

This issue has been well aired in the national press this summer with articles in the Guardian (July 26 and August 13), the Observer (August 3) and Health Services Journal (August 21). It also reached a narrower public in the September/October issue of *Maternity Action*, which is reproduced here.

One of the issues mentioned was the treatment of social class data in the Registrar General's Decennial Supplement on Occupational Mortality. This gave rise to a number of articles in the national press and editorials in the British Medical Journal and the Lancet. Some people have generously, but incorrectly, given us credit for some of this. In fact, Radical Statistics Health Group took no specific action on this. Indeed, it is encouraging to see that we did not need to, and to know that our concern on the subject is spread far more widely than we thought.

Meanwhile, our own less dramatic initiative about DHSS statistics is still rumbling on. The British Medical Association has sent us the reply it got to a letter to the Chief Medical Officer, who assured them that our allegations were unfounded. He enclosed a letter from a DHSS statistician which, he claimed, proved this. (To be more accurate, the statistician's letter was not enclosed, and it was over two months before we finally got it!) The statistician's letter consisted of a list of recent publications, and did not mention the other issues we had raised. It is not being unreasonably charitable to say that this is fair enough. This is because there is no reason to suppose that statisticians have much, or indeed any, control over the way ministers use the DHSS' statistics in their glossier publications and in statements and press releases.

EDITORIAL

Government Health Statistics Warning

In the face of continuing scepticism, the Government continues to present convenient statistics and attempts to bury inconvenient ones in the hope of persuading us that all is well with the health service and the state of our health.

In a press release issued last month announcing the publication of hospital activity statistics in the *DHSS Statistical Bulletin 2/86*, Norman Fowler claimed that "a record number of patients were treated in NHS hospitals in 1985". Yet his statement made no attempt to allow for the extent to which the same people were admitted to hospital more than once in the same year, and thus were counted as more than one 'in-patient case'. As far as maternity departments are concerned, this is a growing trend. The bulletin showed that the number of 'in-patient cases' per birth rose from 1.29 in 1974 to 1.34 in 1980 and 1.40 in 1985, probably as a result of more admissions in the antenatal period.

The DHSS has also issued a new and glossier version of the leaflet first issued last year (see *Maternity Action* No. 21). The new leaflet, entitled *The Health Service Today*, points once again to the fall in perinatal mortality in England from 15.4 in 1978 to 9.8 in 1985. It does not, of course, mention the fact that the rate was falling rapidly before 1978, but fell only very slightly in 1984 and 1985. Nor does it mention the postneonatal mortality rate, that is deaths of babies aged more than one month and less than one year, which decreased very little between 1978 and 1985.

The leaflet also claims an increase of 14 per cent in hospital and community nurses and midwives between 1978 and 1985. It does not refer to the fact that the figures quoted are 'whole-time equivalents'. Each nurse and midwife is counted according to the percentage of the full week he or she works and figures for 1978 and 1985 are not comparable because of the reduction in the length of their working week in 1980. When allowance is made for this, the increase is only 7 per cent.

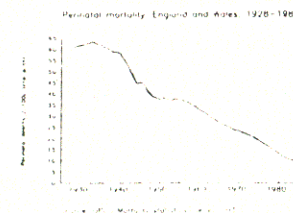
Even this was not spread equally over the period since 1978, but to find this out you have to turn to the detailed statistics in *Health and Personal Social Services Statistics in England 1986*. You may well not have heard of this volume. It was published on the Royal Wedding day, which was hardly an occasion on which the press could be expected to give much attention to a very useful but unspectacular book of statistics. Tables in this book reveal that the number of full-time equivalent

nurses and midwives remained almost static between 1982 and 1984 with an increase of under 1 per cent in 1985.

These global figures for nurses and midwives do not, of course, reflect differences between categories of staff. With adjustment for the change in working hours there were 6 per cent more 'whole-time equivalent midwives' in 1984 than in 1978, but the number of women having babies was 8 per cent higher in 1984.

Other statistics have been published since the House of Commons adjourned for the summer, notably the *Registrar General's Decennial Supplement on Occupational Mortality*. For the first time since 1911 the written report did not contain analyses of mortality by social class, although four pages are devoted to an attempt to justify this omission. There are undoubtedly real technical problems in social class analyses but it is difficult to believe that this is the whole story.

You can find tabulations by social class on the 87 microfiches which make up part two of the report. Analyses of these were published in *The Lancet* four days after the *Decennial Supplement* appeared and these showed that the gap between the mortality of manual and non-manual workers widened between the early 1970s and the early 1980s. If you want to explore the data for yourself, the report, including microfiches, will set you back £40 and you will then have to find a microfiche reader.



The dropping of the tabulation of maternal deaths by the woman's country of birth in the recent *Confidential Enquiry* report is disturbing (see p.11). Previous reports had shown elevated death rates among women born in the New Commonwealth and Pakistan. This grouping can no longer, of course, be equated with black and ethnic minority women. Increasing numbers of black women having babies today were themselves born in this country. This may explain the omission but as the increased mortality of immigrant black women is a cause for concern, our Black and Ethnic Minorities Working Group will be approaching the DHSS for further

information.

These are not the only examples of what has been happening to Government statistics. Others can be found elsewhere in this bulletin (see *Parliamentary News*, reporting the debacle of the DHSS poverty tables published one day before Parliament rose for the summer recess) and many more such as changes in the methods of compiling unemployment statistics have been reported in the press.

The handling of official statistics has to be seen in the overall context of the politicisation of the civil service. A symptom of this is the somewhat hasty review of the Office of Population Censuses and Surveys (OPCS) which started at short notice at the beginning of June. The review team was asked to consider the functions of OPCS "having regard to the need for clear lines of accountability to Ministers and senior officials, potential improvements in efficiency, relationships between the work of OPCS and other parts of Government and local authorities, and the scope for privatising activities at present performed by the OPCS". The team's report was sent to the Prime Minister at the end of July but as we go to press its findings have not been made public nor, indeed, made known to OPCS staff. When it is published, information about it should be available from Sue Corby of the Association of First Division Civil Servants, 2 Caxton Street, London SW1H 0QH, who is a member of our Trades Union Working Party. It is important that people who use OPCS data take appropriate action about the report's recommendations.

This is certainly not the first time that concern has been felt about the state of Government statistics. In 1920, a *Lancet* editorial said of William Farr, who in the mid-19th century was responsible for setting up the statistical systems of the General Register Office, which now forms part of OPCS, "Most of the excellencies of the Registrar General's publications can be traced back to the genius of a single man, William Farr, and are due to the happy accident that one who combined medical and statistical knowledge in a just proportion was allowed a free hand in days when vital statistics were not of sufficient interest to the general public for it to be worth the while of the uninformed to meddle with them. This is no longer the case; all realise vaguely that vital and medical statistics are of great importance".

The *Lancet* editorial was inspired by the petition which the Royal Statistical Society had sent to the Government asking for measures to improve Government statistics which it considered were inadequate "in spite of the efforts and ability of individual official statisticians". It seems to us that it is high time for further action of this sort.

The points made in our letter to respectable bodies were at the AGMs of the Society for Social Medicine and the Medical section of the Royal Statistical Society. In both cases, it was decided to pursue the matter further through letters to relevant people and by holding meetings. A letter was also sent to Paul Allin, the RSS' representative on the Statistical Users Council, and he has suggested that it holds a conference on the dissemination of government statistics.

The latter two steps were suggested to us in a letter from John Nelder, President of the RSS. This letter, reproduced in this newsletter, told us that the RSS council had decided to take no action itself. It is interesting to find that, in the past, things were different. In June 1919, Council set up an Official Statistics Committee 'to consider the best method of approaching the Government with a view to effecting an improvement in the collection and presentation of official statistics'. The petition this committee sent to the government was reproduced in the RSS journal for 1920 (vol. LXXXIII, pages 131-133). The 1935 journal includes a report of an ordinary meeting on 'The use and misuse of economic statistics' (vol. XCVIII, p. 497), letters to the Ministry of Health asking for a quinquennial census and a memorandum by the Manchester Statistical Society about the need to improve official statistics. The next year's journal contains (vol. XCIX, p. 360) a 'memorial' sent to the Ministry of Labour about the lack of statistics about earnings and the cost of living.

This list is probably anything but comprehensive as it is based on a very haphazard search. The important question to be asked, though, is why is the RSS council so apathetic now, especially given the evidence of public and press interest?



ROYAL STATISTICAL SOCIETY

Incorporated by Royal Charter: 1887

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Dear Secretary

Health Statistics

Thank you for your letter of March 25th about your concerns over the content and availability of various DHSS statistical series. The letter was circulated to Council and discussed at their meeting on May 14th. The first point raised in discussion was whether or not you yourselves had made representations, either individually or collectively, to DHSS and, if so, with what result. It was agreed that it would not be appropriate for the RSS to be first in line to complain but rather to come in when individual representation had failed to elicit a positive response. Council also thought that there was a distinct possibility that any written complaint might be dismissed on the grounds that the changes were simply minor cut-backs in line with the need for the GSS to make economies of the kind being demanded in other areas of the Civil Service.

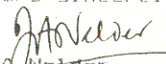
Council was sympathetic to your concern and suggested three alternative approaches which they thought would be helpful. First, that you should contact the Statistics Users Council (their RSS representative is Mr Paul Allin of the Health and Safety Executive) to propose that they hold their annual one-day seminar on the topic of "the dissemination of Government statistics". The issues could then be raised publicly with senior Government statisticians.

Second that, either as an alternative or in addition, you ask the RSS Medical Statistics Section to hold a meeting on the dissemination of health statistics, to which DHSS speakers could be invited.

Thirdly, that you ask the ESRC Data Archive to consider trying to obtain magnetic tapes of relevant statistics to allow access by non-government researchers to unpublished data. The Archive has already set precedents in its dealing with other Government Departments.

Council hopes that you will pursue one or more of these suggestions and wishes you well in your efforts.

Yours sincerely


J. A. Nelder
President