



The
Information
Centre

for health and social care

Lifestyles Surveys: Consultation Review

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1 Introduction

The NHS Information Centre (NHS IC) Lifestyles Statistics team produce the following publications comprising the Lifestyles surveys;

- **Health Survey for England – Health, Lifestyles and Social Care (HSE):** A series of annual surveys designed to measure health and health related behaviours in adults and children, in England.
- **Smoking, drinking and drug use among young people in England (SDD):** A series of annual surveys designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15, in England.
- **Infant Feeding Survey (IFS):** Five yearly surveys which provide information on trends in methods of infant feeding chosen by mothers and information on drinking and smoking before, during and after pregnancy.

These surveys are commissioned and managed by the NHS Information Centre and the findings from these used to produce reports which provide an insight into the health and behaviour of people in England. The longevity of the surveys also enables changing trends to be studied over time. They can be used to help decision makers improve policies and services and ultimately improve the health of population in this country.

Further information on the surveys and reports can be found on the NHS IC website at:

www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england

www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/smoking-drinking-and-drug-use-among-young-people-in-england

www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey

2 Aims of Consultation

This consultation aims to engage with the users of the surveys to develop a more complete understanding of the use made of this data and to ensure the surveys are relevant and meaningful to the needs of users. We also want to seek the views of users on the content and format of the publications. These all need to be considered against increasing resource pressures, following the Government's 2010 spending review.

3 Process

In accordance with the Code of Practice for Official Statistics, this consultation will be placed on the NHS Information Centre's website for 12 weeks. During that time we will proactively seek the views of known users of the reports whilst also publicising the consultation more widely. Details of how users can respond are contained later within this document. Following the consultation period, all comments we receive will be considered and decisions made on the future format of the survey publications. We will inform all respondents of the outcome (via email so please ensure you provide your contact details), and publish the outcome on the NHS Information Centre website:

www.ic.nhs.uk/work-with-us/consultations

4 Background to the Lifestyles Surveys

The Health Survey for England (HSE)

The HSE is a series of annual surveys designed to measure health and health related behaviours among adults and children in England. HSE findings play a vital role in aiding better understanding of health issues and helping decision-makers manage policies to improve services.

This survey was commissioned originally by the Department of Health and, from April 2005, by the NHS Information Centre for health and social care. Since 1994, the survey has been carried out by the National Centre for Social Research (NatCen) and the Department of Epidemiology at University College London (UCL) Medical School.

Each survey in the series includes core questions, physical measurements and a nurse visit, as well as modules of questions on specific issues that vary from year to year. In recent years, the core sample has also been augmented by an additional boosted sample from a specific population subgroup, such as minority ethnic groups, older people or, as in HSE 2010, children.

- **Core topics include:** general health; smoking, drinking and fruit and vegetable consumption; height; weight; blood pressure measurements and blood and saliva samples
- **Special topics have included:** cardiovascular disease; physical activity; accidents; lung function measurement and certain blood analytes.
- The topics covered in each year are displayed in a 'dot chart' available at www.ic.nhs.uk/webfiles/publications/012_Methodological_Changes/MethChange201111_HSE.pdf

A total of 8,420 adults and 5,692 children were interviewed for HSE 2010, with 2,074 children from the core sample and 3,618 from the boost. A household response rate of 66% was achieved for the core sample, and 70% for the boost sample. Among the general population sample, 5,587 adults and 1,327 children had a nurse visit.

Impact of reduction in central funding on HSE

In recent years there has been a reduction in the central funding for the HSE, which has had a number of impacts.

In earlier surveys (up to and including HSE 2008, before the recent reductions in central funding took effect), the HSE alternated between large ('full') and smaller ('half') samples. The last large sample was in HSE 2008 and was drawn from 16,056 randomly selected addresses (resulting in 15,102 adults and 3,473 children being interviewed). In HSE 2009 the general population sample was drawn from only 4,680 randomly selected addresses (compared with 7,200 in HSE 2007). This resulted in 4,645 adults and 1,147 children being interviewed. In HSE 2010, this was increased so that the general population sample was drawn from 8,736 randomly selected addresses, resulting in 8,420 adults and 2,074 children being interviewed. The intention is to try and maintain it at this level for each subsequent year in the series. The children figures all relate to the number in the core sample only (ie children included in the boost are excluded).

From HSE 2011 onwards, there will be no funding for an additional boosted sample from a specific population subgroup to augment the core sample. Although the funding for the boosted sample is not funded centrally, this is being highlighted to raise awareness among users. A child boost has been included in every year since HSE 2006, and so the total number of children included in the sample will be much smaller than users may have otherwise have expected. The scope for analysis of children's data will therefore be much reduced.

The HSE 2009 and HSE 2010 reports had only 10 chapters rather than the usual 12 and no hard copies were made available to users as a matter of routine. Users were encouraged to print off their own hard copy from the website if required.

Other impacts of the reduction in central funding on HSE include:

- A greater level of scrutiny and challenge of potential core topic questioning.
- From HSE 2011 onwards, 2 core topics each previously covered every year will be covered on an alternating basis to reduce costs. Fruit and vegetable consumption (HSE 2011) will alternate with Mental Health and Wellbeing (HSE 2012).
- A greater need to carefully balance the requirements for sample size/geographical disaggregation, frequency and depth of questioning to keep within the overall cost envelope.

HSE Response Rates

The HSE response rates have fallen in recent years. To address this, the following measures have been implemented:

- Ensuring questionnaires are not too long
- Providing enhanced briefing sessions for interviewers and nurses to ensure they are highly skilled
- Gathering participant feedback on survey structure and content through rehearsals
- Including a small value gift token in the introductory letter (not conditional on participation in the survey). This was found to be cost neutral when introduced into the HSE, as the increased response rate meant interviewers spent less time following up non-respondents.

Question 9 in section 5 is linked with this background information on response rates.

Smoking, Drinking and Drug Use Among Young People in England (SDD)

The SDD is an annual survey carried in secondary school across England and provides information on smoking, drinking and drug use behaviours among secondary school pupils aged 11-15. Since 2000, the survey has been carried out annually by the National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER).

The survey report covers:

- prevalence of smoking, drinking and drug use
- types of alcohol and drugs taken
- how often pupils smoke, drink and take drugs
- where pupils obtain cigarettes, alcoholic drinks and drugs
- pupils' attitudes to these behaviours
- predictors of behaviour related to smoking, drinking and drug use among school children.

The survey focuses on different behaviours in different years, alternating between smoking and drinking one year and drug use the next. However, core information on all three behaviours is included every year.

The first survey in the series was carried out in 1982, and measured the prevalence of smoking among pupils and described their smoking behaviour. Trends in smoking were monitored by similar surveys carried out every two years. Questions on alcohol consumption were added to the survey in 1988. The 1998 survey was the first to include questions on the prevalence of drug use.

The most recently published survey report (SDD 2010) is based on information obtained from 7,296 pupils in 246 schools throughout England in the autumn term of 2010.

The Infant Feeding Survey (IFS)

The IFS has been conducted every five years since 1975, on behalf of the four Health Departments in the United Kingdom. The 2010 IFS is the eighth in the series. The survey provides overall UK estimates as well as estimates for each of the four countries which make up the UK.

The main aim of the survey is to provide estimates of the incidence, prevalence and duration of breastfeeding and other feeding practices adopted by mothers from the birth of their baby up to around ten months. The survey also collects information about the smoking and drinking behaviour of mothers before, during and after pregnancy.

The survey consists of a longitudinal design with data being collected in three stages. The first stage is collected when the babies are approximately 6-10 weeks old, the second when they are 4-6 months old and the third when they are 8-10 months old.

The report is published in two stages;

- Early Results: These are based on the first stage of the survey only and cover two key topics; the initial incidence of breastfeeding and smoking during pregnancy. The early results for IFS 2010 were published in June 2011.
- Final Results: These are based on all three stages of the survey. The final results for IFS 2010 are currently being compiled and a full report is expected to be published by the NHS IC in summer 2012.

In IFS 2010, a total of 15,724 mothers returned the first stage questionnaire, a response rate of 52%.

Availability of datasets on UK Data Archive

Archived datasets for HSE, SDD and IFS are available via the UK Data Archive (www.esds.ac.uk) for secondary analysis.

5 Consultation

We would like to invite users to respond to the following questions to help us improve the Lifestyles surveys and associated outputs.

1. Which publications do you use, how often and for what purpose?

Please provide any information which helps us to understand:

- (a) the topic areas you find most useful
- (b) the analysis you need to undertake
- (c) the purpose for which you currently use the data
- (e) which outputs you find most useful and why
- (f) what level of precision you require for these estimates
- (g) what level of aggregation you require estimates at

For (f) and (g), please could you indicate whether your requirements are currently met by the data available?

2. The HSE seeks to balance sample size (to allow geographical and other disaggregation), frequency of questioning and depth of questioning within a cost envelope. Do you feel that the current balance is about right, or would you like to see more emphasis on one of these dimensions at the expense of the others?

For example, if you have a particular need for regional information, are the existing confidence intervals associated with regional analyses acceptable for your needs? If not, would you be prepared to sacrifice frequency and depth of questioning for an increased sample size (which would lead to narrower confidence intervals around regional estimates)?

3. One approach to producing more robust regional information is to combine several years of survey data. This was used in *Smoking, drinking and drug use among young people in England, findings by region 2006 to 2008* (www.ic.nhs.uk/pubs/sdd0608region). One advantage of this approach is that it is more cost effective than increasing the size of the sample, although the disadvantage is the data may be several years out of date by the time of publication.

What are your views on this approach and would you like to see it used more widely?

4. The HSE often uses a 'boost' in order to allow more robust analysis of a certain population subgroup to be performed in a particular year – e.g. young people or ethnic minorities. This sometimes (although not always) coincides with the special topic for that year. The topics covered in previous years are displayed in a 'dot chart' available at www.ic.nhs.uk/webfiles/publications/012_Methodological_Changes/MethChange201111_HSE.pdf

Are there any particular subgroups of interest which, if funded, future surveys could focus on? For further information on how topics can be funded, please refer to IC Health Surveys Programme Network website at <https://groups.ic.nhs.uk/ICHSPN/default.aspx>
A possible alternative to a 'boost' which users are invited to consider and comment on, is the combining of 2 or more year's data on a particular topic. For example, in the HSE 2010 report, HSE 2009 and HSE 2010 data on kidney disease were combined.

5. Each survey report includes detailed documentation which explains the sample design. In the HSE, for example, this information is contained in *Volume 2: Methods and Documentation* (although a new document called *A quick guide to technical details about the HSE* is expected to be made available at www.ic.nhs.uk/pubs/hse10report in early 2010)

Do you have any views on the existing sample design of any of the surveys?

6. Are you aware of any sources of administrative data that could be used, either alongside or instead of, the survey data? If so, it would be appreciated if you could supply the details so we can explore such options.
7. Are there any additions you would like to see included in the publications? We can not guarantee to meet all requests but will consider all that we receive.
8. A change in layout was introduced in the recently published HSE 2010 report (www.ic.nhs.uk/pubs/hse10report). As with the SDD 2010 report, HSE volume 1 is now divided into separate pdf files (one for each chapter), rather than being available in one large file as in previous years.

Would you like to see this change continued in subsequent editions of the HSE report?

9. We are keen to maintain, and if possible improve, response rates for all surveys. Some measures taken are described in this document. Are the current response rates sufficient to provide results of a quality meeting your needs? Do you have any further suggestions for improving them?
10. Are there any other comments you would like to make?

6 How to Respond

This consultation will run for 12 weeks from midnight on Friday 30th December 2011 to Friday 23rd March 2012. Please ensure you submit any comments prior to the closing date so they can be considered. Comments can be returned via email to Lifestyles@ic.nhs.uk or by post to:

Lifestyles Surveys

The NHS Information Centre for health and social care

1 Trevelyan Square

Boar Lane

Leeds

LS1 6AE

Comments are invited from all interested parties. When responding, please state whether you are doing so as an individual or representing an organisation. If you could also provide contact details (name, email address, organisation) this will also allow us to follow-up with any questions that arise from your response.

If you would like to know more about the consultation or if you have any queries, please contact the Lifestyles Statistics Section Head at the NHS Information Centre:

Paul Eastwood

Email: paul.eastwood@ic.nhs.uk

Telephone: 0113 254 2509

7 Confidentiality and Data Protection

Please note that if you want the information that you provide to be treated as confidential, be aware that, under the Freedom of Information Act, there is a statutory Code of Practice with which public authorities must comply and which deals, among other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation but we cannot give assurance that confidentiality can be maintained in all circumstances.

For further information:

www.ic.nhs.uk

0845 300 6016

enquiries@ic.nhs.uk

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