relevant these will be considered as part of the Review of Central Returns process. Some comments related to the ongoing local collection of data even where centrally these were likely to be discontinued, suggesting that costs would still be incurred locally and in some cases these costs were likely to be increased if the central reporting element was removed.

### **Q12: Do you have any other comments on the evidence presented in the Impact Assessment?**

3.30 There were very few comments relating to this question, and in most cases they related to issues already covered by other questions. There was a question raised as to the detail behind the modelling used in the impact assessment, requesting further information around the breakdown of staff hourly rates in a more granular way. General details on how burden is calculated are available on request from the Review of Central Returns team (<http://www.ic.nhs.uk/about-us/contact-us>)

### **Q13: Are there any equalities related issues that our recommendations may impact, in terms of:**

**Disability?**

**Gender?**

**Race?**

**Age?**

**Gender Reassignment (including transgender)?**

**Sexual Orientation?**

**Religion or Belief?**

**Pregnancy and Maternity?**

**Carers?**

**Other?**

- 3.31 There were hardly any responses to this question, most indicating a nil response. Some comments related to mental health, workforce and performance. The queries regarding mental health data were relating in particular the Count Me In 2010: National Mental Health and Learning Disability Ethnicity Census. Equality is a priority and was included in the DH Performance Framework for Mental Health Trusts. The MHMDS does record data on people with learning disabilities in contact with mental health services, though they are not separately identifiable as a group, it is the data on the services that are not included. There are plans to extend the scope of the MHMDS to include learning disability services from April 2014.
- 3.32 As public sector bodies, NHS organisations need to respond to the public sector Equality Duty of the Equality Act 2010. At the heart of the Equality Act are provisions to outlaw direct and indirect discrimination, harassment and victimisation with regard to the nine characteristics protected by the Act (given above). The collection of patient data against the nine protected characteristics will help NHS organisations in their response to legal obligations in relation to equality.

### **Q14: Do you have any other comments regarding this consultation?**

- 3.33 There were a large number of mainly positive and supportive comments received in response to this question. Where these related to a specific return or theme, they have either been considered elsewhere in this paper, or will be fed into the Review of Central Returns process.
- 3.34 Concerns were expressed about the publication and transparency of data, particularly about the need to make information accessible to a wide range of users.
- 3.35 It was suggested that more work needed to be undertaken to reduce duplication between the returns proposed to be retained and existing datasets. This will be considered when future review work commences.
- 3.36 Individual general points raised include:
- Concerns about the lack of returns that focus on community based services
  - The possibility that there will be an increasing number of requests for data collections in the new NHS landscape which may replace any burden savings from the Fundamental Review
  - As the fundamental review leans towards measuring outcomes rather than performance indicators, concerns were raised that it may be discontinuing the methods that the NHS has of achieving the outcomes
  - The thematic basis of the review was commented on, and that the high level of categorisation on data returns did not accurately reflect the reality of day to day manipulation of data

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- Concerns were raised that discontinuing returns may result in an increase in ad-hoc queries and Freedom of Information requests

### Impact Assessment and Equalities Screening Assessment

- 3.37 To accompany the findings from the Fundamental Review following the public consultation we have produced a final stage Impact Assessment that provides further detail on the associated costs and benefits of delivering our recommendations. This builds on the information we used in the consultation stage impact assessment and takes into account the views expressed relating to both individual data returns and the general questions (Q10 -13)
- 3.38 Alongside the Impact Assessment is a final stage Equalities Analysis that sets out how the Fundamental Review affects equalities aspects. In summary, we do not believe that the Fundamental Review will have any impact, positively or negatively, on any equalities characteristics.

## 4. Next steps / further actions

### Fundamental Review of Data Returns Final Recommendations

- 4.1 The table in [Annex A](#) sets out the final position on each data return following the completion of the public consultation. We have included the original recommendation set out in the public consultation, the final recommendation following consideration of consultation responses, and the current status of the data return. In some cases, as set out in the original consultation document, data returns to be discontinued have already been suspended pending the outcome of this consultation.

### Discontinuation of data returns

- 4.2 For some data returns where the final recommendation following public consultation is for discontinuation, there are a number of actions to be taken to decommission the data returns. The plan to decommission these data returns will be developed working with the Information Standards Board and NHS Data Dictionary.

### On-going work to reduce the burden of data returns

- 4.3 The consultation document detailed our intention to undertake a second, more detailed phase of the Fundamental Review designed to further reduce the burden of data collection on the NHS.
- 4.4 We received some comments in response to question 9 which asked for priorities for the second phase of work. Some of these comments were supportive of a second phase of work taking place, and some offered priority themes or priority returns to be included in a second phase. In addition, some general comments indicated that all “further action required” returns should be considered in the first instance.
- 4.5 Since the completion of this public consultation exercise in November 2011 there have been a number of structural and organisational changes across the health system. This transition is resulting in a number of functions moving between existing, new and amended individual health bodies in the system. In practical terms this means the timing of a second phase of work would best be completed within a period of greater stability across the system.
- 4.6 A few comments suggested that some data returns duplicated information available from other sources. Further work is planned, to examine whether this duplication may be eliminated. This work to build on the findings of this first phase of the fundamental

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review is being taken forward by the Health and Social Care Information Centre through their on-going Review of Central Returns process. The second, more detailed, phase of the fundamental review will be taken forward from April 2013 onwards, when powers in the Health Bill assigned to the Health and Social Care Information Centre will mean that they will review returns every three years and provide the Secretary of State with advice regarding the ways in which burdens relating to data collections imposed on health or social care bodies and other persons may be minimised.

### Summary Table of Outcomes

	No of Returns	Burden (£) - where known	No of returns where burden is unknown
Discontinue	76 (25%)	£9,238,856 (21%)	15
Retain	188 (62%)	£30,212,639 (69%)	128
Further work required	23 (8%)	£4,018,359 (9%)	6
TBC*	18 (6%)	£14,212 (0%)	17
<b>Potential savings</b>	<b>76 (25%)</b>	<b>£9,238,856 (21%)</b>	<b>15</b>
<b>Total</b>	<b>305</b>	<b>£43,484,066</b>	<b>166</b>

\*These are data returns belonging to either Monitor, HFEA, NHS Litigation Authority, or NHSBSA Prescriptions Service. See paragraph 3.39

# Annexes

## Annex A - Data returns

Theme	Data Return Reference Numbers
Cancer	1-30
Clinical	31-56
Finance	57-83
Health & Safety / Emergency Preparedness	84-97
Mental Health	98-108
Patient Care & Experience	109-127
Performance	128-169
Primary Care	170-178
Public Health	179-234
Specialist	235-260
Support Services	261-265
Workforce	266-287
TBA	288-305

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
1	Adult Screening Programme: Breast Cancer (PCT return) (KC63)	Cancer	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
2	Adult Screening Programme: Breast Screening (Screening Unit return) (KC62)	Cancer	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
3	Adult Screening Programmes: Cervical Screening (KC53)	Cancer	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
4	Association of Coloproctologists - NCASP (National Clinical Audit Support Programme) Cancer Programme Colorectal Cancer	Cancer	Retain	Retain	Awaiting the outcome of the Fundamental Review
5	Bowel Cancer Clinical Audit	Cancer	Retain	Retain	Awaiting the outcome of the Fundamental Review
6	Brain/ Nervous System Cancer Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
7	Breast Cancer Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
8	British Association of Head & Neck Oncologists (BAHNO)/RCS/DH/English Cancer registries - NCASP Cancer Programme - Data for Head & Neck Oncology	Cancer	Retain	Retain	Awaiting the outcome of the Fundamental Review
9	Cancer - Cancer - Head and neck	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
10	Cancer - Cancer - Mastectomy and breast reconstruction	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
11	Cancer - Cancer - Oesophago-gastric	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
12	Cancer Registration Data Set	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
13	Colorectal Cancer Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
14	Colposcopy clinics, referrals, treatments and outcomes (KC65)	Cancer	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
15	Gynaecological Cancer Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
16	Haematological Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
17	Head and Neck Cancer Audit	Cancer	Retain	Retain	Awaiting the outcome of the Fundamental Review
18	Lung Cancer Audit	Cancer	Retain	Retain	Awaiting the outcome of the Fundamental Review
19	National Cancer Data Set	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
20	National Cancer Waiting Times Monitoring Dataset	Cancer	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
21	National Cancer Registration Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
22	NCASP (National Clinical Audit Support Programme) Cancer Programme Lung Cancer audit data project LUCADA.	Cancer	Retain	Retain	Awaiting the outcome of the Fundamental Review
23	Pathology laboratories - cervical cytology and outcome of gynaecological referrals (KC61)	Cancer	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
24	Radiotherapy Contract Data Set (RT CDS)	Cancer	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
25	Sarcomas Cancer Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
26	Skin Cancer Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
27	Surgical Voice Restoration Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
28	Thyroid Cancer Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
29	Upper GI Cancer Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
30	Urology Cancer Dataset	Cancer	Retain	Retain	Now part of the new Cancer Outcomes Services Dataset
31	ContactPoint evaluation (Opinion Survey)	Clinical	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
32	Acute Myocardial Infarction Dataset	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
33	Adult cardiac surgery dataset	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
34	Angioplasty Dataset	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review



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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
35	Database to monitor use of Immunoglobulin	Clinical	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
36	Dementia and anti psychotic audit	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
37	Diabetes Continuing Care Reference Dataset (DCCR)	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
38	Diabetes Footcare Dataset	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
39	Diabetes Paediatric and Adolescent dataset	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
40	Diabetic Eye Care / Retinopathy screening dataset	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
41	End stage liver disease	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
42	Heart disease - adult cardiac interventions	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
43	Heart Disease - adult cardiac surgery	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
44	Heart disease - ambulance outcomes	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
45	Heart disease - cardiac rhythm management	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
46	Heart disease - congenital heart disease	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
47	Heart disease - heart failure	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
48	Heart disease - pulmonary hypertension	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
49	Heart disease - Sudden Arrhythmic Death Syndrome	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
50	Hip Fracture	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
51	Kidney Care - Kidney Care - Vascular Access	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
52	National Diabetes audit dataset	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
53	National Renal Dataset	Clinical	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
54	Stroke (i RCP Audit Subset ii Full Dataset)	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
55	The Stroke improvement national project	Clinical	Retain	Retain	Awaiting the outcome of the Fundamental Review
56	Venous Thromboembolism (VTE) Risk Assessment	Clinical	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
57	Equity ownership of special purpose vehicles in PFI schemes	Finance	Discontinue	Discontinue	Collection has since been reviewed by ROCR and was given a ROCR licence until April 2013
58	Financial Information Systems (FIS), Family Health Services (FHS), General Ophthalmic Service	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
59	GMS-Monthly Summary of Non-cash Limited Expenditure	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
60	GMS-QUARTERLY Analysis of GP Fundholding and PFMA	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
61	HRG4 Grouper User Optional Survey - Casemix	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
62	Monitoring Revisions to new GP Contract-FIMS(FHS)4 and PFR1A-D data collection from PCTs 2006-7	Finance	Discontinue	Discontinue	This return has since been replaced by the 'Primary Care Medical Services FIMS FHS4' return
63	Monitoring uptake by GP practices of the five clinical Directed Enhanced Services (DESS) introduced in 2008/09.	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review

## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
64	Notification of Partnership Intentions between Health Services and Local Authorities using Section 75 Health Act Flexibilities or Section 28 Grant Arrangements.	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
65	PCT Cash Limited Expenditure	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
66	Primary Care Trust - Financial Returns (PFR 5 Forms)	Finance	Discontinue	Discontinue from 2013	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence which expires in 2012
67	Purchasing returns	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
68	Strategic Health Authority - Analysis of Expenditure by Type (5 HFR Forms)	Finance	Discontinue	Discontinue from 2013	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence which expires at the end March 2013
69	SUS Payments By Results (PBR) Local Tariff Collection	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
70	Three year funding for third sector organisations	Finance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
71	Charges for excess balances held in commercial bank accounts (FIS9) exercise	Finance	Further work required	Further work required	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
72	Paper based survey of all UK dentists to collect data about their working hours and patterns (conducted in Q1 2010 and expected to be once every 2 years)	Finance	Further work required	Further work required	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
73	Programme Budgeting	Finance	Further work required	Further work required	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
74	Attribution Data Set (ADS)	Finance	Retain	Retain	Awaiting the outcome of the Fundamental Review
75	Audited SpHA annual accounts (Special Health Authority) SpHA Financial Accounting Consolidation Schedules (name change)	Finance	Retain	Retain	Awaiting the outcome of the Fundamental Review
76	Critical Care Minimum Dataset	Finance	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
77	Financial Monitoring & Accounts	Finance	Retain	Retain	Awaiting the outcome of the Fundamental Review
78	GMS-Quarterly analysis of cash limited expenditure	Finance	Retain	Retain	Awaiting the outcome of the Fundamental Review
79	NHS Trust - Financial Returns (6 TFR Forms) - to include TFR6 Ambulance Services Expenditure (£000) - England	Finance	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
80	Quality Management Analysis System	Finance	Retain	Retain	Awaiting the outcome of the Fundamental Review
81	Recording and reporting data about necessary and planned treatment of overseas visitors from the European Economic Area (EEA)	Finance	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
82	Reference Costs Collection	Finance	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
83	Statement on Internal Controls data collection	Finance	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
84	Annual Statement of Fire Safety	Health & Safety / Emergency Preparedness	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
85	Database of countermeasures	Health & Safety / Emergency Preparedness	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
86	Fire Incidents and Unwanted Fire Signal Data	Health & Safety / Emergency Preparedness	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
87	Central Alerting System (CAS)	Health & Safety / Emergency Preparedness	Further work required	Further work required	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
88	Emergency Continuity Business Preparedness	Health & Safety / Emergency Preparedness	Further work required	Further work required	Collection has since been reviewed by ROCR and currently holds a valid licence
89	National Capabilities Survey	Health & Safety / Emergency Preparedness	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
90	Non-medical Device Defects and Failures Reporting System	Health & Safety / Emergency Preparedness	Further work required	Further work required	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
91	Patient Safety and Healthcare Incidents	Health & Safety / Emergency Preparedness	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
92	Reporting of clinical incidents	Health & Safety / Emergency Preparedness	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
93	Risk Management Assessment	Health & Safety / Emergency Preparedness	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
94	Adverse incident reporting (Adverse incidents involving medical devices)	Health & Safety / Emergency Preparedness	Retain	Retain	Awaiting the outcome of the Fundamental Review
95	Security Incident Reporting System (SIRS)	Health & Safety / Emergency Preparedness	Retain	Retain	Awaiting the outcome of the Fundamental Review
96	Serious Adverse Events and Reactions (SAEARs)	Health & Safety / Emergency Preparedness	Retain	Retain	Awaiting the outcome of the Fundamental Review
97	Yellow Card Scheme (Adverse drug reactions)	Health & Safety / Emergency Preparedness	Retain	Retain	Awaiting the outcome of the Fundamental Review
98	Community Mental Health activities collection	Mental Health	Discontinue	Discontinue from 2013	This central return will cease once the dual running period with MHMDS has satisfactorily completed

## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
99	Count Me In 2010: National Mental Health and Learning Disability Ethnicity Census	Mental Health	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
100	Improving Access to Psychological Therapies (IAPT) - Key Performance Indicators (KPIs)	Mental Health	Discontinue	Discontinue from 2013	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence which expires in May 2013
101	Informal Patients and Patients detained under the Mental Health Act: The Number of Uses of the Act	Mental Health	Discontinue	Discontinue from 2013	This central return will cease after the conclusion of the Fundamental Review
102	MHAC visiting documentation	Mental Health	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
103	Adult and Older Adult Mental Health Finance Mapping	Mental Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
104	Drug Treatment Planning	Mental Health	Retain	Retain	This central return has ceased since the Fundamental Review public consultation
105	Health Checks for people with learning disabilities	Mental Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
106	Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS) monitoring data collection	Mental Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
107	Mental Health Minimum Dataset (MHMDS)	Mental Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
108	Notification of deaths of detained patients	Mental Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
109	Annual Survey of Patient Public Involvement in the NHS 2007	Patient Care & Experience	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
110	Database of nominated recipients at all GP practices in England for alerts to patient feedback on NHS Choices	Patient Care & Experience	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
111	Evaluation of Patient Safety First Campaign: WHO surgical safety checklist	Patient Care & Experience	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
112	Expert Patient Programme (EPP) Self Management Courses and participant places	Patient Care & Experience	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
113	Monitoring use of additional investment provided to support implementation of the End of Life Care Strategy in 2009/10	Patient Care & Experience	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
114	National Patient Choice Survey, England	Patient Care & Experience	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
115	Practice engagement in practice-based commissioning: Grass Roots GP Survey	Patient Care & Experience	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
116	BASK questionnaire	Patient Care & Experience	Further work required	Further work required	This central return has ceased since the Fundamental Review public consultation
117	General Practice (including dental) written complaints (K041B)	Patient Care & Experience	Further work required	Further work required	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
118	Hospital and Community Health Services (HCHS) Complaints (K041A)	Patient Care & Experience	Further work required	Further work required	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
119	Section 119 & 120 Criminal Justice & Immigration Act 2008 Powers	Patient Care & Experience	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
120	Trigger Tool Portal	Patient Care & Experience	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
121	Centre for Maternal and Child Enquiries	Patient Care & Experience	Retain	Retain	Awaiting the outcome of the Fundamental Review
122	Kidney Care - Kidney Care - Patient transport	Patient Care & Experience	Retain	Retain	Awaiting the outcome of the Fundamental Review

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
123	National Joint Registry	Patient Care & Experience	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
124	National Survey of Patient Experience	Patient Care & Experience	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
125	NHS Continuing Healthcare and NHS Funded Nursing Care	Patient Care & Experience	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
126	Patient Environmental Action Teams (PEAT)	Patient Care & Experience	Retain	Retain	This collection has been replaced by the new Patient-Led Assessment of the Care Environment (PLACE)
127	Patient Reported Outcome Measures (PROMs)	Patient Care & Experience	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
128	18 Weeks Performance Sharing Report	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
129	18 Weeks Referral to Treatment Patient Tracking List (18 Week RTT PTL)	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
130	Bookings Admitted Patient And Out-Patient Provider	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
131	Care Quality Commission Assessment of Existing Commitments and National Priorities (as part of the Care Quality Commission's Annual Assessment 2009/2010) - Ambulance Service	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
132	Choose And Book Utilisation Commissioner	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review



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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
133	CQC- Assessment of Existing Commitments and National Priorities	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
134	Genito-Urinary Medicine 48 Hour Access Target Monthly Monitoring (GUMAMM)	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
135	KH03a Open and Staffed Adult Critical Care Beds	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
136	Monitoring extended GP practice opening hours - part of Vital Signs	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
137	Monitoring PPF Cancer Targets (T10 and T11)	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
138	Monthly Activity Flow	Performance	Discontinue	Discontinue	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence which will run until the data is available from the Secondary Uses Service (SUS)
139	National Children's Health Service Mapping	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
140	National Direct Access Audiology PTL - Weekly PTL	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
141	Out-Patient Flows	Performance	Discontinue	Discontinue	This central return will cease after the conclusion of the Fundamental Review
142	QMAE - Accident & Emergency	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
143	Quarterly Activity return	Performance	Discontinue	Discontinue	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence which will run until the data is available from the Secondary Uses Service (SUS)
144	Vital Signs	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
145	Vital Signs Monitoring Returns	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
146	Vital Signs Monitoring Returns - continuation of lines	Performance	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
147	National Direct Access Audiology PTL and WT Waiting Times	Performance	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
148	National Chlamydia Screening Programme (NCSP)	Performance	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
149	18 Weeks Referral to Treatment (RTT) Times Monthly Data Collection	Performance	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
150	Accident and Emergency Attendance Commissioning Dataset (CDS)	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
151	Admitted Patient Care (Inpatients & Day cases) - Commissioning Dataset (CDS)	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
152	Admitted Patient Flows	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
153	Admitted Patient Stocks	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
154	Bed availability and occupancy KH03	Performance	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
155	Diagnostics Waiting Times & Activity Data Collection	Performance	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
156	Elective Admission List - Commissioning Dataset (CDS)	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
157	Hospital Episode Statistics	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
158	Inter-Provider Transfer Administrative Minimum Data Set	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
159	KA34 Ambulance Services: Quality of Service	Performance	Retain	Further work required	Awaiting the outcome of the Fundamental Review
160	Mandatory surveillance of healthcare associated infection (HCAI) for orthopaedic surgical site infection (SSIs)	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
161	Mandatory surveillance of healthcare associated infections (HCAI) – Clostridium difficile infection (CDI), meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia, glycopeptide resistant enterococci (GRE) bacteraemia, total blood cultures.	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
162	Myocardial Infarction National Audit Project - RCP/british cardiac society	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
163	Out-Patient Attendance - Commissioning DataSet (CDS)	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
164	Quarterly Monitoring of Cancelled operations	Performance	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
165	Referral To Treatment Clock Stop Administrative Event	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
166	Referral To Treatment Data Set	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
167	Sitreps weekly and daily	Performance	Retain	Retain	Collection has since been

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
					reviewed by ROCR and currently holds a valid ROCR licence
168	Summarised Activity Flows	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
169	Summarised Stocks	Performance	Retain	Retain	Awaiting the outcome of the Fundamental Review
170	Practice engagement in practice based commissioning: PBC leads survey	Primary Care	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
171	The General Pharmaceutical Council (GPhC) Awareness & Perceptions Tracking (Opinion Survey)	Primary Care	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
172	The NHS Information Centre - PCT Recognition Survey	Primary Care	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
173	General Ophthalmic Services: Workforce Statistics for England and Wales - Annual Return of Practitioners and Premises	Primary Care	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
174	General Ophthalmic Services: Activity Statistics for England and Wales - Sight Tests, Vouchers and Repairs and Replacements, Domiciliary visits (SBE 515)	Primary Care	Retain	Further work required	Awaiting the outcome of the Fundamental Review
175	Neonatal Critical Care Minimum Dataset (NCCMDS).	Primary Care	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
176	NHS Pharmaceutical Services PHS1	Primary Care	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
177	Paediatric Critical Care Minimum Dataset (PCCMDS).	Primary Care	Retain	Retain	Awaiting the outcome of the Fundamental Review

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
178	Pharmex: electronic collection of hospital pharmacy purchasing data	Primary Care	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
179	Collection of Influenza vaccine uptake data - immunisation of poultry workers	Public Health	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
180	Swine Flu Vaccine Uptake	Public Health	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
181	Lymphogranuloma venereum (LGV) Enhanced Surveillance	Public Health	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
182	National enhanced surveillance for infectious Syphilis in England & Wales	Public Health	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
183	Swine Flu vaccine uptake data from GP registered patients	Public Health	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
184	Childhood Immunisation Programme KC50	Public Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
185	Chlamydia Core Dataset for national programme monitoring [National Chlamydia Screening Programme (NCSP)]	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
186	Collection of PPV vaccine uptake in the 65 and over population data	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
187	Communicable Disease Reports (CDR) - Voluntary laboratory reporting (ROCR Lite licence pending)	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review

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Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
188	Communicable Disease Reports (CDR) - Voluntary laboratory reporting (ROCR Lite licence pending) (LabBase)	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
189	Congenital Rubella Syndrome	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
190	Diagnostic Departments: Radiology, nuclear medicine and medical physics.	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
191	Emergency Department Surveillance	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
192	Enhanced surveillance of vaccine preventable disease	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
193	Enhanced Tuberculosis Surveillance (ETS)	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
194	Enterovirus	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
195	Follow-up of babies born to Hep B mothers	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
196	General Practice Research Database (GPRD)	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
197	GRASP	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
198	Health Care Worker Seasonal Flu	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
199	Health of the Population Return (HotPR)	Public health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
200	Hepatitis Sentinel Surveillance	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
201	HIV and AIDS New Diagnoses and Deaths	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
202	HPV immunisation programme - vaccine monitoring minimum dataset - Including Catch up Programme Return	Public Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence

## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
203	Integrated Drug Treatment System for prisons Clinical Activity	Public Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
204	Leprosy Surveillance	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
205	Measles	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
206	Mumps	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
207	MycobNet	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
208	National Antenatal Infections Screening Monitoring	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
209	National Child Measurement Programme	Public Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
210	National Drug Treatment Monitoring System	Public Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
211	National Statistics England and Wales	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
212	NHS Stop Smoking Services Quarterly Monitoring Return	Public Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
213	NOIDS	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
214	Norovirus enhanced surveillance	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
215	Norovirus Hospital Outbreak Reporting	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
216	Outbreak surveillance for gastrointestinal disease	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
217	Pneumococcal infection	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
218	Polio	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review

## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
219	Prison Health, Performance and Quality Indicators	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
220	Real-time Syndromic Surveillance	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
221	Rubella	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
222	Rubella in Pregnancy	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
223	Seasonal flu vaccine uptake	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
224	Sexual and Reproductive Health Activity Dataset (formerly Summary of Contraceptive Services, KT31)	Public Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
225	SOPHID (survey of prevalent HIV infections diagnosed)	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
226	SSPE	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
227	Summary of Genito-urinary medicine clinics [Genitourinary Medicine Clinic Activity Dataset (England)]	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
228	Surgical Site Infection	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
229	Surveillance of significant occupational exposure to blood borne viruses	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
230	TB incident and outbreak surveillance (TBIOS)	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
231	Unlinked anonymous Genito-urinary Medicine	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
232	Unlinked Anonymous serosurvey of HIV in Neonatal Dried Blood Spots	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review
233	Vaccination and immunisation data return collected through the COVER	Public Health	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
234	Vaccines in Pregnancy	Public Health	Retain	Retain	Awaiting the outcome of the Fundamental Review



## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
235	2012 Olympic Delivery Assurance	Specialist	Discontinue	Discontinue	This central return will cease after the conclusion of the Fundamental Review
236	NHS Institute for Innovation and Improvement Corporate Survey	Specialist	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
237	Sequential liver registration forms	Specialist	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
238	Information sharing between key hospitals and Crime & Disorder Reduction Partnerships (CDRPs) as part of the Tackling Knives Action Programme (TKAP)	Specialist	Further work required	Discontinue	This return has ceased since the Fundamental Review public consultation and has been replaced by the 'Information Sharing Between A&E and CSP to Tackle Violence' return
239	Altruistic living kidney donor forms	Specialist	Retain	Further work required	Awaiting the outcome of the Fundamental Review
240	Anatomy sector compliance information	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
241	Annual Activity Data	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
242	Blood Stocks Management Scheme (BSMS)	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
243	Customer Satisfaction Questionnaire	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
244	Donor notification	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
245	Live Related/unrelated donor forms	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
246	National Comparative Audit of Blood Transfusion	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
247	National Confidential Inquiry into Suicide and Homicide	Specialist	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid one off ROCR licence

## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
248	NHS Connecting for Health Blood Donor enrolment	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
249	Patient registration for cornea transplant	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
250	Patient registration for organ transplant and updates to registration	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
251	Post Mortem sector compliance information	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
252	Potential Donor Audit	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
253	Report on research conducted using NIHR funding (transitional, FSF and from Oct 1st 2010, Programme grants)	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
254	Research sector compliance information	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
255	Retrieval Team Information (KeyPerformance Indicators)	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
256	Serious Adverse Blood Reactions & Events (SABRE)	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
257	Serious Untoward Incidents (SUIs)	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
258	Survey of compliance with the 2007 Health Service Circulars: Safe and Appropriate Use of Blood	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
259	Transplant follow-up data	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
260	Transplant notification	Specialist	Retain	Retain	Awaiting the outcome of the Fundamental Review
261	GP Premises data collection	Support Services	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
262	Junior Doctor's Hours	Support Services	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review

## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
263	NHS Campus Closure Programme	Support Services	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
264	ERIC (Estates Return Information Collection) 09-10	Support Services	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
265	Surplus Land for Housing	Support Services	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
266	Annual HCHS non-medical workforce census	Workforce	Discontinue	Discontinue except for those organisations not on ESR	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence. Note this is only for organisations that are not on ESR
267	Annual medical and dental workforce census	Workforce	Discontinue	Discontinue except for those organisations not on ESR	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence. Note this is only for organisations that are not on ESR
268	Annual NHS Vacancy Collection	Workforce	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
269	Chair and NED summary appraisal forms	Workforce	Discontinue	Discontinue	This central return will cease after the conclusion of the Fundamental Review
270	General Practitioners Practice Vacancy Survey	Workforce	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
271	Modern Matron's Report	Workforce	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
272	NHS Constitution Research: Wave 2	Workforce	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review

## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
273	NHS staff engagement and attitudes towards the NHS	Workforce	Discontinue	Discontinue	This return has since been ceased and replaced with a new return with different questions
274	PCT Controlled Drug Officers contact details	Workforce	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
275	Practice Staff Return	Workforce	Discontinue	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
276	Redundancy Data Collection	Workforce	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
277	TOP slice (Treatment Outcomes Profile)	Workforce	Discontinue	Discontinue	Currently suspended. This central return will cease after the conclusion of the Fundamental Review
278	Advisory Committee on Clinical Excellence Awards (ACCEA) - Collection of non-ESR items	Workforce	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
279	Advisory Committee on Clinical Excellence Awards (ACCEA) - Employer Based Awards Reports	Workforce	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
280	Number of Physical Assaults on NHS Staff	Workforce	Further work required	Further work required	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
281	Number of Staff Involved in Conflict Resolution Training	Workforce	Further work required	Discontinue	This return has ceased since the public consultation
282	Specialist Palliative Care Workforce Data Collection	Workforce	Further work required	Further work required	Awaiting the outcome of the Fundamental Review
283	Annual Census of Non-Principal General Medical Practitioners	Workforce	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence

## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
284	General Medical Practitioners annual Census collection.	Workforce	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
285	National Staff Survey	Workforce	Retain	Retain	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
286	NHS Staff Earnings Survey	Workforce	Retain	Retain	Awaiting the outcome of the Fundamental Review
287	Sickness absence rates	Workforce	Retain	Retain	Awaiting the outcome of the Fundamental Review
288	Annual accounts (unaudited)	Not applicable	TBC	Not applicable	Currently awaiting a ROCR licence
289	Annual Plan - Financial Projections - Financial Commentary - Membership Report - Board statement on Governance - Compliance with Authorisation	Not applicable	TBC	Not applicable	Currently awaiting a ROCR licence
290	Audited annual accounts/report	Not applicable	TBC	Not applicable	Currently awaiting a ROCR licence
291	Claims information	Not applicable	TBC	Not applicable	Not ROCR Approved
292	CNST/RPST	Not applicable	TBC	Not applicable	Not ROCR Approved
293	ePACT	Not applicable	TBC	Not applicable	Not ROCR Approved
294	ePFIP	Not applicable	TBC	Not applicable	Not ROCR Approved
295	Exception reports	Not applicable	TBC	Not applicable	Currently awaiting a ROCR licence
296	NHS Pension Scheme Contributions	Not applicable	TBC	Not applicable	Collection has since been reviewed by ROCR and currently holds a valid ROCR licence
297	NHS prescribing and dispensing organisation information	Not applicable	TBC	Not applicable	Not ROCR Approved
298	Quarterly Financial Template	Not applicable	TBC	Not applicable	Currently awaiting a ROCR licence
299	Reconciliation between annual plan and audited accounts	Not applicable	TBC	Not applicable	Currently awaiting a ROCR licence

## Fundamental Review of Data Returns – Government Response

Ref No	Data collection title	Theme	Workshop Recommendation	Final Recommendation	Current Position
300	Annual returns for research involving human embryos	Not applicable	TBC	Not applicable	Not ROCR Approved
301	Application for a licence renewal	Not applicable	TBC	Not applicable	Not ROCR Approved
302	Application for licence variation	Not applicable	TBC	Not applicable	Not ROCR Approved
303	Application for special directions	Not applicable	TBC	Not applicable	Not ROCR Approved
304	HFEA (Human Fertilisation and Embryo Authority) Register	Not applicable	TBC	Not applicable	Not ROCR Approved
305	Pre-Inspection reports and requests for new licences/licence amendments	Not applicable	TBC	Not applicable	Not ROCR Approved

## Annex B – List of Organisations that responded to the consultation

Aintree University Hospital NHS Foundation Trust (x2)

Allied Health Professions Federation

Association of Directors of Adult Social Services (ADASS)

British Medical Association

Burton Hospitals NHS FT

Bracknell Forest Council

Care Quality Commission

Centre for Workforce Intelligence

Chartered Society of Physiotherapy

College of Emergency Medicine

College of Occupational Therapists

County Durham & Darlington Foundation Trust

Faculty of Intensive Care Medicine

Frimley Park Hospital

Guild of Healthcare Pharmacists

Independent Healthcare Advisory Service (IHAS)

Inner NW London PCTs

Kent and Medway PCT Cluster

The Kings Fund

Lancashire County Council

Liverpool Community Health NHS Trust

National Association for Healthcare Security

The National Council for Palliative Care

National Information Governance Board

Network of Public Health Observatories in England

NHS Airedale, Bradford and Leeds (Bradford and Airedale part of Cluster)

NHS Barnsley

NHS Bolton

## Fundamental Review of Data Returns – Government Response

NHS East of England (x2)

NHS Facilities Managers Best Value Group

NHS LLR Cluster (NHS Leicester City & NHS Leicestershire County and Rutland).

NHS Oxfordshire, Health Informatics & intelligence, Analytics Team

NHS Portsmouth St James' Hospital

NHS Protect

NHS Rotherham

NHS Salford

NHS Sheffield

Norfolk and Waveney Mental Health Foundation Trust

North Tees and Hartlepool NHS Foundation Trust

Office for National Statistics

Parliamentary & Health Services Ombudsman

Review Body on Doctors' and Dentists' Remuneration (DDRB) and NHS Pay Review Body (NHSPRB)

Royal College of General Practitioners

The Royal College of Midwives

Royal College of Nursing

Royal College of Speech and Language Therapists

Royal National Hospital for Rheumatic Diseases NHS FT

Shropshire County PCT

South Tees Hospitals NHS FT

Ssentif Ltd

Staffordshire & Stoke on Trent Partnership Trust

Surrey and Borders Partnership NHS Foundation Trust

UNISON

University Hospitals Birmingham NHS Foundation Trust

Welsh Government, Knowledge and Analytical Services,



## Annex C – Consultation questions

- Q1:** Are there any other data returns that the review has not identified that are requested by the Department of Health or its Arms-Length Bodies?  
(see Annex D and F)
- Q2:** Do you agree with the findings of the review, in terms of retain recommendations?
- Q3:** Do you agree with the findings of the review, in terms of discontinue recommendations?
- Q4:** Do you agree with the findings of the review, in terms of further work required recommendations?
- Q5:** Will these recommendations have any other impact, positive or negative, that we have not identified?
- Q6:** Will the proposed changes to Official or National Statistics have an impact on the uses you make of statistics?  
If so, in each case:
- Identify the return and publication affected
  - State whether you accept or object
  - Explain what you use the affected publication for
  - Describe the impact on your use, taking into account the availability of alternative sources
  - Give details of any presently unpublished sources you know of that, if published, might be used instead.
- Q7:** Where you object to changes can you suggest alternative collections which you feel are of lesser value which might be considered for discontinuation instead?
- Q8:** Do you have any other views on related statistical issues?
- Q9:** In terms of either themes or individual data returns, what should the priorities be for the second phase of work?
- Q10:** Do you have any comments on the ROCR burden estimates identified for data returns?
- Q11:** Do you have any comments on the costs/benefits identified in the consultation stage Impact Assessment?

**Q12: Do you have any other comments on the evidence presented in the Impact Assessment?**

**Q13: Are there any equalities related issues that our recommendations may impact, in terms of:**

- **Disability?**
- **Gender?**
- **Race?**
- **Age?**
- **Gender Reassignment (including transgender)?**
- **Sexual Orientation?**
- **Religion or Belief?**
- **Pregnancy and Maternity?**
- **Carers?**
- **Other?**

**Q14: Do you have any other comments regarding this consultation?**

## Annex D – The impact of Fundamental Review decisions on Official and National Statistics

### **Introduction**

- 1 Annex E to the Fundamental Review of Data Returns (FRDR) consultation described the impact of the proposed changes on Official and National Statistics outputs and invited responses.
- 2 This Annex summarises responses to the questions on statistics aspects and includes cessation reports for those outputs which will cease, and change reports for those that will change. These reports will be submitted to the National Statistician, as required by her.

### **General Feedback from respondents to consultation**

- 3 Most feedback related to proposals for individual data collections, but there was a small amount of general feedback.
- 4 Some respondents expressed a view that data collections will be needed locally, therefore scrapping the national data collection will not lead to a reduction in burden.
- 5 The Government intention is to reduce the burden imposed by national data collections but the Government wishes to allow the NHS the freedom to negotiate local data collection arrangements between partners. There is a balance to be struck between facilitating local and national comparisons and saving effort through standardisation, encouraging local and specific initiative, and enforcing a burden on those areas which, for good reason, do not require local collections.
- 6 Some concern was expressed about the negative impact of data being locked in inaccessible large government or NHS databases.
- 7 The extraction of data from systems intended to support the care giving process or from administrative systems is intended to reduce the burden on the NHS of individual data collections without reducing the amount of data accessible to the public, to patients and to businesses. For example, the NHS Electronic Staff Record will enable the frequent and timely publication of information on directly employed NHS staff working in the hospitals and community health sector without having to undertake a costly annual census. In addition, the Government's Open Data agenda will open up access to existing datasets, subject of course to preserving patient confidentiality.

**NHS Statistical Outputs newly published from 2010-11 onwards**

8 NHS statistical outputs do not always have to be derived from individual data collections. Even where we will cease individual collections and outputs, it is often the case that alternative data sources exist. It is also the case that, as some statistical outputs are ceased, other outputs have been introduced to monitor the changing NHS and the developing needs of patients. Additionally, some statistical outputs derived from NHS situation reports are now routinely published when previously they were only available on request. Some of these statistical outputs made available from 2010/11 are listed below.

<b>Statistical output</b>	<b>Underlying data source</b>	<b>Comment</b>
<a href="#"><u>Accident &amp; Emergency Quality Indicators (Experimental Statistics)</u></a>	Hospital Episode Statistics	Monthly data have been published by Health and Social Care Information Centre from April 2011
<a href="#"><u>Accident &amp; Emergency Weekly Data</u></a>	Weekly Situation Reports	Weekly data have been published by Dept of Health from November 2010
<a href="#"><u>Ambulance Quality Indicators (Clinical Outcomes and Systems Indicators)</u></a>	Ambulance Clinical Quality Indicators collection	Monthly data have been published by Dept of Health from April 2011
<a href="#"><u>Acute and Non-Acute Delayed Transfers of Care</u></a>	Monthly Situation Reports	Monthly data have been published by Dept of Health from August 2010
<a href="#"><u>Critical Care Bed Capacity and Cancelled Urgent Operations</u></a>	Monthly Situation Reports	Monthly data have been published by Dept of Health from August 2010
<a href="#"><u>Adult Critical Care data (experimental statistics)</u></a>	Critical Care Minimum Dataset	Annual data have been published by Health and Social Care Information Centre from April 2010
<a href="#"><u>Winter Pressure Situation Reports</u></a>	Daily Situation Reports	Although the data are collected daily during the “Winter” period, usually November to March, the data have been published by Dept of Health on a weekly basis from December 2010

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<b>Statistical output</b>	<b>Underlying data source</b>	<b>Comment</b>
<a href="#">Hospital Activity Data (monthly)</a>	Monthly Activity Return (MAR) collection	Monthly data have been published by Dept of Health from September 2011 (with data available back to April 2008)
<a href="#">Mixed-Sex Accommodation Breaches</a>	Mixed-Sex Accommodation monthly return	Monthly data have been published by Dept of Health from December 2010
<a href="#">NHS 111 statistics</a>	NHS 111 minimum dataset	Monthly data have been published by Dept of Health from April 2011
<a href="#">Mental Health Community Teams Activity</a>	Community Mental Health Activities collection	Quarterly data have been published by Dept of Health from Quarter 1 2011/12 (with data available back to April 2010)
<a href="#">Deprivation of Liberty Safeguards Assessments (DOLS)</a>	Mental Capacity Act 2005 DOLS monitoring	Quarterly data have been published by Health and Social Care Information Centre from April 2010
<a href="#">VTE Risk Assessment</a>	Venous Thromboembolism Risk Assessment collection	Quarterly data have been published by Dept of Health from Quarter 2 2010/11
<a href="#">Patient Reported Outcome Measures</a>	Patient Reported Outcome Measures pre- and post-operative collections	Monthly data have been published by Health and Social Care Information Centre from April 2010
<a href="#">Improving Access to Psychological Therapies Key Performance Indicators</a>	Improving Access to Psychological Therapies collection	Quarterly data have been published by Health and Social Care Information Centre from April 2011
<a href="#">Monthly Provisional NHS Hospital and Community Health Service (HCHS) Workforce Statistics</a>	Electronic Staff Record	Monthly data have been published by Health and Social Care Information Centre from April 2010
<a href="#">Two-Weekly PIP Breast Implant Monitoring</a>	Two-Weekly PIP Breast Implant Monitoring	Published by Dept of Health from February 2012

Statistical output	Underlying data source	Comment
<a href="#">Mandatory Surveillance of MSSA bacteraemia</a>	HPA surveillance	Health Protection Agency aligned MSSA reporting with MRSA and C.difficile reporting from January 2011.
<a href="#">Mandatory Surveillance of E.coli bacteraemia</a>	HPA surveillance	E.coli reporting started in June 2011

**Key Feedback on Statistical Outputs subject to major impact from FRDR proposals**

A&E Activity and Waiting - feedback

- 9 Some respondents were concerned that A&E data derived from Hospital Episode Statistics were of insufficient quality and timeliness.
- 10 Some respondents were concerned that ceasing this return could signal a weakened interest in the operational standard of 95% of patients being seen within four hours.

A&E Activity and Waiting – decision and reasons

- 11 In considering this feedback, it was noted that the four-hour standard would continue to be monitored and reported by the A&E data derived from Weekly Situation Reports and published by Dept of Health. Although the fast-track nature of this data collection allows only limited validation, post-hoc comparisons with the Quarterly Monitoring of Accident & Emergency (QMAE) derived data have shown a good match between Sitrep and QMAE derived data.
- 12 Since the consultation, one user organisation (King’s Fund) that queried the cessation has since used Weekly Situation Report derived A&E time series data in a public analysis – demonstrating a degree of user confidence.
- 13 It was also noted that a broader picture of A&E quality and outcomes was now available from the monthly quality indicators derived from Hospital Episode Statistics and published by the Information Centre, in addition to the annual HES summary of A&E attendances. The concerns about HES A&E quality were noted, and this feedback has been passed to the HES team at the Health and Social Care Information Centre.
- 14 It was decided that the burden of the QMAE collection on the NHS outweighed the benefits of the data, especially given the wide range of alternative data. Therefore the quarterly A&E Activity and Waiting report published by the Department will cease accordingly. See the cessation report.

### Genito-Urinary Medicine Access Monthly Monitoring (GUMAMM) - feedback

- 15 Some NHS respondents noted that the GUMAMM data were used locally for purposes such as making payments to service providers, for planning, and for performance monitoring.
- 16 Some respondent concern that withdrawal of this data collection because of the withdrawal of a previous national target would signal a weakened interest in access to sexual health services – with the resultant risk that services would be reduced and a consequent increase in levels of sexually transmitted infections.
- 17 Some respondents noted that the GUMCAD dataset hosted by Health Protection Agency did not include information on access aspects of services such as waiting times, but simply recorded numbers of clinic attendances.

### Genito-Urinary Medicine Access Monitoring – decision and reasons

- 18 Access to GUM clinics was not referenced as a priority in the 2011/12 NHS Operating Framework nor in the NHS Outcomes Framework. Therefore the original proposal was that this data collection did not support a national priority and should be ceased accordingly.
- 19 It was noted that the data are used and valued at a local level. Although the Government continues to believe that the burden of the collection outweighs the national benefits of the data, it is not the Government's intention to prohibit local data collection arrangements negotiated between local partners.

### GP Practice Vacancies Survey and NHS Vacancies Survey

- 20 For vacancy surveys and practice staff see the section on NHS workforce and vacancy surveys below.

## **Key feedback on Statistical Outputs subject to minor impact from FRDR proposals**

### Mental Health Community Teams Activity

- 21 There was some respondent concern that the Mental Health Minimum Data Set (MHMDS) will not facilitate timely and effective monitoring of MH community services.
- 22 It was noted that the required information would be available from MHMDS v4, and that there would initially be parallel running of this data collection and MHMDS v4 – as was stated in the consultation document. It was concluded that the data collection should be ceased once it has been established that MHMDS v4 can deliver the required

information. It is planned that MHMDS will be monthly from early 2013, which will improve the timeliness of information from that source.'

### Critical Care Beds Census (derived from KH03a)

- 23 One respondent stated that these data were needed as part of effective service monitoring and delivery in the event of a Pandemic.
- 24 Another respondent supported the discontinuation of this return as measurement of bed numbers is unnecessary.
- 25 The consultation document noted that monthly data on critical care beds continues to be available from monthly Situation Reports. In Winter this monitoring is reinforced by Daily Situation Reports which will monitor NHS resilience to winter pressures and pandemics. It was concluded that the data collection should be ceased.

### Elective Hospital Activity derived from Quarterly and Monthly Activity Returns (QAR and MAR)

- 26 Some respondents noted that the proposal to cease the MAR and QAR returns once the relevant information was available from the Secondary Uses Service (SUS) would mean an absence of necessary information on referrals.
- 27 There was also concern that the outlined timetable was unrealistic, and that SUS derived data might not be fit for purpose to the timescale.
- 28 These concerns were noted and the decision was taken that, although these individual collections will cease once SUS is established, a reduced activity data collection will be actively considered, to ensure the burden is minimised while essential referrals data are maintained.

### In-patients formally detained in hospitals under the Mental Health Act, 1983 and patients subject to Supervised Community Treatment, Annual figures, England.

- 29 A small number of specific comments were received on this aspect of the FRDR. Users were concerned to ensure that comparable figures continued to be produced, and pointed to some areas such as independent providers not being included. HSCIC intends to continue to require KP90 returns from those who complete it at present and who are not able to submit using MHMDS or the CAMHS data set. There was some support for stopping providing the replacement was comparable. HSCIC will present and consider at least one year's parallel run before any decision is taken to cease KP90.



NHS Workforce censuses and vacancy surveys.

- 30 There was confusion around the implications of switching to the Electronic Staff Record (ESR) as the source for the annual censuses of Non-medical, and of Medical and Dental staff. HSCIC confirms that the implication of this change is solely that, rather than data suppliers extracting and sending on data from ESR, HSCIC extracts it directly. Processes are in place to challenge the quality of data supply, and a feedback system is in place so that quality improvements are made to the underlying source, rather than just corrections to extracted files. Users will therefore get statistics which are of as good quality, but with more detail and greater frequency. Census returns will continue to be required from organisations (two at present) who do not participate in ESR. The new source allows for the presentation of more detailed and more frequent figures.
- 31 The proposal to discontinue figures on bank staff raised concerns from ONS in relation to National Accounts, and also from one part of the NHS. HSCIC has recently published information on payments to bank staff and is investigating whether further information can be provided from ESR to meet needs. The quality of the census based bank staff figures, which are confirmed as discontinued, was not good.
- 32 It had been proposed to stop collecting figures on GP practice staff as part of the annual GP census. The main elements of the census would continue. In light of the comments received in support of this element of the GP census as part of the consultation, this change will not now be made, and the GP practice staff collection will continue, along with the annual GP census.
- 33 The proposal to stop collecting figures on NHS vacancies, and on GP vacancies, aroused considerable comment, mostly critical. Most comment related to the NHS vacancy survey. Uses were noted relating to measuring quality of service and risk, and as part of the Pay Review Body considerations and in workforce planning. HSCIC continues to investigate using the new NHS jobs website to provide some substitute figures on vacancies, and will aim to source the NHS vacancy information from this new administrative system which is due to be implemented in 2013, with vacancy information available shortly afterwards. This is expected to allow NHS vacancy figures to be collected via this mechanism for 2013.
- 34 Initial findings show two potential alternative sources for the GP and Practice staff vacancy information:
- Collecting regularly from NHS providers in line with the Workforce Information Architecture (WIA) Minimum Dataset (MDS) requirements. WIA is a DH project to map the NHS workforce current and future workforce requirements. WIA project findings and recommendations are to be submitted March 2013

## Fundamental Review of Data Returns – Government Response

- If unable to collect as part of WIA MDS then to collect as part of the annual workforce census collection, subject to funding.

35 The discontinuation of the current NHS and GP vacancy surveys is however confirmed.

## Cessation Reports

Name of output:	<a href="#">A&amp;E Activity and Waiting</a>
Description of statistics:	This quarterly Official Statistic is derived from the quarterly data collection QMAE. The output is divided into the following components: (i) Total number of A&E attendances (ii) Total time spent by patients in A&E (iii) Emergency admissions through major A&E departments
Status:	Confirmed
Reasons for cessation:	The Fundamental Review of Data Returns (FRDR) process concluded that the data collection did not meet the review criteria. The Government position is that the burden of the collection on the NHS outweighs the benefits of the data.
Date of cessation: Proposed date if consultation still underway.	The last output was released on 11 November 2011. Publication of the Government Response to the FRDR consultation confirms the cessation.
Details of user consultation: Include: Details of how users alerted to consultation; Length of consultation period; and Relevant links.	The FRDR consultation was a formal Dept of Health <a href="#">consultation</a> on the DH website. Links were located on consultation and statistics pages. In addition, the Health Statistics User Group was notified and a workshop held with them. Prior to the formal consultation, the FRDR included a series of workshops involving Policy and NHS customers, NHS suppliers and DH producers. The consultation ran for 12 weeks.
Assessment of impact on users: Complete as far as is possible if currently awaiting outcome of consultation. Include details of other sources of statistics, whether official or otherwise, that may be used as alternatives.	A&E data will continue to be available from a number of Official Statistics sources as follows: (i) <a href="#">Weekly situation reports</a> published by Dept of Health continue to allow monitoring of A&E attendances and waiting, including the 4 hour operational standard. Although these weekly reports are not validated prior to publication, post-publication validation which compared results with data derived from QMAE show a good match with that collection. These data were first published as Official Statistics in 2010 - having previously been available only on request. (ii) <a href="#">A&amp;E Quality Indicators</a> published monthly by the Health and Social Care Information Centre allow the monitoring of a range of clinical quality indicators. These data are derived from Hospital Episode Statistics and were first published in August 2011 as experimental statistics. In addition, detailed data on A&E attendances derived from HES are published as an annual report (from same link as the Quality Indicators). In summary, a wealth of data on A&E activity and waiting will continue to be available after the cessation of the

## Fundamental Review of Data Returns – Government Response

	<p>QMAE derived Official Statistic.            Five users did raise written concerns during consultation, but the conclusion remains that the burden of the collection outweighs the benefit of the data, particularly given the alternative sources and published reports.</p>
<p>Net impact on departmental statistical expenditure:            Distinguish between actual reductions in statistical expenditure and savings reinvested into other statistical outputs.</p>	<p>Reduction of around 0.3 WTE in maintaining the collection, although this saving will be recycled into other data collections, including more validation on weekly sitrep.</p>
<p>Impact on quality:            List any impact on survey sample size, frequency of surveys/outputs and ability to make across UK comparisons etc.</p>	<p>The weekly sitreps are more timely than QMAE, while the HES derived data enable a better picture of clinical quality. The range of data on this aspect of emergency NHS care is now much better than it was at the time when these data were first collected and published.</p>

Name of output:	<a href="#">Genito-Urinary Medicine Access Monitoring</a>
Description of statistics:	The offering of an appointment within 48 hours for GUM clinics was a Govt target for March 2008 and was a standard within the NHS Operating Framework up to the end of 2010/11. Attendances and the numbers seen within 48 hours are presented in this monthly Official Statistic.
Status:	Confirmed
Reasons for cessation:	The Fundamental Review of Data Returns (FRDR) process concluded that the data collection did not meet the review criteria. The Government position is that the burden of the collection on the NHS outweighs the benefits of the data. No national operating standards for access to GUM clinics have applied since March 2011.
Date of cessation: Proposed date if consultation still underway.	The last output was released in January 2012. Publication of the Govt Response to the FRDR consultation on [date] confirms the cessation.
Details of user consultation: Include: Details of how users alerted to consultation; Length of consultation period; and Relevant links.	The FRDR consultation was a formal Dept of Health <a href="#">consultation</a> on the DH website. Links were located on consultation and statistics pages. In addition, the Health Statistics User Group was notified and a workshop held with them. Prior to the formal consultation, the FRDR included a series of workshops involving Policy and NHS customers, NHS suppliers and DH producers. The consultation ran for 12 weeks.
Assessment of impact on users: Complete as far as is possible if currently awaiting outcome of consultation. Include details of other sources of statistics, whether official or otherwise, that may be used as alternatives.	There is a major impact on users in that no comparable national data on GUM clinic access is available. The Health Protection Agency (HPA) holds the <a href="#">Genitourinary Medicine Clinic Activity Dataset</a> (GUMCAD). HPA uses this dataset to publish Official Statistics on Sexually Transmitted Infections, but these data do not include the service based measures collected via GUMAMM.  Eight users did raise written concerns during consultation, but the conclusion remains that the burden of the collection outweighs the benefit of the data.
Net impact on departmental statistical expenditure: Distinguish between actual reductions in statistical expenditure and savings reinvested into other statistical outputs.	Saving of up to 0.5 WTE, although savings will be re-invested in other data collections
Impact on quality: List any impact on survey sample size, frequency of surveys/outputs and ability to make across UK comparisons etc.	Removal means this data will not be published in future. However, these figures are not published in other UK administrations, so no comparison issues

## Fundamental Review of Data Returns – Government Response

Name of output:	<a href="#"><u>Critical Care Beds: Census Day</u></a>
Description of statistics:	The number of available (open and staffed) adult intensive care and high dependency beds in NHS hospitals in England are counted twice a year in a census. Results are presented in this bi-annual Official Statistic.
Status:	Confirmed
Reasons for cessation:	The Fundamental Review of Data Returns (FRDR) process concluded that the data collection did not meet the review criteria. The Government position is that the burden of the collection on the NHS outweighs the benefits of the data.
Date of cessation: Proposed date if consultation still underway.	The last output was released on January 2011. Publication of the Govt Response to the FRDR consultation on [date] confirms the cessation.
Details of user consultation: Include: Details of how users alerted to consultation; Length of consultation period; and Relevant links.	The FRDR consultation was a formal Dept of Health <a href="#"><u>consultation</u></a> on the DH website. Links were located on consultation and statistics pages. In addition, the Health Statistics User Group was notified and a workshop held with them. Prior to the formal consultation, the FRDR included a series of workshops involving Policy and NHS customers, NHS suppliers and DH producers. The consultation ran for 12 weeks.
Assessment of impact on users: Complete as far as is possible if currently awaiting outcome of consultation. Include details of other sources of statistics, whether official or otherwise, that may be used as alternatives.	Critical Care bed capacity data taken from <a href="#"><u>monthly Sitreps</u></a> are now published as Official Statistics. The presence of monthly data on Critical Care Beds means that data is available to users on a more frequent and timely basis.  Two users did raise written concerns during consultation, but the conclusion remains that the burden of the collection outweighs the benefit of the data, particularly given the alternative sources and published reports.
Net impact on departmental statistical expenditure: Distinguish between actual reductions in statistical expenditure and savings reinvested into other statistical outputs.	No impact. These figures will be published monthly, and although this will save duplication, resource still required to validate for monthly publication
Impact on quality: List any impact on survey sample size, frequency of surveys/outputs and ability to make across UK comparisons etc.	The monthly sitreps are more timely than the bi-annual census. The conclusion is that cessation of this particular return will have negligible impact on users.

## Fundamental Review of Data Returns – Government Response

Name of output:	<a href="#">NHS Vacancies Survey, England</a>
Description of statistics:	Information about vacancies by NHS staff group.
Status:	Confirmed
Reasons for cessation:	All data collections were considered as part of the DH-led Fundamental Review of Data Returns. To reduce the burden of collection on data suppliers.
Date of cessation: Proposed date if consultation still underway.	With immediate effect. The 2011 and 2012 collections were suspended. HSCIC is continuing to explore whether data on vacancies can be obtained through the NHS jobs website which is due to be implemented in 2013, with vacancy information available shortly afterwards. This is expected to allow NHS vacancy figures to be collected via this mechanism for 2013. HSCIC will advise users of its findings, and progress on this work.
Details of user consultation: Include: Details of how users alerted to consultation; Length of consultation period; and Relevant links.	The FRDR consultation was a formal Dept of Health <a href="#">consultation</a> on the DH website. Links were located on consultation and statistics pages. In addition, the Health Statistics User Group was notified and a workshop held with them. Prior to the formal consultation, the FRDR included a series of workshops involving Policy and NHS customers, NHS suppliers and DH producers. The consultation ran for 12 weeks.
Assessment of impact on users: Complete as far as is possible if currently awaiting outcome of consultation. Include details of other sources of statistics, whether official or otherwise, that may be used as alternatives.	A number of users pointed to the importance of such figures, for example as a measure of impact on quality of service in the NHS. There was a specific objection by the Pay Review Bodies who advised that the figures were used when making recommendations to Government on the pay of NHS workers as they provide evidence on recruitment and retention, and this point was supported by comments from Unison. Note the <a href="#">DDR B 2010 review report</a> reported on published figures from the 2010 publication and the <a href="#">DDR B 2011 review report</a> highlighted that this collection had been suspended for 2011. There were references to potential uses, and to high level monitoring, and a concern that removal might result in a proliferation of uncoordinated local surveys. Once the data is available the HSCIC plan to mirror the previous vacancy publication, providing short and long term vacancy rates by organisation. Long term plan is to provide more frequent, granular level information and additional information such as applicant profile.

## Fundamental Review of Data Returns – Government Response

<p>Net impact on departmental statistical expenditure: Distinguish between actual reductions in statistical expenditure and savings reinvested into other statistical outputs.</p>	<p>The changes made to the annual Medical &amp; Dental, Non-Medical and HCHS Vacancy collections have allowed the teams involved to make a total annual saving of circa £68,000. This is based upon the reduction of 2.5 fte across the team through the continued move towards automation. The majority of the savings from the reduced burden of annual manual collections have been reinvested into the team to provide the more frequent and timely monthly HCHS workforce publication which now feeds the annual process.</p>
<p>Impact on quality: List any impact on survey sample size, frequency of surveys/outputs and ability to make across UK comparisons etc.</p>	<p>Cross UK comparisons will no longer be possible, although these were not previously made in any published form.</p>



## Fundamental Review of Data Returns – Government Response

Name of output:	<a href="#">GP Practice Vacancies Survey, England</a>
Description of statistics:	Information about GP recruitment and on practice staff and practice nurse vacancies.
Status:	Confirmed
Reasons for cessation:	To reduce the burden of collection on data suppliers. Working with DH the HSCIC has highlighted two potential alternative sources for the GP and Practice staff vacancy information: (i) Collecting regularly from NHS providers in line with the Workforce Information Architecture (WIA), Minimum Dataset (MDS) requirements. WIA is a DH project to map the NHS workforce current and future workforce requirements. WIA project findings and recommendations are to be submitted March 2013. (ii) If unable to collect as part of WIA MDS then to collect as part of the annual workforce census collection, subject to funding.
Date of cessation: Proposed date if consultation still underway.	With immediate effect. The 2011 and 2012 collections were suspended.
Details of user consultation: Include: Details of how users alerted to consultation; Length of consultation period; and Relevant links.	The FRDR consultation was a formal Dept of Health <a href="#">consultation</a> on the DH website. Links were located on consultation and statistics pages. In addition, the Health Statistics User Group was notified and a workshop held with them. Prior to the formal consultation, the FRDR included a series of workshops involving Policy and NHS customers, NHS suppliers and DH producers. The consultation ran for 12 weeks.
Assessment of impact on users: Complete as far as is possible if currently awaiting outcome of consultation. Include details of other sources of statistics, whether official or otherwise, that may be used as alternatives.	A number of users pointed to the importance of GPs in the proposed reforms to the NHS. There was a specific objection by the Pay Review Bodies who advised that the figures were used when making recommendations to Government on the pay of NHS workers as they provide evidence on recruitment and retention, and this point was supported by comments from Unison. Note the <a href="#">DDR B 2010 review report</a> reported on published figures from the 2010 publication and the <a href="#">DDR B 2011 review report</a> highlighted that this collection had been suspended for 2011. There were references to potential uses, and to high level monitoring, and a concern that removal might result in a proliferation of uncoordinated local surveys.
Net impact on departmental statistical	Total cost of £ 28,667

## Fundamental Review of Data Returns – Government Response

<p>expenditure: Distinguish between actual reductions in statistical expenditure and savings reinvested into other statistical outputs.</p>	<p>of which £ 6,150 has been reinvested with £ 22,517 reductions</p>
<p>Impact on quality: List any impact on survey sample size, frequency of surveys/outputs and ability to make across UK comparisons etc.</p>	<p>The output will no longer be produced, so any cross-UK comparisons (which were not previously made in any published documents) on these topics will be lost.</p>

## Change Reports

Name of output:	<a href="#">In-patients formally detained in hospitals under the Mental Health Act, 1983 and patients subject to Supervised Community Treatment, Annual Figures, England</a> [NS]
Description of statistics:	Numbers as above in various categories. Time series.
Status:	Confirmed, subject to consistency check (see 'Date of Change' section below).
Description of (proposed) change(s):	To discontinue the current data source (the KP90 form) and replace it with data derived from the Mental Health Minimum Dataset (MHMDS) version 4.
Reasons for change:	All data collections were considered as part of the DH-led Fundamental Review of Data Returns. The change will reduce the burden of data collection by elimination of the KP90 form, and broaden the range of statistics produced, by using record level data from MHMDS.
Date of change: Proposed date if consultation still underway.	The 2011/12 collection will proceed in parallel (planned publication date October 2012). The 2012/13 and subsequent KP90 collections will be abolished if results from the parallel run are sufficiently consistent.
Details of user consultation: Include: Details of how users alerted to consultation; Length of consultation period; and Relevant links.	The FRDR consultation was a formal Dept of Health <a href="#">consultation</a> on the DH website. Links were located on consultation and statistics pages. In addition, the Health Statistics User Group was notified and a workshop held with them. Prior to the formal consultation, the FRDR included a series of workshops involving Policy and NHS customers, NHS suppliers and DH producers. The consultation ran for 12 weeks.
Assessment of impact on users: Complete as far as is possible if currently awaiting outcome of consultation.	A small number of specific comments were received on this aspect of the FRDR. Users were concerned to ensure that comparable figures continued to be produced, and pointed to some areas such as independent providers not being included. HSCIC intends to continue to require KP90 returns from those who complete it at present and who are not able to submit using

## Fundamental Review of Data Returns – Government Response

	MHMDS. HSCIC will also present and consider at least one year's parallel run before any decision is taken to cease KP90.
Net impact on departmental statistical expenditure: Distinguish between actual reductions in statistical expenditure and savings reinvested into other statistical outputs.	'There will be no impact on Departmental Expenditure, as the production of the statistics will continue, but the elimination of a duplicate source will remove a collection burden of cs £150,000 from the NHS.'
Impact on quality: List any impact on survey sample size, frequency of surveys/outputs and ability to make across UK comparisons etc.	Greater frequency and more detail will be available. No other home country has the equivalent of MHMDS so greater detail will be available relating to detentions in England but the existing analyses will continue to be produced.

## Fundamental Review of Data Returns – Government Response

Name of output:	<a href="#">NHS Hospital and Community Health Services: Non-medical staff, England</a>
Description of statistics:	NHS hospital and community staff numbers in the non-medical professions by organisation, headcount, full time equivalent, area of work, age, gender etc.
Status:	Confirmed
Description of (proposed) change(s):	Finalisation of change of data source from a special annual collection to a direct feed from the NHS Electronic Staff Record (ESR) system. Continuation of existing system for those organisations (two at present) who do not participate in the ESR system. Cessation of separate collection on bank (ie casual) staff.
Reasons for change:	The change will reduce the burden of data collection on supplying organisations, and increase the range, detail and frequency of data available.
Date of change: Proposed date if consultation still underway.	September 2012 collection.
Details of user consultation: Include: Details of how users alerted to consultation; Length of consultation period; and Relevant links.	The FRDR consultation was a formal Dept of Health <a href="#">consultation</a> on the DH website. Links were located on consultation and statistics pages. In addition, the Health Statistics User Group was notified and a workshop held with them. Prior to the formal consultation, the FRDR included a series of workshops involving Policy and NHS customers, NHS suppliers and DH producers. The consultation ran for 12 weeks.
Assessment of impact on users: Complete as far as is possible if currently awaiting outcome of consultation.	There was widespread comment which suggested that the consultation document was not sufficiently clear that the existing range of statistics would continue, with the sole exception of the bank staff element. HSCIC will make it clear that the quality of ESR as a substitute source has been assessed, and has been found to be comparable with the census. The difference is that rather than data suppliers extracting and sending on data from ESR, HSCIC extracts it directly. Processes are in place to challenge the quality of data supply, and a feedback system is in place so that quality improvements are made to the underlying source, rather than just corrections to extracted files. Users will therefore get

## Fundamental Review of Data Returns – Government Response

	<p>statistics which are of as good quality, but with more detail and greater frequency. Census returns will continue to be required from organisations (two at present) who do not participate in ESR.</p> <p>HSCIC will also continue to monitor the position in respect of the ongoing ESR contractual arrangements. The proposal to discontinue figures on bank staff raised concerns from ONS in relation to National Accounts, and also from one part of the NHS. HSCIC has recently published information on payments to bank staff and is investigating whether further information can be provided from ESR to meet needs. The quality of the census based bank staff figures, which are confirmed as discontinued, was not good.</p>
<p>Net impact on departmental statistical expenditure: Distinguish between actual reductions in statistical expenditure and savings reinvested into other statistical outputs.</p>	<p>The changes made to the annual Medical &amp; Dental, Non-Medical and HCHS Vacancy collections have allowed the teams involved to make a total annual saving of circa £68,000. This is based upon the reduction of 2.5 fte across the team through the continued move towards automation. The majority of the saving from the reduced burden of annual manual collections have been reinvested into the team to provide the more frequent and timely monthly HCHS workforce publication which now feeds the annual process.</p>
<p>Impact on quality: List any impact on survey sample size, frequency of surveys/outputs and ability to make across UK comparisons etc.</p>	<p>More frequent statistics with greater detail, and of as good a quality and comparability.</p>

## Fundamental Review of Data Returns – Government Response

Name of output:	<a href="#">NHS Hospital and Community Health Services: Medical and Dental staff, England</a>
Description of statistics:	NHS hospital and community staff numbers in the medical and dental professions by organisation, headcount, full time equivalent, area of work, age, gender etc.
Status:	Confirmed
Description of (proposed) change(s):	Finalisation of change of data source from a special annual collection to a direct feed from the NHS Electronic Staff Record (ESR) system. Continuation of existing system for those organisations (two at present) who do not participate in the ESR system.
Reasons for change:	The change will reduce the burden of data collection on supplying organisations, and increase the range, detail and frequency of data available.
Date of change: Proposed date if consultation still underway.	September 2012 collection.
Details of user consultation: Include: Details of how users alerted to consultation; Length of consultation period; and Relevant links.	The FRDR consultation was a formal Dept of Health <a href="#">consultation</a> on the DH website. Links were located on consultation and statistics pages. In addition, the Health Statistics User Group was notified and a workshop held with them. Prior to the formal consultation, the FRDR included a series of workshops involving Policy and NHS customers, NHS suppliers and DH producers. The consultation ran for 12 weeks.
Assessment of impact on users: Complete as far as is possible if currently awaiting outcome of consultation.	There was widespread comment which suggested that the consultation document was not sufficiently clear that the existing range of statistics would continue, with the sole exception of the bank staff element. HSCIC will make it clear that the quality of ESR as a substitute source has been assessed, and has been found to be comparable with the census. The difference is that rather than data suppliers extracting and sending on data from ESR, HSCIC extracts it directly. Processes are in place to challenge the quality of data supply, and a feedback system is in place so that quality improvements are made to the underlying source, rather than just corrections to extracted files. Users will therefore get statistics which are of as good quality, but with

## Fundamental Review of Data Returns – Government Response

	<p>more detail and greater frequency. Census returns will continue to be required from organisations (two at present) who do not participate in ESR. HSCIC will also continue to monitor the position in respect of the ongoing ESR contractual arrangements.</p>
<p>Net impact on departmental statistical expenditure: Distinguish between actual reductions in statistical expenditure and savings reinvested into other statistical outputs.</p>	<p>The changes made to the annual Medical &amp; Dental, Non-Medical and HCHS Vacancy collections have allowed the teams involved to make a total annual saving of circa £68,000. This is based upon the reduction of 2.5 fte across the team through the continued move towards automation. The majority of the saving from the reduced burden of annual manual collections have been reinvested into the team to provide the more frequent and timely monthly HCHS workforce publication which now feeds the annual process.</p>
<p>Impact on quality: List any impact on survey sample size, frequency of surveys/outputs and ability to make across UK comparisons etc.</p>	<p>More frequent statistics with greater detail, and of as good a quality and comparability.</p>



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Name of output:	<a href="#">General and Personal Medical Services, England</a>
Description of statistics:	Annual census of GPs, and information on the different staffing groups working within General Practice.
Status:	No change to be made. Confirmed continuation.
Description of (proposed) change(s):	It had been proposed to discontinue the element of the GP census collection on GP practice staff which formed part of this output. Following further consideration in light of consultation responses it has been decided that this element will continue, along with the other components which make up the output. There will therefore be no significant change.
Reasons for change:	n/a
Date of change: Proposed date if consultation still underway.	n/a
Details of user consultation: Include: Details of how users alerted to consultation; Length of consultation period; and Relevant links.	The FRDR consultation was a formal Dept of Health <a href="#">consultation</a> on the DH website. Links were located on consultation and statistics pages. In addition, the Health Statistics User Group was notified and a workshop held with them. Prior to the formal consultation, the FRDR included a series of workshops involving Policy and NHS customers, NHS suppliers and DH producers. The consultation ran for 12 weeks.
Assessment of impact on users: Complete as far as is possible if currently awaiting outcome of consultation.	n/a
Net impact on departmental statistical expenditure: Distinguish between actual reductions in statistical expenditure and savings reinvested into other statistical outputs.	n/a
Impact on quality: List any impact on survey sample size, frequency of surveys/outputs and ability to make across UK comparisons etc.	n/a