**Collecting and Reporting Mortality Statistics for Covid-19**

**Webinar on 20th May 2020**

**Organised by RSS Official Statistics Section**

**in collaboration with the Health Statistics User Group**

**Notes of meeting**

**Background**

This was the first in a series of webinars organised jointly by Health Statistics User Group (HSUG) and the RSS Official Statistics Section on topics relating to Covid-19. The focus was on sharing experiences and discussing approaches to the methods being used to produce the statistics for each of these topics in the different nations of the UK.

**Objectives**

The webinar provided an opportunity for:

1. People involved in producing mortality statistics relating to Covid-19 to share their experiences and exchange ideas
2. People using the mortality statistics to pose questions and make comments. This will help with their understanding and use of these statistics.
3. Members of the audience to contribute insights to the analysis and interpretation based on work they are doing.
4. People producing the statistics to gain an understanding of the queries and comments that users have regarding their statistics, which will be helpful in improving the explanations that are provided with the statistics

**Audience**

The intended audience was people whose work involves producing and/or using mortality data/statistics/information relating to Covid-19 in the UK. The event attracted the maximum number of people permitted to link into the event (250).

**Proceedings**

**Introduction**

Alison Macfarlane, as chair of the RSS Official Statistics Section welcomed everyone and thanked the speakers, the ONS and others for organising this event at a busy time for everybody. She handed over to Deana Leadbeter as Chair of the HSUG to chair the proceedings. Deana explained the arrangements for the day.

* A number of speakers from data producers across the UK had been invited to give short presentations on their work and publications.
* A lead discussant providing a user perspective would then be invited to speak
* Participants would have the opportunity to provide questions and comments. Reading material and details of publications had been posted in advance on the HSUG website and there was opportunity before the meeting to email questions. There was a further opportunity during the meeting to send in questions by email, slido or chat.
* The speakers would have a chance to respond to the questions although, as time was likely to be short, fuller responses would be provided afterwards and posted on the website.

**Speakers**

The following speakers gave presentations. The presentations themselves are available on the HSUG website and are best referred to for more detail.

* **ONS (Office for National Statistics)-Myer Glickman**

Myer outlined the coding definitions for Covid 19 and issues around the coding of confirmed and suspected Covid. He outlined the different reports produced to various timescales and for different purposes. The cumulative numbers of deaths reported by the various methods were shown graphically. The data flows for death registration in England and Wales were shown and future analysis plans presented.

The work on excess deaths was explained (current deaths v 5 year average). More work was currently being done on this about ‘what it actually tells us’.

Work was underway to speed up registrations to get a range of more timely data to users.

* **PHE (Public Health England) Nick Andrews**

Nick explained some of the key outputs including the weekly all cause mortality and the Euromomo (the European mortality monitoring) system. The PHE data series on deaths draws from three sources

* + Deaths occurring in hospitals, notified to NHS England by NHS trusts
  + Deaths notified to local PHE Health Protection Teams in the course of outbreak management
  + Laboratory reports where a person has had a laboratory confirmed COVID-19 test linked to death reports from electronic hospital records

Data from each source are validated and merged into single dataset, removing duplicate records. Nick presented some of the outputs from the system and highlighted some of the strengths and limitations of the approach

* **PHS (Public Health Scotland) Scott Heald**

Scott outlined the organisational arrangements in Scotland and the recent formation of PHS from several organisations. The different data producers in Scotland work closely to ensure statistics are aligned and coherent. Each organisation signposts the others. PHS received daily lab confirmed diagnoses of those who have died. Graphs of the daily lab confirmed deaths were presented

* **NRS (National records for Scotland) Julie Ramsay**

Julie explained that NRS was monitoring suspected (but not confirmed) as well as confirmed cases of Covid 19 and as a result the time series was higher. The difference was shown graphically. Further graphs were presented showing:

* Deaths by week of registration, showing the excess weekly deaths compared with the average of the last 5 years
* Excess deaths by underlying cause
* Death rates by deprivation quintiles, illustrating a rate 2.3 times higher in the most deprived areas compared with the least deprived areas
* Covid 19 death rates by urban/rural classifications
* **NHS Wales Information Service-Gareth John (also presenting Welsh Government slides)**

Gareth explained the two major source of information used in Wales; ONS death registrations, and the Public Health Wales rapid surveillance data. Use was also made of the electronic Master Patient Index (e MPI) and the mortality surveillance e form.

Graphs were presented highlighting some of the differences and the chief statistician recently wrote a blog to explain about the various mortality data sources (referenced in the slides).

Although registration data are reasonably timely there are still delays, and it is important to produce estimates of the up to date picture to inform where Wales is on the trajectory. Gareth outlined a capture-recapture method he was using and set out the formulae. The method was producing better information than just relying on the source data, but required the partial data being representative of the whole. The situation was being monitored closely and ideally a 3rd Source would help validate the method.

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This represented the end of the presentations from those producing the data. The event then moved on to the user perspective and Questions and Answers.

Before moving onto general Q&A, **Neil Bendel from Manchester Health and Care Commissioning** was invited as lead discussant to give a general user perspective

Neil presented a personal view on aspects of the data he saw as important from a local user perspective in England (For more details of Neil’s points see the separate Q&A document).

**Timeliness**

We need timely data to inform local response and provide reports to senior leaders and elected members

**Comparability and consistency**

* Lack of comparability between ONS, PHE , CQC and locally reported data (but we know enough to explain why)
* Urgently need a local ‘cut’ of the local data reported by PHE on a daily basis so we can compare local and national trends and look at differences between deaths with a confirmed test for COVID-19 and those without.

**Granularity**

* Need individual record level data to extract maximum value

**Content**

* Given focus on inequalities, we need urgent consideration of changes to legislation to allow data on BAME groups and other protected characteristics to be recorded at the time of registering a death (and birth)

**Flexibility**

* Maximum flexibility through regular releases of record level data

**Freedom to share**

* Need to be able to share (and link) data from PCMD with other local partners

Deana thanked all the speakers and moved onto general Questions and Answers. As time was short, Deana read out some of the key questions that had been sent by e-mail, and Manira Ahmad (PHS) summarised the main queries made via Slido and chat. The speakers were invited to make brief comments. Fuller responses would be provided later and be posted on the HSUG website

The final Q&A details are [below/available on the website].

Deana closed the webinar by thanking all the speakers for their contributions, at what is currently a busy time for them, and thanked the participants for their involvement.. Details of further webinars would be publicised and posted on the HSUG website.

**Q&A details**

**See separate document. This document will be updated as more details become available**