INTRODUCTION

BMA Cymru Wales is pleased to respond to the Welsh Government’s consultation on the future content and approach to data collection for the Welsh Health Survey (WHS).

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

Given that BMA Cymru Wales represents doctors right across Wales and across all branches of practice, it is not possible for us to answer a number of the questions posed within the consultation document as these questions are seeking views about the use of the Welsh Health Survey (WHS) as it directly effects the individual work of respondents. In presenting our response, which seeks to provide a collective view of our membership, we therefore concentrate on those questions which more easily lend themselves to being responded to on a representative basis.

How useful do you find the WHS?

BMA Cymru Wales believes that the WHS is one of the cornerstones underpinning the assessment of local health needs and, as a result, the commissioning of health and social care services. Given that the Welsh Government has determined that health services in Wales should be delivered on the basis of a planned health economy, then it is clearly important under the principles of prudent healthcare to have as good an understanding as possible of the health needs of the Welsh population. As such, the WHS should be regarded as a fundamental tool for facilitating this understanding.

Would you like to use the WHS for some purpose but are currently unable to do so? If so please specify what and why.

Some of our members have suggested that it could be helpful if the survey was able to assist in providing an understanding how the health of people in institutions in Wales (e.g. prisons, care homes etc.) compares with that of other population groups. Also, the questions on smoking could perhaps be expanded to record those who have either quit or taken up smoking in the past year. This would make it possible, for instance, to differentiate those respondents who have quit smoking in the last year from those who have never started. Another suggestion would be to change the question relating to physical...
activity to enable assessment to be undertaken against the Chief Medical Officer’s new physical activity guidelines. Some of our members have stressed the importance of including measures of self-reported physical and mental health. It has also been suggested that the WHS could seek to include more epidemiological type questions to help produce estimates of overall disease, as opposed to just diagnosed disease. The data produced in the WHS could also be given more open access, provided appropriate safeguards were employed. The amount of data collected is much greater than that which is actually published, and if more people could access the full data then more value could be derived from it.

Please let us know if you have any other comments about use and usefulness of the WHS.

The current level of data collected in each WHS is sufficient to provide a statistically significant picture at a Wales-wide level, as well as a more localised view at individual local authority level by pooling results from successive annual surveys.

If the data collected by the WHS could be data-linked with other routine data already collected then more could be done with it, and there could then be greater opportunities to produce small area estimates e.g. at electoral division level.

For instance, GP practices will already collect a significant level of data from amongst their patients that is not currently being assessed. If techniques were made available for such data to be geo-coded, and incorporated in an anonymised manner, this could add substantially to the ability to produce localised results. Support for this to be done would need to be provided by Welsh Government or Public Health Wales and could potentially be taken forward through GP clusters. If techniques were sufficiently developed, then GP practices might have the ability to look at data that was representative of their own patient cohort which could assist their own health planning at individual practice or cluster level.

In contrast to approaches taken elsewhere, e.g. the USA, the WHS does not include any data obtained from physical examinations of a random sample of the population. Indeed a weakness of the WHS is its reliance on self-reported data without the addition of independently-obtained data, as is the case with surveys conducted in both England and the USA. Thought could perhaps be given to using data from physical assessments already being recorded, e.g. of pregnant women. Recent work undertaken in Swansea suggests that sufficient levels of consent would likely be given for this to be worthwhile.

If the WHS was not available, what impact would this have on your work (please indicate any financial impact too)?

Targeting and prioritisation of health and social care activity across Wales would be undertaken with much greater uncertainty as to the true status of local people’s health and well-being. Undoubtedly, this would seriously hinder the planning of services to match the needs of the population, leading to poorer targeting of resources and hence waste. It would have a major impact on much current public health activity – particularly in understanding progress against major health challenges such as smoking, as well as in relation to population reported health. It would make it much more difficult, for instance, to assess whether public health actions are resulting in a population level impact. In overall terms, we would therefore consider it to be a truly counter-productive step if the WHS were to no longer be available.

Please let us know your views on the benefits or otherwise of introducing core and rotating modules.

In our view, the idea of core and rotating modules has merit. It is unrealistic to expect large scale change over one year for many aspects of health and well-being, especially if there is not a large and holistic programme addressing those issues. Rather than stopping collecting data which was once thought to be important, but which may now be challenged by some, we consider it would be better to include such
elements in rotating modules. This would provide continuity of data collection, but at the same time allow new topics to be included.

Would information for larger areas rather than existing local authorities be sufficient? If not, what more would be needed and why?

Having statistically robust data for large populations is important for monitoring trends. For smaller communities it may not be possible to produce statistically robust data at that level. However, we would note that having access to local area specific information is invaluable for both informing and driving important public health changes at local level. We are aware, for instance, that many agencies working at a local level are much less likely to respond to data if it is presented at a geographic level with which they don’t directly identity.

An alternative to the collection of small area data could be the use of modelling approaches that draw on already known data on communities (e.g. income levels, unemployment levels etc.) and known relationships between this data and health indicators. As we have already indicated, data from successive surveys can be pooled to provide a sufficient level of data from which to derive more localised results but only at the level of whole local authorities. Data collected though the WHS could additionally be supplemented by data that has already been collected for other purposes, and this could also assist in the production of more localised results. In our view, should any reorganisation of local authorities be undertaken as is currently proposed through the merger of existing local authorities, steps should be taken as necessary to ensure that data can still be produced at the level of the current local authority boundaries.

How useful is it to have an annual update of results for key topics? What would the impact be if WHS data were collected less frequently than annually?

In the view of BMA Cymru Wales, annual data collection for key topics may not be necessary but data collection on rotating data items – say once every 3–4 years – makes sense. If data was collected less frequently than annually, however, a key impact would be a lost opportunity to undertake such a rotation of topics.

In other regards, we consider that the overall impact of collecting data less frequently would depend more on the volume of data that is collected in each survey than it would on how frequently the data is collected. These two factors are interlinked, with the amount of data collected being the more crucial factor. For instance, undertaking a survey less frequently but in greater depth would have a lesser impact than if data was collected less frequently, but without the volume of data collected on each individual occasion being increased.

What impact would losing continuity of trends have on your work?

BMA Cymru Wales firmly believes that trend information is of considerably greater value than single point estimates. In our view, the impact of losing continuity of trends would therefore be to rob the WHS of much of its value.

Please let us know if you have any views on relative merits of consistency in approach (to maintain trends) versus regular development (to better reflect current interests).

We consider that both of these approaches are of value and we believe that the appropriate course of action to take is to strike a balance between the two. Ideally we would wish to see there being the ability for the survey to be developed over time, with the ability to monitor trends also being maintained. This can, in our view, be facilitated by rotating certain topics over a 3–4 year cycle. The value of keeping many of the questions the same cannot, however, be understated in facilitating the ability to monitor trends.
We would caution against having too much emphasis on making regular changes to the WHS in order to respond to what may be perceived as current concerns. Such concerns may seem important in the short-term but may well turn out to be transient in nature. As such, studying these concerns could well be of lesser value than observing trends over the longer-term. As we have already stated, we believe it is important to obtain an appropriate balance between the two approaches.

Should a measurement tool for a particular indicator be changed, there would be a danger of compromising the ability to compare data obtained after this change with data collected previously. For instance the new tool could derive results which are a quantifiable degree higher or lower than the previous tool. In order to maintain the ability in such circumstances to monitor trends against that particular indicator, we would suggest that the two measurement tools are run in parallel for a long enough period of time to enable the extent of any required correction factor to be identified.

Please let us know if you have any other comments about frequency of WHS data collection and/or trends.

We would consider that the current frequency of collection offers a reasonable compromise in the face of budgetary restrictions in that enough data is collected in each survey to identify national trends whilst, at the same time, there is also the ability to pool results from successive surveys to create sufficiently large samples for results at the level of individual local authorities to also be derived.

Please let us know your views on rationalising or merging any of the surveys mentioned with Welsh Health Survey.

We would be significantly concerned at any steps that might be taken which could diminish the value of the WHS and the quality of the data collected. Any such proposals would have to be considered very carefully in this regard. As we have already indicated, the WHS is of paramount value in assessing the health needs of the Welsh population. If this is compromised, then the impact would undoubtedly be that health services are less effectively planned according to need, and this in turn is likely to lead to increased costs of provision and increased waste. Such increased costs could mitigate against any savings that might be obtained through survey rationalisation.

In our view, the WHS should not only be maintained but enhanced. We believe that the funding requirements of expanding the survey would in fact be modest. However, the gains that would be derived, including through cost savings in service provision down the line, could be substantial.

Do you have any other comments on the content and approach to data collection for the WHS (not already covered) or future work on the WHS?

We consider that more attention could be given to the way in which data derived from the WHS is presented. Welsh Government should give greater consideration to utilising the work of experts in the field, such as the expertise which exists within Bangor University on the display of big data. We would further suggest that the findings of any Government-funded research on the use of big data should be made available for public service providers.

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