Our ref: NIC-22020-96JQY

Dear Mr Easton,


I can confirm that the NHS Information Centre for Health and Social Care has considered your query dated the 25th February 2009.

“I understand that the NHS Information Centre was in email communication with the Department of Health and others ahead of the controversial release of a knife crime ‘fact sheet’ by the Home Office in December last year. The BBC is intending to ask for disclosure of those emails under the Freedom of Information Act as they are directly germane to an understanding of how, in the words of Sir Michael Scholar, unchecked figures were published and how their premature release was “corrosive of public trust in official statistics, and incompatible with the high standards which we are all seeking to establish”.

I have some understanding of the contents of those emails which have been referred to in published official correspondence and Select Committee testimony and I am intending to refer to details. In the interests of accuracy it would be better to have sight of the documents and I would be grateful if you could consider releasing them to me without the need for a formal FoI request.”

I would like to see any relevant material relating to when the TKAP data was sent to the Home Office this may have been with other departments DH or Number 10 as well as the Home Office”

In response to your query for correspondence at the time the data was published, I can confirm that the NHS Information Centre for Health and Social Care does hold the data requested. However, the Public Administration Select Committee (PASC) on the 5th March published a series of emails relating to the release of knife crime statistics in December 2008 (which includes the email communication between the NHS Information Centre and the Department of Health). The said documents can be accessed via the following link:

www.parliament.uk/parliamentary_committees/public_administration_select_committee/pasc0809pn20.cfm

As the information is publicly available it is therefore exempt under Section 21 of the Freedom of Information Act (FOI). As you may be aware, the FOI Act allows the NHS IC to refuse to provide information held if an exemption applies. Section 21 of the FOI Act provides an exemption from the duty to provide information if the information requested is reasonably
accessible by other means. This exemption is absolute and therefore not subject to a public interest test.

In relation to the communication between the NHS Information Centre and the Home Office at the time the information was sent please find attached a copy of an email sent on the 26th November 2008. In addition the following footnotes were attached to the data:

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Pre-release data (RESTRICTED STATISTICS) - 2007-08 PROVISIONAL DATA
You are reminded that these are official statistics to which you have privileged access in advance of release. Such access is carefully controlled and is provided for management, quality assurance and briefing purposes only. Release into the public domain or any public comment on these statistics prior to official publication would undermine the integrity of official statistics. Please note these data will be published in their final form in December 2008.

Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including descriptions such as “favourable” or “unfavourable”. If in doubt you should consult Andy Sutherland or Chris Dew who can advise.

Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others who have not been given prior access and use it only for the purposes for which it has been provided.

Provisional data Coverage & Quality
The data is provisional and may contain data coverage and quality problems for which no adjustments have been made. Data may have been collected before complete data could be provided by the NHS. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, i.e. June for Quarter 1 data collection, September for Quarter 2 and so on. It is also probable that clinical coding is not complete, which may in particular affect the last two months of any given period. There may also be a variety of errors due to coding inconsistencies that have not yet been investigated and corrected.

Finished admission episodes
A finished admission episode is the first period of inpatient care under one consultant within one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Please note that admissions do not represent the number of patients, as a person may have more than one admission within the year.

Data Quality
Hospital Episode Statistics (HES) are compiled from data sent by more than 300 NHS trusts and primary care trusts (PCTs) in England. Data is also received from a number of independent sector organisations for activity commissioned by the English NHS. The NHS Information Centre for health and social care liaises closely with these organisations to encourage submission of complete and valid data and seeks to minimise inaccuracies and the effect of missing and invalid data via HES processes. While this brings about improvement over time, some shortcomings remain.
Assessing growth through time

HES figures are available from 1989-90 onwards. During the years that these records have been collected by the NHS there have been ongoing improvements in quality and coverage. These improvements in information submitted by the NHS have been particularly marked in the earlier years and need to be borne in mind when analysing time series.

Some of the increase in figures for later years (particularly 2006-07 onwards) may be due to the improvement in the coverage of independent sector activity. Changes in NHS practice also need to be borne in mind when analysing time series. For example, a number of procedures may now be undertaken in outpatient settings and may no longer be accounted for in the HES data. This may account for any reductions in activity over time.

As a result of using provisional data for 2007-08, the shown trend may be subject to changes when access to the 2007-08 is available.

CLINICAL CODING:

Cause code
The cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects. The field within HES counts only the first external cause code which is coded within the episode.

As agreed with the Home Office, this analysis only uses cause code ‘X99 Assault by Sharp Object’

Background:
There is no clear diagnosis code to allow "knife-related" to be identified, although proxy's can be used as follows:
1) Assault by sharp object (ICD-10 external cause code X99 - this records intentional assault by a sharp object (which may or may not be a knife), includes homicide and excludes operations of war.)
2) Contact with knife, sword or dagger (ICD-10 external cause code W26 - this excludes assault, intentional self harm, and contact/ collision with animals/ persons)
3) Contact with sharp object, undetermined intent (ICD-10 external cause code Y28 - this is used when the available information is insufficient to enable a medical or legal authority to make a distinction between accident, self-harm and assault.)
4) International self harm by sharp object (ICD-10 external cause code X78)

Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care

If you are not satisfied with the way in which your response was handled, you may request a review from the Director of Information Governance, Clare Sanderson, at the above address.

Further information about your right to complain under the Freedom of Information Act is available from the Information Commissioner’s Office, Wilmslow, Cheshire, and on The Information Commissioner’s website www.ico.gov.uk.
I will assume that your request to the organisation is now closed.

Yours sincerely,

Julie Shippen
Higher Information Governance Officer