



Public Health
England

Protecting and improving the nation's health

Public health outcomes framework (PHOF) web tool

2016 user survey findings and progress on actions

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Contents

About Public Health England	2
Contents	3
Introduction.....	4
Rationale and summary of decisions.....	5
Executive summary	6
Decisions taken	7
Summary of responses.....	10
Appendix A	15

Introduction

At Public Health England, we continue to focus our intelligence products on meeting users' needs. Engagement with stakeholders allows us to review and reflect on this and ensure that we focus our efforts on products that are used and valued.

A survey linked to the Public Health Outcomes Framework (PHOF) webpage was used for this analysis and ran from 1 November 2016 to 16 December 2016. The survey asked users a range of questions about who they are, how they use the tool and what developments they would like to see in future. A list of the questions asked is available in Appendix A. This report summarises the results from this survey and sets out actions we have taken and will take in response to the findings. The aim of the survey was to help shape PHOF work in 2017/18.

The survey received almost 200 responses. The PHOF team would like to thank all those stakeholders who took the time to respond.

Rationale and summary of decisions

The rationale for the survey was to gauge which areas of the web tool were more or less useful for stakeholders and which future developments should be prioritised.

The main conclusions from our analysis of the user survey were:

- to improve **profile consistency** across all PHE web tools during 2017/18
- breakdowns of data by **different geographies** will be prioritised where possible
- **improve timeliness** (minimise delay) in publication of indicators in the PHOF by automation of production processes for mortality and Hospital Episode Statistics (HES) during 2017/18
- allow **user defined options** such as being able to choose bespoke clusters of areas, comparator groups, statistical neighbours, tailored selections of indicators to export and bespoke default areas to view when launching the tool
- for each indicator to include a log of recent updates with the date of update
- to make **improvements** to existing areas of the web tool which will include easier navigation and search tool functionality, more consistent metadata and better graphics including charts and maps
- **'At a glance'** summaries will be made available to download on the PHOF website

Executive summary

- there were 195 completed responses to the survey. Of these 52% were respondents working for local authorities and 18% were respondents from Public Health England (PHE) itself. NHS workers made up 10% of respondents and members of the public 5%
- over half (52%) of all respondents visited the PHOF web tool on a weekly basis or more often – this increased to 82% among analysts
- 99 respondents replied when asked what they like most about the web tool. Almost half (47%) of all comments mentioned it was **easy to use** and they liked the **access to data** (42%). Approximately a fifth had positive comments on the **data display** and **metadata function** (20% each)
- 84 users responded to what frustrated them most about the web tool - almost a quarter (24%) of comments mentioned that the tool was **not user-defined** enough, **profile inconsistency** was mentioned in 14% of comments, and **lack of further geographies** and **timeliness** was mentioned in 13% each
- 86 users replied to improvements they would like to see in the PHOF data tool - more than half (56%) of all comments concerned making the tool more **user defined**, over a third (37%) concerned components of the web tool that already exist but that could be **improved**, and **lack of further geographies** were mentioned in 14% of comments
- almost two thirds of respondents (121) replied to the question on FAQs with more than a third (36%) of users having visited them. Of these, the majority (86%) stated that their queries were answered in this section of the web tool
- almost two thirds (62%) of respondents replied to the section on PDF reports with over half of these having used them (58%). Over half of these used the PDF reports for a **general overview in a non-screen format**. When asked about changing the PDF report to the 'at a glance' style report, 63% of respondents would support this change. A high proportion of PDF report users would also support this change (40/70)
- over half (57%) of respondents replied to the question of whether they use the data download, with the majority (81%) saying that they did. More than half (59%) of all comments mentioned that they used the data download for **additional analysis**
- of those that responded, almost two thirds (62%) prioritised user defined groupings of **areas** over indicators
- the 'further comments' textbox was completed by a quarter (50/195) of users. Half of all comments contained only positive feedback

A full list of the questions asked is available in Appendix A.

Decisions taken

<p>Question 9: What frustrates you most about the tool?</p>
<p>Decision: There is a programme of work in place to improve profile consistency across all PHE web tools during 2017/18. This includes:</p> <ul style="list-style-type: none">• ensuring that indicators and profiles have a clear user defined need, are methodologically robust and there is a clear plan for updating them• reducing the duplication of profiles• maintaining consistency of presentation and style across profiles• developments prioritised from user demands• eliminating indicator duplication
<p>Rationale: Profile inconsistency was mentioned in 14% of comments. Dislikes included having different values, titles and data in different profiles for similar or the same indicators. Having different benchmarking by profile, and non-similar home pages.</p>
<p>Decision: The following breakdowns of data at further geographies will be prioritised:</p> <ul style="list-style-type: none">• include Local Health data in the database that underpins the PHOF web tool (API)• add lower tier local authority data to the tool where available, on a rolling basis, backdating years of data where possible• combined authority areas are now available in the PHOF and new combined authority areas will be added as they are formed• commission data at local area level where possible for indicators that only have a national level indicator• produce methods of calculation for robust statistically significant results at lower geographic levels
<p>Rationale: Lack of further geographies was mentioned in 13% of comments. STP areas are based on CCG areas and will not be included in the PHOF webtool in the foreseeable future as PHOF focuses on Local Authority areas.</p>
<p>Decision: Improve timeliness (minimise delay) in publication of indicators in the PHOF by automation of production processes for mortality and Hospital Episode Statistics (HES) during 2017/18. Planned publication dates are November for mortality updates and February for HES indicator updates. Keep indicators in sync with each other by updating the PHOF web tool with indicators it shares with other profiles more frequently than the quarterly update cycle.</p>
<p>Rationale: Timeliness was mentioned in 13% of comments. Timeliness of data is a key issue for users. Inevitably, with indicators of the type that are included in PHOF, there is a delay between the time period of data and the date of publication, and for indicators that are outcome rather than process based this delay is usually longer. For example, survey data take some time to be processed, validated and analysed before the results of the survey can be published and indicators produced. For indicators that are not released for the first time through the PHOF, there will be further delay between their first release and</p>

their publication in PHOF. PHE seeks to minimise these delays as far as possible by automating the process for production of some indicators where PHE are given the datasets as soon as they are complete. When indicators are shared with other profiles, the PHOF is now being updated when they are updated, to ensure that there is consistency across products.

Question 10: What improvements could be made to the PHOF data tool?

Decision: Allowing **user defined options** such as being able to choose bespoke clusters of areas, comparator groups, statistical neighbours, tailored selections of indicators to export and bespoke default areas to view when launching the tool are currently under development by the Fingertips team.

Rationale: More than half (56%) of all comments about improvement concerned making the tool more **user defined** including being able to make user defined groupings of geographical areas, indicators, data extracts, comparators and pdfs.

Decision: For each **indicator** in the tool (showing in the data download and in the API) the following are being added to the data download:

- a log of recent updates with date of update is currently under development and should be available by the February 2018 update
- 'Recent trend', 'Compared to England value or percentiles', and 'Compared to subnational parent value or percentile' have been added as variables in all data downloads

Rationale: Almost 10% of comments concerned indicator issues, including that each indicator should have a log of the most recent updates, a column for statistical significance, and the trend on the current value page.

Decision: Improvements to already existing areas of the web tool to include are being prioritised:

- easier navigation and search tool functionality by including the PHOF web tool within the Fingertips suite of web tools. This is currently in process and should be completed by November 2018
- more consistent metadata
- better graphics including charts and maps

Some improvements have already been introduced from feedback from a previous user survey, such as:

- ability to benchmark against regional average – now available on the web tool
- increased inequalities data accessibility. The web tool now includes the ability to view inequalities trend data in chart format and to add confidence intervals. This data is also available in the data download
- a 'Population' tab which has population histograms for all geographies
- a 'Box plots' tab which has box plots by year available for all indicators for England, Region and deprivation decile

- a 'Compare indicators' tab which generates scatter graphs to plot 1 indicator against another including the ability to add a regression/trend line
- a link on the home page to 'Technical guidance' assists with the interpretation of the Fingertips profiles and further use of the indicator data
- an API feed for all PHE web tool data
https://fingertips.phe.org.uk/api#!/Profiles/Profiles_GetProfile

Rationale: Over a third (37%) of comments were concerning components of the web tool that already exist but that could be **improved**.

Questions 11-13: Have you visited the FAQs? Are most of your questions answered in the FAQs? What other questions would you like answered in the FAQ section?

Decision: The comments received did not strongly imply the need to change the FAQs section but new information will be added when required, as is the current process.

Rationale: Almost two thirds of respondents replied to the question on FAQs with more than a third (36%) of users having visited them. Of these, the majority (86%) stated that their queries were answered in this section of the web tool.

Questions 14-16: Have you used the PDF reports? What do you use the PDF report for? We are considering changing the PDF reports at local authority level to an at a glance format, in a similar format to the existing England at a glance. Would you support this change?

Decision: 'At a glance' document to be made available on the PHOF website and auto generated using fingertips.

Rationale: Almost two thirds (62%) of respondents replied to the question section on PDFs with 58% of these having used them. Over half of all respondents used the PDFs for a general overview in a non-screen format but 5 users commented that they were too long. When asked about changing the PDF report to the 'at a glance' style report, 63% of respondents would support this change.

Questions 19: As we develop the tool, we could prioritise enabling user defined groupings of areas, or user defined groupings of indicators. Which of these would you find most useful?

Decision: There was a preference for the ability to group user defined **areas** within the web tool. This need has been partly answered with the availability of combined authority areas within the web tool. Therefore, work is now progressing on building the functionality to enable the grouping of indicators. The ability to group areas further will be added in the very near future.

Rationale: Of those that responded, almost two thirds (62%) preferred user defined groupings of **areas** over indicators. This functionality has been partly provided as we have included combined authority areas in the web tool and downloads.

Summary of responses

What type of organisation do you work for?

Table 1: Number of completed questionnaires by type of organisation worked for

	Number	%
Local authority	101	51.8
Public Health England	35	17.9
NHS	20	10.3
Member of the public	9	4.6
Voluntary organisation	7	3.6
Private company	6	3.1
Department of Health/OGD	6	3.0
<i>Other (please specify)</i>	11	5.6
TOTAL questionnaires completed	195	100.0

Respondents were also asked about their job role if they worked for PHE, Department of Health, other government departments or local authorities. Analysts accounted for 70% of the total.

How often do you use the PHOF data tool?

This question was answered by almost more than 90% of the respondents (176/195). Table 2 shows that over half used the PHOF data tool weekly or more often. This increased to 82% among analysts. Only 5% used the data tool only after an update.

Table 2: How often do you use the PHOF data tool?

	Number	%
Daily	46	23.6
Weekly	55	28.2
Monthly	34	17.4
Following an update	10	5.1
Less often	31	15.9
<i>no response</i>	19	9.7
TOTAL questionnaires completed	195	100.0

What do you like best about the tool?

This question was a free text box and was answered by almost half (47%) of all respondents (92/195).

Table 3: What do you like best about the tool?

Comment	Number	% of all comments
Ease of use	43	46.7
Access data	39	42.4
Data display	18	19.6
Metadata	18	19.6
Compare areas	17	18.5
Same place	15	16.3
Trends	14	15.2
Benchmarking	9	9.8
LA level	6	6.5
Search function	5	5.4
Other comments	15	16.3
Total comments received	92	100.0

Other comments included consistency, timeliness, interactivity, functionality and PDFs.

What frustrates you most about the tool?

This question was a free text box and was answered by the almost half (43%) of all respondents (84/195).

Table 4: What frustrates you most about the tool?

Comment area	Number	%
Not user defined	20	23.8
Profile inconsistency	12	14.3
Lack of further geographies	11	13.1
Timeliness	11	13.1
Not enough	10	11.9
Search function	7	8.3
Definition/name changes	5	6.0
Download	5	6.0
Other comments	28	33.4
Total comments received	84	100.0

Other comments included older browser issues, chart issues, too much information, benchmarking, default area, indicator issues, map issues, PDFs, trends, website issues, not having enough guidance about the indicators contained on the web tool and where they may be, and also how to interpret them.

What improvements could be made to the PHOF data tool?

This question was a free text box and was answered by the almost half (44%) of the respondents (86/195).

Table 5: What improvements could be made to the PHOF data tool?

Comment area	Number	%
User defined	48	55.8
Improved	32	37.2
Smaller/different areas	12	14.0
Web tool	12	14.0
Indicator issues	8	9.3
Benchmarking	7	8.1
Other comments	14	16.3
Total comments	86	100.0

Other comments included that the data should be available as API (application programming interface), timeliness of data, having an additional glossary of statistical terms and guidance on interpretation of data, confidence intervals on charts and consistency across profiles.

What do you use the PDF report for?

Almost 89% (62/70) of respondents who used the PDFs responded with free text about what they used them for.

Table 6: What do you use the PDF report for?

Comment area	Number	%
General overview non-screen format	35	56.5
Dissemination of information	21	33.9
Other	8	13.1
Total comments	62	100.0

The PDFs were also used as appendices to reports, for adding detail for local area, and as discussion points.

We are considering changing the PDF reports at local authority level to an at a glance format, in a similar format to the existing England at a glance. Would you support this change?

When asked about changing the PDF report to the 'at a glance' style report, 63% (75/120) of respondents would support this change. When analysed by if they already used the PDFs or not, higher proportions of respondents would still support this change in design – 57% who **do** use the PDFs and 70% who **don't** use them.

Table 7: PDF use by change to ‘at a glance’ report

Change PDFs to ‘at a glance?’	Have you used the PDF reports?		TOTAL
	No	Yes	
No	11	26	37
Yes	35	40	75
TOTAL (including not stated)	50	70	120
	<i>Use and change</i>	<u>57.1%</u>	
	<i>Use and DON’T change</i>	37.1%	
	<i>Don’t use and change</i>	<u>70.0%</u>	
	<i>DON’T use and DON’T change</i>	22.0%	

What do you use the data download for?

Over half (57%) of respondents replied to the question of whether they use the data download (111/195). With the majority (81%) saying that they did.

Table 8: What do you use the data download for?

Comment area	Number	%
Additional analysis	50	58.8
Report generation	22	25.9
Charts	19	22.4
Trends	13	15.3
Comparisons	12	14.1
Benchmarking	9	10.6
Adding to local tools/profiles	7	8.2
Other	9	10.6
Total comments	85	100.0

Other comments included mapping, significance testing, grouping data, forecasting and being able to manipulate the data in Excel.

As we develop the tool, we could prioritise enabling user defined groupings of areas, or user defined groupings of indicators. Which of these would you find most useful?

Users were asked if they would prefer ‘user defined groupings of **areas**’ or ‘user defined groupings of **indicators**’. This question was answered by more than half (54%) of all responders (105/195). Of those that responded, almost two thirds (62%) preferred user defined groupings of **areas** over indicators.

Further comments

The last question of the survey was a free text box for further comments. This was completed by a quarter (26%; 50/195) users. Half of all comments contained only positive feedback.

Other feedback included:

- API training
- 'at a glances' easier to read
- better alignment of PHE and NHS geographies
- have both PDFs and 'at a glances'
- consistency of indicators
- indicator map of which profiles they are in
- slow loading of website
- even lower geography data
- simplify the tool
- metadata on updates
- more bite-sized reports
- more regular updates
- move CHIMAT to fingertips
- older browser compatible
- one stop shop
- other non-PHOF indicators included
- sub-area level deprivation data
- timeliness of data

Appendix A

List of questions and potential answers on the use of the PHOF available between 1 November and 16 December 2016.

Page	Question	Question text	Variable type	Variable options
1	1	What type of organisation do you work for?	Choose one	Public Health England Department of Health Other Government department Local authority Voluntary organisation NHS Private company Member of the public Other (please specify)
	2 (asked if Q1 = A)	Which part of PHE do you work for?		PHE Centre PHE Knowledge and Intelligence (National) PHE Knowledge and Intelligence (Local) Other PHE (please specify)
	3 (asked if Q1 = A)	What is your job role?		Analyst General Public Health Other (please specify)
	4 (asked if Q1 = B)	What is your job role?		Analyst Policy Other (please specify)
	5 (asked if Q1 = C)	What is your job role?		Analyst Policy Other (please specify)
	6 (asked if Q1 = D)	What is your job role?		Public Health Analyst Other Analyst General Public Health Elected member Other (please specify)
6	7	How often do you use the PHOF data tool?	choose one	Daily Weekly

					Monthly
					Following an update
					Less often
7	8	What do you like best about the tool?	Text		
7	9	What frustrates you most about the tool?	Text		
		What improvements could be made to the			
7	10	PHOF data tool?	Text		
			choose		
8	11	Have you visited the FAQs?	one	Yes	
				No	
	12 (asked				
	if Q11 =	Are most of your queries answered in the	choose		
9	yes)	FAQs section?	one	Yes	
				No	
	13 (asked				
	if Q12 =	What other questions would you like			
10	no)	answered in the FAQ section?	Text		
			choose		
11	14	Have you used the PDF reports?	one	Yes	
				No	
	15 (asked				
	if Q14 =				
12	yes)	What do you use the PDF report for?	Text		
		We are considering changing the PDF reports	choose		
13	16	at local authority level to an at a glance	one	Yes	
		format, in a similar format to the existing			
		England at a glance. Would you support this			
		change?		No	
			choose		
14	17	Do you use the data downloads?	one	Yes	
				No	
	18 (asked				
	if Q17 =				
15	yes)	What do you use the data download for?	Text		
		As we develop the tool, we could prioritise	choose		
16	19	enabling user defined groupings of areas, or	one	user defined groupings of areas	
		user defined groupings of indicators. Which of			
		these would you find most useful?		user defined groupings of indicators	
17	20	Do you have any further comments?	Text		