

Data Provision Notice

National Obesity Audit

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Background

The Health and Social Care Act 2012 (the **2012 Act**) gives **NHS England** statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care (**Secretary of State**).

The data, as specified by NHS England in this published Data Provision Notice (**DPN or Notice**), is required to support a direction from the Secretary of State to NHS England. Therefore, organisations that are in scope of the notice areas legally required, under sections 259(1)(a) and 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

Purpose of the collection

The Secretary of State has directed NHS England to analyse and link obesity data to support the NHS Long Term Plan, which aims to provide better outcomes for patients. The NHS Long Term Plan chapter on obesity can be found on the following webpage:

<https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/obesity/>.

The aim of the National Obesity Audit (**NOA**) is to measure weight management service provision, interventions and outcomes to support current and future services to deliver efficient, effective and equitable prevention and care. The NOA is a patient-level data set which will cover all aspects of weight management services that are publicly funded by the NHS and the Department of Health and Social Care (**DHSC**) in England. The NOA will follow the patient journey from primary to secondary care, looking at all areas of care, interventions and outcomes.

NHS England has a statutory obligation to keep collections under review on an ongoing basis. The NOA will be reviewed each time there is a contract renewal (every 2-3 years) and if there is no longer a need for the collection the audit will be closed.

Benefits of the collection

The impact of obesity on population health and the NHS is significant and increasing. Global obesity rates have tripled since 1975, and the UK rates rank among the highest in Europe. Obesity and poor diet are linked with type 2 diabetes, high blood pressure, high cholesterol and increased risk of respiratory, musculoskeletal and liver diseases amongst others. People with obesity are also at increased risk of certain cancers, including being three times more likely to develop colon cancer. Nearly two-thirds of adults in England are living with overweight or obesity. In 2018-19, 876,000 admissions to NHS hospitals recorded obesity as a primary or secondary diagnosis. A third of children leaving primary school are living with overweight or obesity. Children and young people living with obesity have a higher risk of adverse health outcomes and more likely to start adulthood living with obesity.

This data set supports the aims of the NHS Long Term plan to deliver:

1. better patient outcomes

2. better experience, and
3. better use of resources by offering better value for patients, the population and the taxpayer.

For example, the data will show where patients are being placed out of area, where care packages are being changed frequently, and other evidence which may indicate poor outcomes for the patient, allowing this to be identified and addressed.

Legal basis for collection, analysis, publication and dissemination

Collection and analysis

NHS England has been directed by the Secretary of State under section 254 of the 2012 Act to establish and operate a system for the analysis of the information specified for this service: National Obesity Audit. The direction and accompanying requirements specification are published on the NHS England website:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/secretary-of-state-directions/national-obesity-audit-directions-2023>.

This information is required by NHS England under section 259(1)(a) of the 2012 Act.

In line with section 259(5) of the 2012 Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Notice.

This Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8) of the 2012 Act.

Patients that have registered a Type 1 objection with their general practice will not have their data shared with NHS England for this collection. The Type 1 objection prevents an individual's confidential patient information from being shared outside of their general practice except when it is being used for the purposes of their direct care.

The National Data Opt-Out will not apply to the submission of data to NHS England for the purposes of the NOA as the Data Provision Notice is a legal requirement with which the participating organisations must comply. Where NHS England disseminates data, the National Data Opt-Out will be applied in accordance with the national data opt-out policy:

<https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document>.

Publication

NHS England has a duty to publish information obtained as a result of complying with the directions in accordance with section 260(1) of the 2012 Act (subject to sections 260(2) and (3)).

NOA data will be published at named provider level. After taking into account the public interest as well as the interests of providers of weight management services, NHS England considers that it is appropriate to publish this information to enable individual providers to

monitor performance and outcomes across their organisation. This is to aid strategic planning in relation to obesity with the aim of improving patient care.

It is intended that NHS England will publish an annual report and quarterly dashboards of NOA data and will continue to publish aggregate anonymous statistical data in the manner agreed by DHSC. All published data will have disclosure control applied including small number suppression and rounding and be in accordance with the Code of Practice for Statistics, which is available here:

<https://code.statisticsauthority.gov.uk/>.

Dissemination

No NOA data will initially be made available via the NHS England Data Access Request Service (**DARS**) until the asset is more mature and would provide a benefit to the health and social care system. Further information on DARS is available on the following webpage:

<https://digital.nhs.uk/services/data-access-request-service-dars>.

At such time that the NOA data becomes available via DARS, NHS England will use its discretionary powers under section 261 of the 2012 Act to disseminate the data. Organisations will be able to apply to the DARS and, subject to the organisations applying to access the data having a lawful basis to process it, NHS England having a lawful basis to disclose it and the organisations entering into a Data Sharing Agreement, they may have access to data obtained under the direction. This may include applications made by Arm's Length Bodies, NHS and DHSC funded service providers and commissioners and third sector community organisations to support research and innovation and to understand the impact of the NOA on patient outcomes and experiences.

The data collected for the NOA from the Cardiovascular Disease Prevention Audit (**CVDPREVENT Audit**) will not be used for performance management of GPs.

Persons consulted

Following receipt of a direction to establish a system to analyse NOA data, NHS England has, as required under section 258 of the 2012 Act, consulted with the following persons:

- DHSC, as the directing organisation
- Healthcare Quality Improvement Partnership (**HQIP**)
- The British Medical Association General Practitioners Committee - Sub IT Committee
- National Clinical Directors
- National Institute for Health and Care Excellence (**NICE**)
- Clinicians
- Healthcare professionals
- Patient body representatives
- People living with overweight and obesity

- Research community
- The Data Alliance Partnership Board (**DAPB**) which has been established as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed, and priorities assigned.

Scope of the collection

Under section 259(1)(a) and (5) of the 2012 Act, this Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- General practices in England (via CVDPREVENT Audit)
- NHS or local authority funded specialist weight management services in England that deliver relevant care
- NHS trusts and independent hospitals that report to the Care Quality Commission (**CQC**) and provide NHS funded secondary care services in England that carry out obesity related bariatric surgery and interventions.

Under section 259(1) and (5) of the 2012 Act the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below.

Form of the collection

The NOA will not collect any additional data from providers, but instead will re-use (analyse and link) data which is already collected by NHS England for NOA purposes. It is expected that the audit will analyse and link the following key data sources:

1. CVDPREVENT Audit data which is collected from general practices through the General Practice Extraction Service (**GPES**). The CVDPREVENT Audit is commissioned and delivered by several partners including NHS England, Office for Health Improvement and Disparities, HQIP and HQIP's commissioned provider – NHS Benchmarking Network. The CVDPREVENT Audit is an automated extract collected on a quarterly basis per the existing defined schedule, which can be found on the following webpage:
<https://digital.nhs.uk/services/general-practice-extraction-service/gp-collections-schedule>.
2. Data from the Community Services Data Set (**CSDS**). GP data will also be retrieved for any new relevant people identified from CSDS.
3. Hospital Episode Statistics (**HES**). HES is collected via the Commissioning Data Sets (**CDS**). GP data will also be retrieved for any new relevant people identified from HES.

All of these collections have separate DPNs which can be accessed via the following link:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns>.

For each data source NHS England will also access all relevant and available historical data.

Full details of the data to be analysed for NOA purposes can be found in the NOA Data Specification on the NOA webpage, available here:

<https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-obesity-audit>.

The following patient identifiable information is included in the collection for general practice, secondary care and weight management services:

- NHS Number
- date of birth
- postcode
- gender.

Manner of the collection

General practices are sent an invitation to participate via the Calculating Quality Reporting Service (**CQRS**). This invitation must be accepted as there is a direction in place for this data collection and NHS England has statutory powers to require this data under section 259(1)(a) of the 2012 Act. All general practices are therefore mandated to comply with this invitation and approve the collection.

Cardiovascular Prevention Audit

General Practice participation in the CVDPREVENT Audit collection via CQRS will vary according to existing participation arrangements, which are as follows:

1. General Practices currently not participating in the CVDPREVENT Audit will be sent an invitation to participate via CQRS. This invitation must be accepted as there is a Direction in place for this data collection and it is a legal requirement for General Practices to provide this data under section 259(1)(a) of the 2012 Act. All General Practices are therefore mandated to comply with this invitation and approve the collection.
2. General Practices currently participating do not need to take any further action to remain participating in the data collection.
3. General Practices who want to review their participation status should do so via the participation management tab in CQRS. If a General Practice decides not to participate in the CVDPREVENT Audit collection, their data will also not be used for the purposes of the NOA.

The required data will be collected from General Practices' clinical IT systems via the GPES. The GPES webpage provides further information on this service, available here:

<https://digital.nhs.uk/services/general-practice-extraction-service>.

The data required by the NOA will be shared with the relevant analytical team at NHS England and used for reporting purposes.

Community Services Data Set

Providers of CSDS must submit monthly data submission files in an XML/IDB format to NHS England's data landing system as per the data submission protocol highlighted in the latest SDCS Cloud External User Guidance, available on the SDCS Cloud webpage. The Community Services Data Set Tier 2 and Tier 3 weight management service guidance provides further information on this service. The service guidance can be found on the following webpage:

<https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-obesity-audit/community-services-data-set-tier-2-and-3-weight-management-service-guidance>.

Hospital Episode Statistics (via Secondary Uses Service (SUS))

The data is submitted to the SUS as part of the CDS. At pre-arranged dates during the year, SUS consolidates those submissions and compiles the data as HES. It is then validated and cleansed, before deriving new items and making the information available in a database.

Period of the collection

The NOA uses existing data collections to collate the relevant data and is bound to existing submission timelines for each. Timelines for these can be found on the relevant webpages.

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the 2012 Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has made a conscious effort to use existing data sources to minimise the impact on data providers.

In addition, in support of its obligation under 265(3) of the 2012 Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (**DSAS**) which assures burden assessment evidence as part of the overarching DAPB approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Assessed costs

The associated burden is estimated as four minutes, per extract, per practice that is invited to participate in the NOA. Four minutes is the equivalent of £1.89 per practice, £12.7k for circa 6700 practices.