

Response to consultation on Health and Social Care Statistics

<https://www.gov.uk/government/consultations/health-and-social-care-statistical-outputs>

Prepared by: Danielle Schoenaker, Jenny Hall, Judith Stephenson, Keith Godfrey, Nisreen Alwan, on behalf of the UK Preconception Partnership.

About you

1. In what capacity are you responding to this survey?

On behalf of an organisation

2. What sector do you work in?

Not for profit

3. What is the main area of focus of your work?

Academic or research

4. Where does your organisation operate or provide services?

The whole of the UK

5. What is the name of your organisation?

UK Preconception Partnership

6. Are you happy to share your email address with DHSC, UKHSA, NHS England, NHSBSA and ONS?

Yes

7. What is your email address?

preconceptionpartnership@ucl.ac.uk

General feedback

8. How do you find the process of finding the health and social care statistics that you need?

- Very easy
- Easy
- Neither easy or difficult
- Difficult
- Very difficult

9. Please explain your answer (optional). If you think it could be improved, please provide suggestions on what would make it easier.

Indicators relevant to preconception health (such as maternal and paternal age, folic acid supplement use before pregnancy, and obesity in early pregnancy), and inequality breakdowns by

for example ethnicity and area-based level of deprivation, are currently published across multiple organisations including DHSC/OHID (Child and Maternal Health profiles), NHSE (Maternity Services Monthly Statistics and NHS Maternity Statistics) and ONS (Birth characteristics in England and Wales). It is difficult to identify the right organisation and place to find preconception health statistics. Within each organisation, preconception health indicators are also scattered across themes (such as maternal health, reproductive health, birth characteristics), making it difficult to obtain a clear picture of the population's preconception health.

To make indicators relevant to preconception health easy to find, we suggest a new Preconception Health profile (dashboard) where official statistics on preconception health indicators are brought together from different data sources and organisations. We believe DHSC/OHID's interactive Fingertips platform would be ideally placed for a Preconception Health profile.

While we are aware this consultation predominantly covers products relevant to England only, we strongly support ongoing work by ONS and other organisations to improve the availability, comparability and coherence of surveillance data across all UK nations.

10. Statistics can be presented in different formats including:

- **short statistical commentary, highlighting key points**
- **longer statistical reports, with chapters on specific topics**
- **data provided in formatted spreadsheets, with metadata and explanatory footnotes**
- **downloadable aggregated data, typically in CSV format, with metadata or explanatory footnotes**
- **data dashboards and other interactive tools**

If you have any feedback on the format that health and social care data and statistics are provided in, please provide it here (optional).

We believe having statistics presented in a variety of formats is useful for different audiences/data users.

Data dashboards and other interactive tools are user-friendly and easy to access when exploring statistics on preconception health indicators, including trends over time, inequalities and local priorities.

Downloadable non-aggregated data are useful for further exploration of the data when standard aggregate data (e.g. according to age groups) are not aggregated or presented in line with specific user needs.

When new indicators are published, or a topic is further explored to inform policy, statistical commentaries and reports are valuable additions.

11. ONS, DHSC, NHS England and UKHSA are all exploring the proposal to publish a higher proportion of outputs in a dashboard or interactive tool format. To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

12. Please explain your answer (optional).

We believe data dashboards and other interactive tools are most user-friendly when exploring statistics on preconception health indicators, including trends over time, inequalities and local priorities.

13. ONS, DHSC and NHS England are all exploring the proposal to:

- **reduce the level of detailed commentary provided alongside statistical outputs**
- **reduce how frequently commentary is provided alongside statistical outputs**

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

14. Please explain your answer (optional).

We believe the level of detail and frequency of commentary provided depends on the statistical output. For example, when new indicators are published, or a topic is further explored to inform policy, statistical commentaries and reports are valuable additions.

15. Given the complexities of data collection, validation and analysis in health and social care statistics, it is not always possible to prioritise all of the following quality dimensions:

- **relevance of health and social care statistics to meet user needs in terms of content and coverage**
- **accuracy and reliability: how close the estimated result in health and social care statistics is to the true result**
- **timeliness and punctuality of health and social care statistics**
- **accessibility and clarity of health and social care statistics - including quality of metadata and accompanying advice, accessible data sets and visual content**
- **coherence and comparability of health and social care statistics over time and geography (as health and social care is devolved, coherence of statistics across the UK can be challenging. Where statistics are not comparable, explanations of different methodologies is recommended)**
- **availability of health and social care data at local level geographies**

Please add any comments about which of these quality dimensions should be prioritised (optional).

For the purpose of surveillance of population-level preconception health, we believe the following quality dimensions should be prioritised:

- Timeliness
- Accuracy and reliability (across UK nations, regions and at local level)
- Coherence and comparability over time and geography

Feedback on statistical topic areas

17. Would you like to comment on specific topic areas?

Yes

18. Which topic areas would you like to comment on?

Child, maternal and reproductive health

Any other topic area

Child, maternal and reproductive health

19. Please explain which statistics you use on this topic area and summarise how you use them.

Members of the UK Preconception Partnership (<https://www.ukpreconceptionpartnership.co.uk/>) are individuals and representatives of relevant professional, clinical and charitable organisations across the UK with multi-disciplinary interest and expertise in different aspects of preconception health and care. They use statistics relevant to preconception health (such as maternal and paternal age, complex social factors, folic acid supplement use before pregnancy, and obesity in early pregnancy) to inform research, clinical practice and service development, and policy (e.g. informing the work of the DHSC Maternity Disparities Taskforce and in evidence to the House of Commons Health Select Committee “Prevention” inquiry).

20. What changes to statistics on this topic area might be beneficial for you in the future and why? (optional)

The number and range of preconception health indicators currently reported is limited, and do not provide a comprehensive picture of the population’s preconception health.

We propose: 1) official statistics on additional preconception health indicators that are routinely recorded in existing data sources; 2) for these statistics to be reported at least annually; and 3) available in one place through the Fingertips platform.

These suggested changes are underpinned by the UK Preconception Partnership’s proposal for an annual report card and published scoping review that identified 65 preconception health indicators routinely recorded in existing data sources in England – providing a comprehensive framework for monitoring of the population’s preconception health. To take this forward, we have produced a first baseline report card in collaboration with DHSC/OHID, demonstrating that using the Maternity Services Data Set alone can provide routinely collected data and statistics on 32 preconception health indicator measures. Implementation of a Preconception Health profile on the Fingertips platform is now needed to support comprehensive ongoing surveillance of preconception health.

A dedicated Fingertips profile that brings together routinely collected data on preconception health would provide information to help improve the nation's preconception health and narrow health inequalities, and thereby serve to translate the compelling evidence on the importance of preconception health into policy and practice. Preconception health surveillance data are highly relevant to the work of the DHSC Maternity Disparities Taskforce, which aims to improve the health of women before and during pregnancy through preconception and maternity services by focusing on women of Black and Asian ethnicity and those living in the most deprived areas. Our baseline report card is already informing the priorities of the taskforce, and ongoing surveillance is needed to monitor progress. A Preconception Health profile will also play an important role in enabling the

Women's Health Strategy priorities for 2024, particularly the greater focus on preconception and postnatal care, as announced by the Health and Social Care Secretary in January 2024.

In addition, a key omission in data on the nation's reproductive health is the lack of information on unplanned pregnancies. Unplanned pregnancies pose increased risks of the baby being born too early or of low birthweight, and of maternal depression, and are therefore a significant public health concern. Unplanned pregnancies also represent missed opportunities for preconception health optimisation and demonstrate potential issues with contraception services. Our most recent estimate of the level of unplanned pregnancies in the UK is now over 12 years old. A validated measure of pregnancy intention, the London Measure of Unplanned Pregnancy (LMUP), has been implemented and evaluated in three large Trusts, with data now flowing into the Maternity Services Data Set. We have secured confirmation that the LMUP will be in the revised Digital Maternity Record Standard and are working with PHE/OHID who are keen for the LMUP to be rolled out nationally and adopted in the Public Health Outcomes Framework.

Relevant links and background information can be found on our website:

<https://www.ukpreconceptionpartnership.co.uk/projects/preconception-report-card>

21. Proposals to stop or significantly change publications. Do you wish to provide feedback on these proposals? (details on specific publications [here](#))

No.

22. Other proposals for this topic. Please highlight if any proposals or changes to any of the products listed would have a large impact on you (optional). Please explain why and make it clear which publications your comments relate to. (details on specific publications [here](#))

The Child and Maternal Health profile includes a broad range of indicators from preconception through pregnancy and childhood. The 'Preconception, pregnancy and birth' section includes very limited number of preconception health indicators (folic acid supplement use before pregnancy, obesity in early pregnancy) that have not been updated since 2018/19. Discontinuing the reporting of these indicators would completely remove preconception health indicators from the Child and Maternal Health profile.

23. Please add any additional feedback around these proposals or statistics (optional).

Merging of profiles that include topic or life stage specific indicators (e.g. across preconception, pregnancy and childhood) will make it increasingly difficult to identify the right place to find preconception health statistics.

Moreover, placing preconception health indicators in profiles and products labelled as 'maternal health' does not acknowledge 1) that preconception health is relevant to all individuals who may become pregnant; and 2) the importance of preconception health of men and male reproductive partners for pregnancy success and offspring health and developmental outcomes.

We therefore propose a new Preconception Health profile where official statistics on preconception health indicators from different data sources and organisations are brought together in one place.

Any other topic area

24. We understand that there may be statistical products not captured in the topic areas listed in this consultation that users wish to provide feedback on. If you have any feedback on statistical products not covered elsewhere, please outline it here (optional).

We propose a new Preconception Health profile on the Fingertips platform. This would bring together official statistics on preconception health indicators that are routinely recorded in existing data sources and reported at least annually at national and local level and with inequality breakdowns.

A comprehensive picture and monitoring of the population's preconception health would include official statistics on a wide range of particular preconception health indicators. This includes, for example, indicators across domains such as Wider determinants of health, Reproductive health and family planning, Health behaviours, and Pre-existing physical and mental health conditions. Data on preconception health indicators need to come from a range of existing data sources, and cover data on people who become pregnant (e.g. maternity services) as well as people of reproductive age who may conceive a pregnancy (e.g. primary care and sexual health services).

We have provided a comprehensive framework for reporting and monitoring of preconception health in England based on a scoping review, which has been adopted by DHSC/OHID to inform and produce the first baseline report card. Our ongoing collaboration with DHSC/OHID will aim to work together towards routine surveillance through a Preconception Health profile.