

BODY POLITIC **Nigel Hawkes**

Sailing without a lookout

Cuts to the Office for National Statistics mean we stand to lose essential healthcare data

At the first whiff of cultural vandalism, armies of protest are mobilised, letters to the *Times* drafted, and elderly inhabitants of the House of Lords awakened to sound the End of England tocsin. Little of any significance can be changed without many voices being raised. Even the 1960s Alexander Fleming House in Southwark, south London, loathed by its inhabitants when it was the headquarters of the Department of Health, found enough friends to escape demolition in the 1990s and is now a grade II listed building.

But other changes fail the test of cultural significance. Who cares, for example, that the Office for National Statistics (ONS) is being forced to plan a series of changes that amount to vandalism of the most damaging kind? It may be hard to see a statistical output as a cultural artefact, but that is a failure of perception. Every set of data is a poem to a reader tuned to its unique cadence. Statistics are the stuff of history, the lifeblood of policy, the raw material of discovery, and the tribute paid by the present to the future. Without statistics we have no compass, no anchor, and no oars.

It is true that the changes envisaged by the ONS are modest and may not seem fully to justify my outrage. But that makes it worse. For the sake of a piffling saving we are in danger of losing important survey data whose value stretches over decades and which in some cases are irreplaceable. The losses could include data on health inequalities, alcohol and tobacco consumption, deaths amenable to healthcare, cancer survival, weekly death registration, and childhood and infant mortality.

The policy has been forced on the ONS as part of the government's austerity drive. Charged with finding £9m of cuts over the next two years, the ONS is reckoning to meet £1m a year of this challenge by reducing outputs, while the rest will come from greater efficiency. Its plans

for reductions are detailed in a consultation that closed at the end of October, and a final decision has been promised by Jil Matheson, the national statistician, for January 2014.

Some researchers are also worried about changes to the census, held in England every 10 years since 1801 and now slated for abolition. The census is expensive (£480m in 2011) and an anathema to Francis Maude, the Cabinet Office minister who happens (some may say unfortunately) to be in charge. ONS plans to replace it with either an internet questionnaire or data taken from government bodies such as the NHS, local authorities, and government departments. But researchers fear that this would lead to the loss of information on small geographical areas—those with around 125 households—which reflect the heterogeneity of districts even within the same conurbation. The loss of such data could have implications for the delivery of healthcare, among many other things. The ONS has launched a separate consultation on the future of the census, which closes on 13 December.

It might have been argued (though not by Maude) that at a time of austerity, when programmes are being cut, data gathering should be the last to go because it may help detect any unforeseen effects of the cuts. If obliged to sail with an understrength crew, a ship's captain does not ordinarily dispense with the lookout. However, if this case were ever made it failed. The ONS is being held to its target, and because 80% of its output is statutory requirements, its room for manoeuvre is limited.

Among datasets that would be lost are those on excess winter mortality, deaths from meticillin resistant *Staphylococcus aureus* and *Clostridium difficile*, the annual bulletin on avoidable mortality (deaths amenable to healthcare), deaths caused by drug poisoning



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and misuse, unexplained deaths in infancy, and deaths caused by alcohol. Big changes are proposed in the analysis of health inequalities by occupation, social class, and area. For each individual output the annual saving is estimated to be between £10 000 and £50 000. “It is a great shame that the ONS consider the modest cost savings that could be achieved justify ditching a proud record,” said Michael Marmot, director of the Institute of Health Equity at University College London, in the *Financial Times* in October,¹ and he argued similarly in the *BMJ* this month.² He pointed out that the government had itself introduced legal duties to tackle health inequalities in the 2012 Health and Social Care Act. Marmot told the *Financial Times*, “We must continue to have a robust monitoring structure, otherwise we could find ourselves unable to assess the effect of government policies on health inequalities over time.”

The ONS also proposes to stop production of reports on smoking and drinking, general health, and marriage and cohabitation that derive from the General Lifestyle Survey, begun in 1971. This would save between £100 000 and £500 000 a year.

A suspicious person might see in these proposed cuts a hidden agenda of suppressing data that the government would prefer to remain unpublished. While I couldn't possibly comment on that, it is a fact that the ONS has been provided with £2m a year for four years to pursue a project dear to the heart of the prime minister, the measurement of national wellbeing.³ This is double the amount the ONS is trying to save by reducing outputs, but it is far from clear that the measurements of wellbeing will prove twice as valuable as the datasets it is planning to jettison.

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References are in the version on bmj.com.

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