Dear Sir / Madam

The BMA (British Medical Association) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 170,000, which continues to grow every year.

The BMA looks after doctors so that they can look after you. Good quality data plays a crucial role in helping us do this, meaning we are a regular user of the statistics the HSCIC produces. This includes using HSCIC data to assess the quality of healthcare services or data on patients registered with a GP to understand and support changes in the way primary care is delivered. The Association therefore welcomes the opportunity to respond to the HSCIC’s consultation on changes to its statistics.

It is understandable that a 30% cut in core grant-in-aid funding by 2019/20 means the HSCIC needs to make some changes. On the whole, we are comfortable with the changes being proposed by the HSCIC. However there are three key issues that we wanted to highlight.

The first of these is the danger of removing sub-national breakdowns (eg at a local authority level) from the data on the NHS outcomes framework (proposal B1 and C1). At a time when more and more care is delivered and planned at a local level it is of crucial importance that good quality, regular data on the quality of local services remains available. This will ensure quality of care is maintained and will also help policy makers and those delivering care better understand in what ways new models of delivering care are impacting the quality of services. We therefore urge the HSCIC to continue to make available data at a sub-national level at regular quarterly intervals,

Chief Executive: Keith Ward
and to ensure a 10 year time series of data is available to draw robust conclusions from any changes in the data. The BMA does not support proposal B1 or C1.

Related to this, it is also important that the HSCIC continues to publish the numbers of patients registered at a GP practice (proposal D5). Understanding the size (and characteristics) of the registered list of different GP practices will be an important tool in devising measures and solutions that support practices’ sustainability at a time of crisis. This includes supporting those GP practices - that want to - work at scale or create locality or GP access hubs, proposed in the government’s recent GP Forward View\(^1\). The BMA does therefore not support proposal D5.

Finally, the HSCIC’s current analysis and commentary around its data is a helpful tool for many more lay persons, such as patients, to better understand the state of our healthcare system. We would therefore ask the HSCIC to bear accessibility of its analysis and commentary in mind with any changes the organisation makes to its products.

We hope that our submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely

**Raj Jethwa**

Head of Public Health and Healthcare

British Medical Association

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