Protecting and improving the nation's health

Health Profiles 2017 User Survey Summary results

Contents

Introduction

At Public Health England we continue to ensure our products meet the 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.

The Health Profiles team ran a user survey online between 27 January 2017 and 17 February 2017. The link to the survey was sent out to professional networks by PHE's local knowledge and intelligence teams and via the Local Government Association. It was also published online to the Health Profiles webpage. The aim of the survey was to help shape the 2017 Health Profile.

The survey received 145 responses. The Health Profiles team would like to thank all those stakeholders that took the time to respond.

Decisions taken

Question 1: Which of these resources do you find most useful? (pdf report vs online tool)
Decision: The annual pdf report and the online tool will both continue to be produced.
Rationale: Whilst there was 68% preference for the online tool, the comments received suggested that pdf vs online tool is not a like for like comparison. The extensive use of both outputs was described as serving different purposes.

Question 2: Remove "Deaths from drug misuse" indicator (agree / disagree)
Decision: The "Deaths from drug misuse" indicator was removed from the Health Profiles.
Rationale: Over 70% of those who responded agreed to the removal of this indicator. The indicator will continue to be available in the Public Health Outcomes Framework. The Health Profiles team will continue to investigate the availability of indicators at local authority district level on the subject of substance misuse.

Question 3: Select indicators you feel should be removed
Decision: The indicators included on the spine chart (excluding "Deaths from drug misuse", see Question 2) were not changed in the 2017 Health Profile.
Rationale: The comments received did not strongly request the removal of any indicators.

Question 4: Rank preference of indicators for inclusion in future
Decision: 'Estimated diagnosis rate for people with dementia' will be added to the Health Profiles, once the indicator becomes available.
Rationale: This indicator received the highest priority rank for inclusion and the comments indicated that this is an issue of rising significance.

Question 5: Add proportion of population by gender and 5-year age bands compared to England - displayed in a population pyramid?
Decision: A population pyramid was added to the Health Profile 2017 pdf. In addition, 5 year population projections (population in 2020) were included.
Rationale: Over 90% of those who responded agreed to the inclusion of this indicator. Comments received suggested it would also be helpful to include a population projection. Therefore the 2014-based ONS projection 2020 was included. Population pyramids are often presented with a dependency ratio, after discussion with a group of stakeholders and the health economics team it was agreed to present this measure with the pyramid.

Question 6: Add proportion of population by ethnic group compared to England?
Decision: The proportion of the population in each ethnic minority group (source: Annual Population Survey (APS)) was added to the Health Profile 2017 pdf.
Rationale: Over 90% of those who responded agreed to the inclusion of this indicator. The APS data were used as it is more up-to-date than the Census.

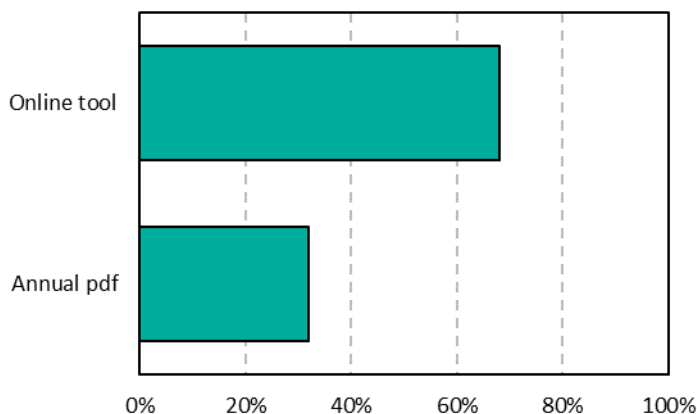| Question 7: Remove 'percentage of hospital admissions that were emergencies, by ethnic group'? |
|---|
| Decision: The chart on page 3 of the Health Profile pdf showing 'percentage of hospital admissions that were emergencies, by ethnic group' was removed. |
| Rationale: 80% of those who responded agreed to the removal of this indicator. Comments received highlighted the importance of showing inequalities related to ethnicity, the Health Profiles team will continue to investigate the availability of indicators that can be displayed by ethnic group. |

Summary of responses

How to deliver the Health Profiles

Question 1: Which of these resources do you find most useful? (pdf report vs online tool)

Total respondents	
145	
Additional comments	
59	

Short summary of additional comments:

The majority of responses point out that both resources are useful for different reasons and that it would actually be preferable to keep both.

The annual pdf is described as useful to:

- share with senior managers / local councillors
- introduce people to the issues affecting the local area
- provide a summary for people requiring local information that don't have technical skills

The online tool is described as useful to:

- benchmark against other areas
- undertake comparisons over time
- access the data to present as required in reports
- access the most up-to-date data

Breakdown of response to Question 1 by role type:

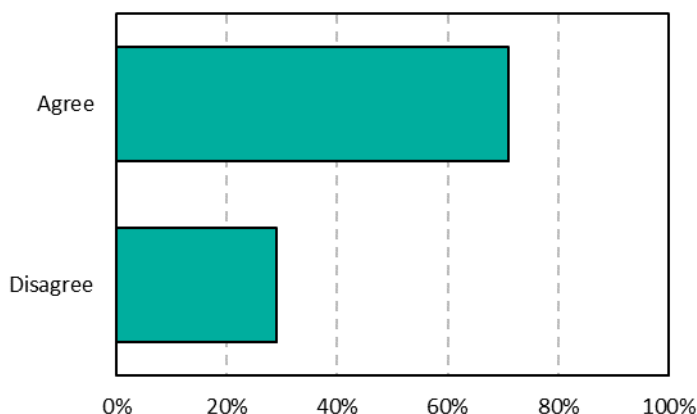| General role type	Health Profile Annual pdf	Health Profiles online tool	Grand Total
Public Health	19	40	59
Role not specified/Other	11	36	47
Analytical	16	23	39
Grand Total	46	99	145

40% of respondents identified as working in a 'Public Health' role whilst 26% identified as working in an 'Analytical' role. Nearly 70% of those in public health roles selected a preference for the online tool, 60% of analysts made the same selection.

Spine Chart indicators

Question 2: Remove "Deaths from drug misuse" indicator (agree / disagree)

Total respondents
113
Additional comments
37

Short summary of additional comments:

Comments pointed out that the information is still useful for the relevant (non-suppressed areas). There were questions as to whether there is an alternative indicator on the same topic. The importance of the indicator was also pointed out in that it links to mental health and other issues.

There were suggestions to attempt to reduce suppression and keep the indicator by basing it on a 5-year period or to rank areas into quantiles rather than present rates (avoiding suppression issues).

Question 3: Select indicators you feel should be removed

Indicator	Count
Recorded diabetes	7
Statutory homelessness	3
Incidence of TB	3

Indicators with 2 'votes'
Long term unemployment
Breastfeeding initiation
Killed and seriously injured on roads

Additional comments
18

Indicators with 1 'vote'
Deprivation score (IMD 2015)
GCSE achieved (5A*-C inc. Eng & Maths)
Violent crime (violent offenses)
Smoking status at time of delivery
Percentage of physically active adults
Excess weight in adults
Excess winter deaths (three year)

Summary of additional comments:

Comments received highlighted a number of common themes when indicators were selected for removal from the profiles:

- relevance of indicator to all areas, e.g. TB was highlighted as being more relevant to London authorities
- data quality
- process vs outcome indicators
- availability of data within other PHE profiles, other organisation or more timely local data
- interpretation of the indicator, i.e. recorded diabetes is a low value good indicating low prevalence or bad due to poor detection

Additionally there were a number of comments received advocating for all indicators to be kept for continuity.

Question 4: Rank preference of indicators for inclusion in future

Indicator	Source	Average rank (1 highest priority)
Estimated diagnosis rate for people with dementia	Public Health Outcomes Framework	1.84
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease - Local Tobacco Control Profiles	Local Tobacco Control Profiles	2.34
Fraction of mortality attributable to particulate air pollution	Public Health Outcomes Framework	2.61
Adjusted antibiotic prescribing in primary care by the NHS	Public Health Outcomes Framework	3.19

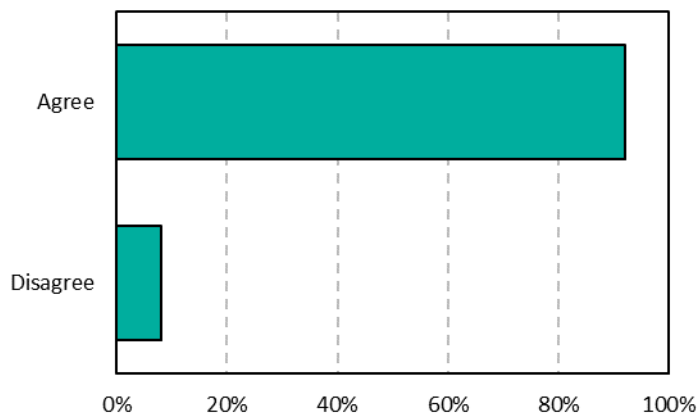| Total respondents	**104**	Additional comments	**19**

Summary of additional comments:
Most comments underlined the impression that dementia is an issue of rising significance.

Changes to annual pdf

Question 5: Add proportion of population by gender and 5-year age bands compared to England - displayed in a population pyramid
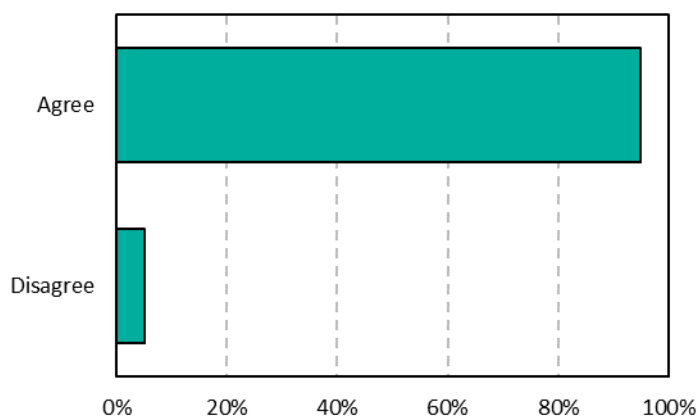

Total respondents
110
Additional comments
21

Summary of additional comments:
Comments broadly fell into two themes:
   a. This would be useful, and if possible include projections.
   b. This information is easily obtained elsewhere

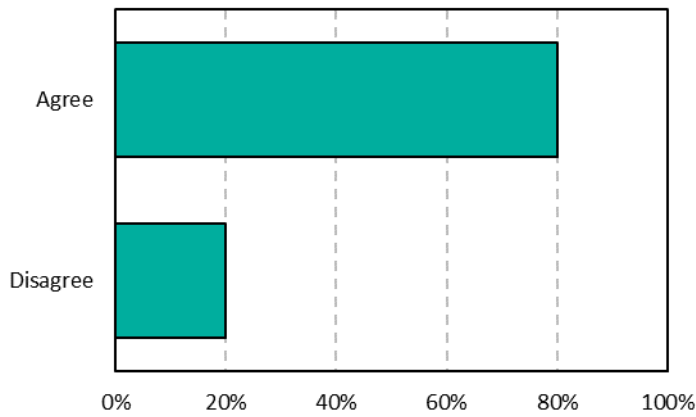Question 6: Add proportion of population by ethnic group compared to England

Total respondents
111
Additional comments
25

Summary of additional comments:
Most comments regarded the source, pointing out that the Census 2011 data are now quite old.

Question 7: Remove 'percentage of hospital admissions that were emergencies, by ethnic group'

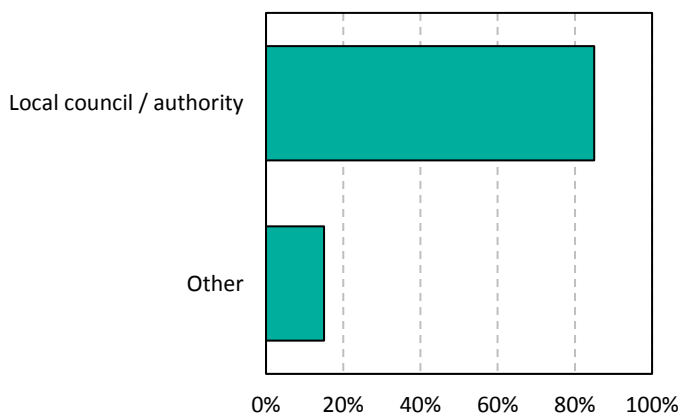| Total respondents |
|---|
| **109** |
| Additional comments |
| **28** |

Summary of additional comments:

Comments broadly fell into two themes:

    a. It is hard to interpret and so not useful and should be removed

    b. It is important to keep inequalities relating to ethnicity in the health profiles

Information on respondents

Question 8: What type of organisation do you work for?

Total respondents
108