ISSN 0268-6376

RADICAL STATISTICS NEWSLETTER 38

The Radical Statistics Group is a group of individuals based on the distribution of this newsletter. The small amount of central administrative work is done by a three person committee elected at the Annual General Meeting known as "The Troika" - names below. The editorship of this newsletter rotates - the next editor being as below. Apart from producing this newsletter, the work is done by its subgroups, whose membership is open to all interested parties; simply consult the person below. Use the newsletter to advertise if you wish to start a new subgroup.

The Troika

Janet Shapiro

2 Hillway
London N6
01-348-3485

Roy Carr-Hill

Centre for Health Economics
The University
Heslington
York YO1 5DD
0904 430000 x5949 (wk)
0904 643075 (home)

Bob Lavers

IRISS
The University
Heslington
York YO1 5DD
0904 430000 x5792

Editor of RSN 39

Janet Shapiro address above

Copy date July 31 1987

Review Editor

Ian Miles

SPRU, Uni of Sussex
Falmer
Brighton, BN1 9RF

Subgroups

Health	Alison MacFarlane 40 Warwick Rd St Albans, Herts 0727 52111
Education	Ian Plewis Uni of London Institute of Education Thomas Coram Research Unit 41 Brunswick Sq London WC1N 1AZ 01 278 2424 x264 (wk) 01 340 1047 (home)
Race & Law	Roy Carr-Hill address as on left
Women in Stats	Jean Ullman 22 Kipling St Salford, M7 9FF 061 792 7413
Surveys for Pressure Groups	Dave Drew Sheffield City Poly Sheffield 0742 20911
Rate Support Grant Group	Colin Thunhurst 274 Granville Rd Sheffield, S2 2RS 0742 71986
Trade Unionists	Peter Ramage 71 Benhurst Court Leigham Court Rd Streatham London SW16
Nicaragua Statistics Support	Steve Simpson 242 Keighley Rd Bradford BD9 4JZ

Table of Contents

CONFERENCE REPORTS

RADICAL STATISTICS CONFERENCE

York; February 1987

Radical Statistics Group
York conference - 28 February 1987

Workshop report

New developments in NHS data collection

Almost all the discussion in this workshop centred, inevitably, on the so-called 'Korner' system being introduced following the recommendations of the Korner committee. This system, which is costing £1 billion to introduce, concerns itself almost exclusively with management information - the throughput of patients, unit costs, numbers of staff etc. There are two alternative types of information which are of interest in running a health service:

> the quality of service provision - eg the characteristics of people dealt with such as social class, whether unemployed; consumer satisfaction; the 'success' rate for treatment and so on; and
>
> the relative need in the community - morbidity, mortality, social factors etc.

It was felt that both of these alternative types of information were at least as useful if not more so than the Korner information. In particular there was a strong feeling in the workshop that there is scope for collecting valuable information from GPs to assess the relative healthiness of different areas and to carry out epidemiologal studies.

There was a general concern that the new information will not be used for the benefit of the health service or the public but will be used to justify cuts and closures. The major disagreement concerned whether we (RSG) as a group should ignore Korner and press for the collection and publication of the alternative, more 'relevant' data (more relevant to the provision of a good quality service) or whether whilst pressing for this additional information we should also be making the most use of Korner information that we can. The general feeling seemed to favour the latter approach - we should argue for publication and release of Korner information both at a national and a local level. We can then draw attention to criticisms of the system for example where the units being counted are not comparable items (the workshop heard of a hospital laboratory where each doctor 'request' is one unit whether this refers to a simple analysis which may take ten minutes, or a complex one taking a day or more); and we can monitor the uses made of Korner data and perhaps compile a guide to community and pressure groups on the uses of Korner data once experience in the field has been built up.

No specific course of action was proposed but it is likely the Health Group will consider various steps such as providing a guide for using Korner once the information starts to emerge and be used - the system was supposed to become operational on 1 April 1987 but very few health authorities are likely to have met this deadline.

Radical Statistics - Health Group
York conference - 28 February 1987

Workshop report

Inequalities in health

Main areas discussed:

1. How to collect information on inequalities in health and in health services.
2. How to make it understandable.
3. How to decide what kinds of health information is relevant to the people who need to use it to defend the health and services of communities.

Points of disagreement:

There were two different focusses - inequalities in health, and inequalities in health services.

Consensus:

The NHS is under attack. Existing statistics are not useful in documenting this as people experience it. We need to do more on management systems.

Plans for future collective work:

Some critique of management nursing studies e.g. 'Telford' system.
Baseline service index which could be used for comparison over time to trace deteriorations in service.

Other points:

"Perhaps health services produce health inequalities because if we had no health servces we could just go back to the Dark Ages and let sick people die, leaving the fit and 'productive'..."

Radical Statistics - Health Group
York conference - 28 February 1987

Workshop report

Local health profiles

Three presentations were made outlining work on local health profiles, followed by a discussion on ways to maximise the potential of health profile appproaches.

1. Colin Thunhurst - work in Sheffield:

'Mini-Black report' and conventional mortality and morbidity markers using census data (socio-economic). 'Sheffield's health: could we care less?' report of the Sheffield People's Campaign for Health, 1984. Community physicians incorporated their work in 'Health care and disease - a profile of Sheffield'. Ward based surveys, confirmed the links between ill-health and social deprivation.

2. John Cubbon - work in Grimsby:

John gave an outline of the data collected for a health profile undertaken for Grimsby Health Authority, and the nature of the contribution that such profiles can make at local level. His basic message was that only the most salient data needed to be collected and the collection of more detailed data was unnecessary.

In Grimsby all available statistics on mortality and morbidity were reviewed: SMRs for the major causes of death were calculated and compared with those in comparable health authorities; SMRs were also calculated separately for the over- and under-65s; and mortality from avoidable causes of death was also examined. Morbidity statistics based on hospital activity data and cancer registration were also calculated, but were found to generate less useful comparative measures than mortality data because of uncertainty about coverage. At local government ward level, rates of permanent sickness, mortality, deprivation and hospital admission were computed and compared with one another.

Summaries of a report on these analyses were circulated to the workshop members, although it was felt to contain excessive detail. Local data on mortality and morbidity have almost no direct implications for policy and planning at local level, because first of all the relationship between provision and health is too little understood; secondly the basis, categories and content of local planning are quite different - they relate

mostly to service activity and not to disease-categories.

If a district has a relatively high level of mortality from a disease, it does not follow that resources should be transferred to it, because, apart from anything else, relative levels of resources devoted to combatting individual diseases, let alone their effectiveness, are usually quite unknown.

Mortality from lung cancer in Grimsby is significantly higher than it is nationally; and there is evidence to suggest that this is caused by a higher than average level of smoking. But it does not even follow from this alone, that health educational resources should be diverted from, say, combatting alcohol- or drug-abuse to attacking smoking. Establishing a causal link between ill health and social deprivation at ward level can also be made more difficult by, for example the distorting effect that community homes for the elderly may have on patterns of morbidity and mortality.

There are, however, four respects in which health profiles can be beneficial at health authority level:

i) they can promote a greater orientation within the district to health outcome and to some extent away from the process of care.

ii) a few central items of information about the health of a district, though not on their own having implications for service planning, can serve as valuable background data. In discussions about the development of services within health authorities, estimates of local levels of mortality from major causes of death or comparative levels of deprivation are tossed about.

iii) data on local mortality and morbidity can provide powerful illustrations of points in a health promotional strateby.

iv) some authorities are beginning to monitor levels of health over long periods of time - for example by using the framework provided by 'Health for all by the year 2000'. Plainly to do this, values for the district on the appropriate health indicators are needed.

To achieve i)-iv) all that is needed is fairly basic epidemiological information, such as might be collected for a 'Mereworth' (a planning tool) evaluation.

3. David Bayat - Spitalfields Health Probe, London Borough of Tower Hamlets:

Started as a data or information base of health and health-related information at local level. 'Health' defined according to WHO 'physical, mental and social wellbeing' - not just the absence of ill-health. Found little information available at ward level. Most information aggregated at health district, regional and national level but also available from archives of

local medical colleges and medical departments within London hospital. Information available: mortality and hospital morbidity (illness) but not community morbidity - because general practitioners who are responsible to the Family Practitioner Committee (not local health authority) only keep a record of a limited range of ill health, namely notifications of infectious diseases; minimal coordination with local authority departments responsible for health e.g. social services and environmental health. Statistics relate to health service delivery e.g. hours available or visits made, not about need or underlying health status; pre-occupation with ill health - but going little further than mortality for comprehensiveness; development of health indicators in the WHO sense almost non-existent. Statistical indicators have moved no further on from the inadequacy expressed by Black in 1980. Korner is a lost opportunity for gathering better statistics especially relating to health need and socio-economic condition.

At local level in Spitalfields, community concern is focussed on public health issues largely arising from the lack of a joint services approach (local authority, health authority and GP) to issues such as rubbish, infestation and dampness. Off-shoot of 'data-base' project is 'Public Health in Spitalfields' joint working party focussing on these issues of community concern, and coordinating views and actions to work on these problems e.g. through collecting/culling the latest information on linkages between dampness and ill-health amongst children, involving the health authority to 'push' (as their responsibility) the local authority to improve their housing etc. The best and easiest health indicator to establish 'distress level' locally is the Nottingham Health Profile.

4. Discussion:

Contrasts were drawn between the profiles, their varying impacts being attributed to the different contexts in which they were undertaken and their different purposes. It was agreed that the various approaches adopted were a reflection of the different systems of values on which they were based. The urgent need was recognised for the collection of information at local level (e.g. ward or neighbourhood) as a means of planning for local needs, and as an important priority utilising a bottom-up rather than top-down approach.

Because of the degree of interest in health profiles and the many pitfalls to which they appeared to be subject, it was decided that the Radical Statistics Health Group should produce a handbook giving guidance to those wishing to carry them out.

Radical Statistics Health Group Conference February 28 1987
Workshop on RAWP

The workshop discussed the principle of allocating funds rather than the amount of money available or how the money was obtained in the first place.

Malcolm Prowle was unable to attend but sent a summary of what he had to intended to say. He thought that resources would always be finite. Criteria for resource allocation were fairness or equity, that is equality of access for equal risk or need; objectivity; simplicity and manageability; and economy, that is the efficient use of available resources. RAWP failed on these counts. RAWP could be modified to take account of, eg, cross boundary flows and teaching requirements. Or a new form of strategic planning which was not simply tinkering with the patterns of resource and allocation we already have could be introduced. Diagnostic Related Groups was another possibility. The NHS Management Board Review of RAWP had basically said carry on as before, but do more research. This could involve altering the formula to take account of morbidity or of health, and to deal better with social deprivation, cross boundary flows and so on. Variations in admission rates and SMRs, proximity to services and social deprivation (perhaps as measured by Jarman indicators) were things a modified RAWP would have to address.

A wide ranging discussion followed this introduction and the following points were made.

From the start people said that RAWP was a fiddle to begin to limit growth in NHS expenditure. It had a lunatic statistical basis. There was no logical reason why resource allocation should be based on geographical patterns of expenditure: as health seemed to be little dependent on variations in medical expenditure, but greatly dependent on age, why not base resource allocation on age structure, rather than geography?

It was artificial to divide health services expenditure from social services expenditure. Often RAWP cuts were transferred to social services community care budgets. Internal, within Region, RAWP was also important. It could be difficult to find the figures that RHAs were using, so that it was hard to tell when cuts were due to RAWP and when to other cuts. It was possible that resistance to cuts from within DHAs was reflected in RHA district allocations. The costs of unemployment and the loss of human resources to the NHS should also be counted. The full costs of the private health sector to the NHS could not be calculated either: for example the cost to the NHS of training doctors and nurses working in the private sector were not known or included in resource allocation.

RAWP had been written under the assumption of growth in the NHS budget, but the King's Fund document made it clear that the amount redistributed was less than the amount taken away. It had been suggested that DHAs with a lot of private hospital provision should have their allocation reduced. The growth in private residential care, often financed by social security payments, should be considered as well as health and social service provision. Rate Support Grant allocations and rate-capping in local authorities was not related to what was happening to local health service allocations through RAWP. Altogether this made up a free-market allocation of resources which was expensive and not related to the level of resources or of needs. The RAWP Review had commissioned mre research. Before then there would be a general election. Whoever won, there would be a lot of NHS finance wreckage to deal with, and the technicalities were perhaps secondary. In the long term it was worth looking for a more positive way to allocate resources.

Resource allocation always levelled down to the average, where it should level upwards. A Greater London Labour Party sub-committee had suggested that there should be a minimum allocation based on population, with more added according to health and social indicators and for teaching. We would not be stuck with the same old formula, but there was a need for some sort of formula.

Throughout the country and not just in London there had been a shift of resources away from the cities: it was the subregional RAWP that mattered. It was necessary to be clear about where we wanted to get to. We did not want greater geographical equality. Prior to 1979 there had been greater equality of educational provision than of health provision. This was ironic as education is locally controlled, but greater equality had always been given as the reason for national, rather than local, control of health services. In education the emphasis had been on setting targets; there should be outcome and provision targets for health services, along with local resources and local control.

It was not just a shift of resources from the cities, but from the inner cities to the outer areas which had gained healthy and long-living populations. Should geographical equality be the aim at all? Different types of services were necessary in different areas, and w should look at how much was spent per age group, not per person, in different areas.

Health campaigns could often not get the information they needed, and local libraries did not always stock government statistics. "Rad Stats" could put together advice on finding statistics for local groups, or a pack for local "Unsafe in their hands" productions. It would be interesting to pull together on health service targets for services.

Radical Statistics Conference February 28 1987
Education Section Report

Ian Plewis initiated the discussion in the morning by presenting his recent work on trends of expenditure on education. This material has since been put into a pamphlet *Figuring Out Education Spending*. Details of this appear elsewhere in this newsletter.

The other talks, by Cecilio Mar Molinero and Mao Qing, concentrated on methods used by Hampshire LEA in deciding to close schools, the political assumptions implicit in these methods and what alternative methods could be used by groups wishing to oppose such decisions. It is hoped that more details will be made available to Radical Statistics later.

Radical Statistics Conference February 28 1987
Overall Report

About 40 people attending on the Saturday, and about 20 stayed over for the AGM on the Sunday. The financial statement is included in this issue and the new Troika is as indicated on the inside of the front cover. Subscribers with any material for the newsletter are encouraged to send it to the next editor, and if you have any suggestions for conferences the Troika would be pleased to have them.

RADICAL STATISTICS GROUP

Financial statement for the year 7.1.86 - 6.1.87

Expenditure

Troika stationary & postage (includes some RSN postage)	91.67	
AGM 86	131.05	
AGM 87	10.00	
payment of money owed to BSSRS	300.00	
BSSRS affiliation	100.00	
RSN printing & postage	424.95	
pubs reimbursement	26.89	
Nicaraguan Stats Group	43.61	
Redirected monies	19.00	
Bank charges	4.55	
	-------->	1151.72

Income

Membership (and unrecorded sources)			
cheque/cash	374.50		
standing order	232.50		
	-------->	607.00	
Unidentified Credit		53.00	
Publications			
old articles	3.00		
demystifying	19.80		
UG to HS	12.00		
Reading B Nums	8.75		
unsafe i t hs	2.40		
2 meths	2.40		
NNG	10.50		
pubs dist	83.76		
RSNs	1.00		
	-------->	143.61	
Misdirected cheques		19.10	
Donation		6.10	
post & packing		9.00	
86/87 AGM reg		41.00	
bank interest		31.94	
		-------->	910.75

Excess of Expenditure over Income 1151.72 - 910.75 = 240.97

This is almost entirely due to the money paid to BSSRS, which had been put into our deposit account in the previous year to be transfered to them.

```
Assets 7.1.86
        petty cash                9.00
        current account         214.30
        deposit account         776.69
                                ---------> 999.99

Assets 7.1.87
        unbanked credits         63.40  (+$15)
        current account         299.49
        estd deposit account    408.63
      - uncashed debits          10.00
                                ---------> 761.52
                                           ------

Difference in assets                      -238.47
                                           ------
```

There seems to be £2.50 of mis/unrecorded income and/or miscalculation.

Membership Payments

Unfortunately some of the standing orders are anonymous in that the bank statement does not say who they came from. This does not help proper updating of membership lists! The fact that I did not record the details of the first few deposits I made does not help either - there is £115.50 of these - mainly membership payments I think. The majority of payments still seem to be £3, though people are gradually catching on. People paying less are simply crossed off the list - unless they are paying as students. I suggest simply recording the £3 payments as only paying for 2 newsletters in future. The breakdown in payments for which I have records is

amount	1.5	2	3	4	5	7	8	10	total
freq by s/o	1	8	56	1	6	1	0	1	74
freq by cheque	5	0	25	0	18	7	1	2	58
estimated number unrecorded									30
estimated paying subscribers									162

Roughly 210 RSNs are posted out, implying that I should have done a more thorough job of reminders and pruning of the membership list.

Income between 7.1.87 and 27.2.87 is

cheques	297.65
standing orders (->20.1)	77.00
standing orders (21.1->27.2)	??.??

Expenditure between 7.1.87 and 27.2.87 = 63.00

D Saunders

(treasurer/ membership secretary)

Nuclear Disarmament Subgroup - Report & Proposals

Report

For the information of newcomers, this subgroup was formed to write and sell the book *Nuclear Numbers Game* 4 years ago. Since then various proposals have been discussed but come to nothing.

Our balance in the bank is, and has been for some time, £344.56.

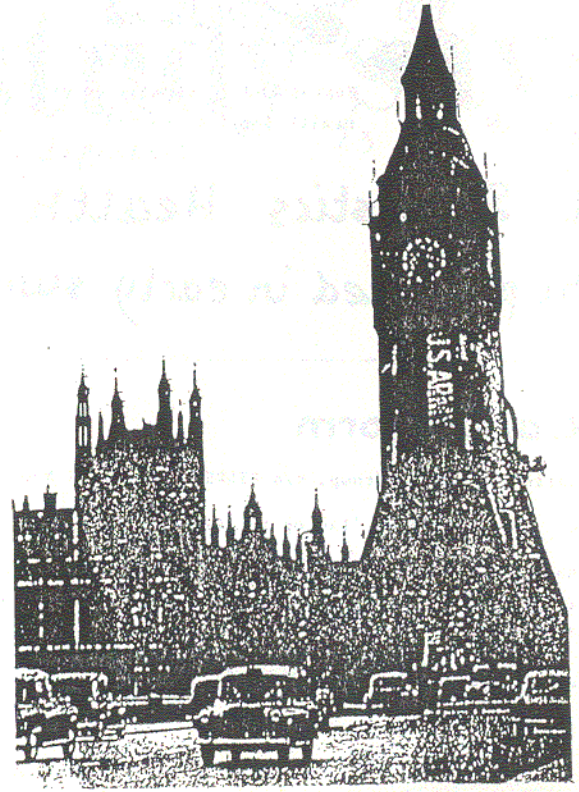
Sales of the book were not too bad - most of a 5000 print run, but they have now ground to a halt. Turnaround, our distributors, have not sold any copies since last summer, and, not unreasonably, have given notice that they want to terminate their agreement with us.

Proposals

My job as keeper of the NDS carrier bag has become both undemanding and unfulfilling, consisting as it does of throwing away bumf about forthcoming meetings from other groups in the ND field. (We have no mechanism for publicising such bumf).

I therefore suggest that the subgroup be woundup, at least for the time being, that the carrier bag and the money be handed over to the Radical Statistics Group, and that remaining copies of the book be given away.

John Lintott



Leon Kuhn

A new book from Radical Statistics

Facing the figures

What really is happening to the National Health Service?

Reproduced by permission of Health Service Journal

Radical Statistics Health Group

Due to be published in early summer, 1987

Advance order form

To: Radical Statistics Health Group, c/o BSSRS, 25 Horsell Road, London N5 1XL

Please send me _____ copies of 'Facing the figures' as soon as it is published.

I enclose a cheque/postal order for _____

(Price £3.95 + 50p postage and packing. If 10 or more copies are ordered at once, cost is £3.50 + 50p per book.)

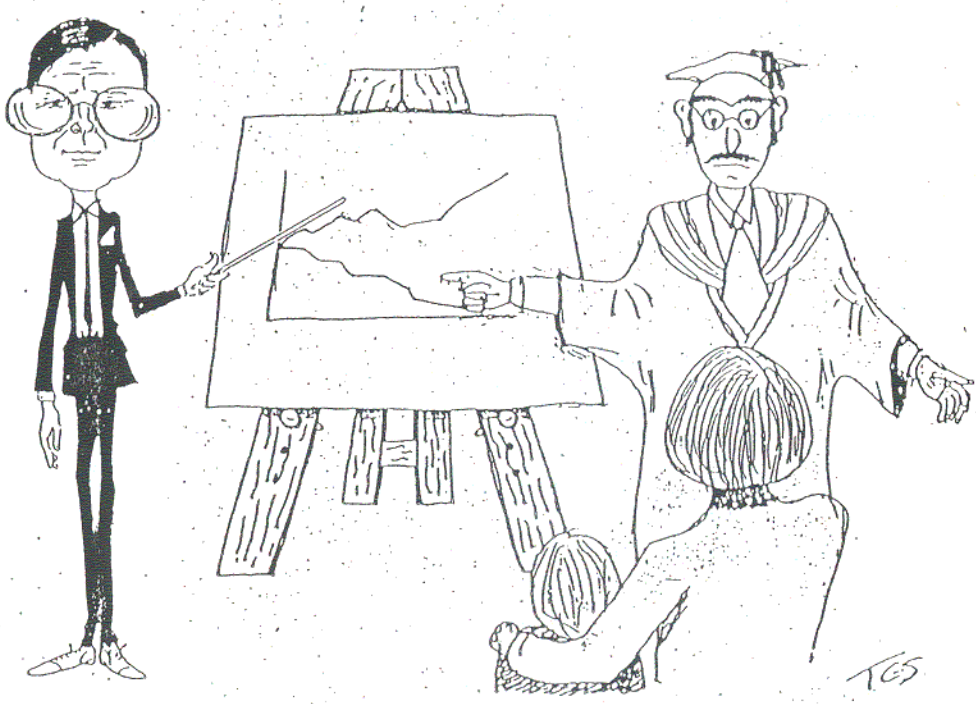
Name_____ Address_____

_____

_____

FIGURING OUT EDUCATION SPENDING

Trends 1978–85 and their meaning



Radical Statistics Education Group

FIGURING OUT EDUCATION SPENDING
Trends 1978-85 and their meaning

RADICAL STATISTICS EDUCATION GROUP

This pamphlet tests government statements about education against publicly available education statistics produced by the Department of Education and Science, amongst others. We show that the public's concern about a deteriorating education service is much nearer the truth than bland statements to the contrary from government ministers.

Similar analyses of government spending can be carried out by anyone with access to an appropriate library; expert knowledge is not needed. Statistics are often mystifying but they can be empowering, and critical, tools.

FIGURING OUT EDUCATION SPENDING
Radical Statistics Education Group ISBN 0 906081 08 4 Published May 1987.
Price £1.

ORDER FORM

TO: Radical Statistics Education Group
c/o BSSRS, 25 Horsell Rd, London N5 1XL

Please send me _____ copies of FIGURING OUT EDUCATION SPENDING

I enclose a cheque/PO for _____

Name _____

Address _____

_____

_____

Please make cheques payable to RADICAL STATISTICS EDUCATION GROUP

The Radical Statistics Newsletter is available by subscription. Current rates are £5 per year for individuals and £7 for institutions and £1.50 for the unwaged. The newsletter is available from the Radical Statistics Group, c/- BSSRS, 25 Horsell Rd, London N5 1XL. Tel 01 607 9615.

The Radical Statistics Newsletter is produced three times a year in May, July and December

Editors: send the typed newsletter to Janet Shapiro one month before they want the newsletter to reach readers. Copy to be typed on A4 paper.

Contributors: send articles to the Editor by the copydate on A44 paper, typed single-spaced with 1½ inch margins all round. All members of RSG are invited to contribute to the newsletter - articles may vary from very short to quite long. Letters and reviews are also welcome.

Addresses: The Editor's address usually appears in the last newsletter, but articles can also be sent to "The Editor, RSG, c/- BSSRS, 25 Horsell Rd, London N5 1XL.

Next Editor: Janet Shapiro (address on inside front cover)

Copy Date: July 31, 1987

DATA PROTECTION ACT

In accordance with the DPA, any member is entitled to ask

(a) for a printout of his/her personal details (name and address) as kept on the RadStats computer

(b) that his/her personal details should not be so stored

Anyone wishing to avail themselves of this right, please contact the Troika with requests in triplicate.