

	IQAP Data Migration Guidance: Active Patients			
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Information Quality Assurance Programme (IQAP) Data Migration Guidance: Active Patients

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		All previous versions were in non standard format
0.6	24/08/04	Updated and put into standard format
0.7	21/10/04	Clarification of the definition of Active Patient – Section 2
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Document Status:

This is a controlled document.

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Related Documents:

These documents will provide additional information.

Ref no	Doc Reference Number	Title	Version
1	NPFIT-SHR-QMS-PRP-0015	Glossary of Terms Consolidated.doc	13
2	NPFIT-FNT-TO-DQM-0072	Data Migration Guidance: Definition of Active Patients for Child Health	3.0
3	n/a	Migration Analysis Cleansing Service Customer Information	8.0

Glossary of Terms:

List any new terms created in this document. Mail the NPO Quality Manager to have these included in the master glossary above [1].

Term	Acronym	Definition
Additional Supply Capability and Capacity Framework	ASCC	Framework Contracts established through open competition to provide additional capacity and capability in the supply of IT services to the NHS.
Demographic Batch Service	DBS	Replacement service for NHS Strategic Tracing Service (NSTS) Batch tracing
Information, Communication & Technology	ICT	A term used within the NHS to describe all aspects of computing and information management.
Hospital Episode Statistics	HES	Centrally-provided information which is recorded and used by the Department of Health and the Information Centre to produce statistical information about clinical activity within the NHS.
Migration Analysis Cleansing Service	MACS	A service provided to NHS organisations to compliment NSTS by providing additional analysis and reports to determine the underlying data quality impacting on NHS number matching.
NHS Strategic Tracing Service	NSTS	A service provided to NHS organisations to trace and access patients' details, and to obtain their NHS Number and a range of up-to-date administrative information.
Payment by Results	PbR	A transparent, rules-based system for paying trusts.

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1 Purpose

The purpose of this document is to assist and provide guidance to end-users and Local Service Providers (LSP) in identifying which patients, as a minimum, should be migrated from the existing patient administration systems (PAS) to those offered by the LSP.

2 Background

The governance structure for IQAP guidance now falls under the Standards Consulting Group (SCG). The Standards Consulting Group has been established to provide guidance and assistance to NHS Connecting for Health programmes in the development and implementation of standards in a consistent manner.

As part of its remit the Standards Consulting Group has adopted and will continue the development and maintenance of all formal IQAP guidance.

All IQAP guidance will be approved via that route, supported by an IQAP editorial board. This has the constituency necessary to ensure that guidance is relevant and fit for purpose.

2.1 Further Enquiries

Enquires about the content of this document, or any additional requirements should be sent to igap@nhs.net. The Standards Consulting Group welcomes the submission of best practice examples from NHS Organisations to aid and contribute to the development of future deliverables.

The Standards Consulting Group information is posted at

<http://www.connectingforhealth.nhs.uk/systemsandservices/data/scg>,

all IQAP guidance is available via

<http://www.connectingforhealth.nhs.uk/systemsandservices/data/scg/publications>

3 Which Patients to Migrate

A fundamental question in any migration is whether all the patient records on an existing system have to be transferred? The costs and benefits need to be considered by each organisation as part of the migration planning process.

IQAP believes there should be a **minimum** cohort of patients who should be migrated by any organisation undergoing system replacement.

As a general principle, an organisation will be expected to migrate the records for any patient currently being treated (or on a caseload), scheduled to be treated or whose treatment has recently been completed, i.e., an 'Active Patients' as defined in section 4 and also any record that is attributed with a recently traced and verified NHS Number (i.e. within the six months immediately prior to migration).

Work on reconciling the patient master index (PMI) should commence well in advance of the migration to maximise the number of patients who fall into the cohort qualifying for migration.

NOTE: It would be good practice to run an NHS Number verification batch within one month prior to migration. This additional run will ensure that any new stop noted records, i.e. records that require special management, will be identified immediately prior to migration.

For any patient whose PMI record is not migrated there will be a need to archive the record to facilitate tracking of the paper case notes.

An example of how a migration cohort may be calculated is included at Appendix 2

4 Definition of an Active Patient

'Active Patients' are any patient/patient records that meet the requirements as listed in the following categories. The definition that should be applied to determine the Active Patient cohort will vary based on the healthcare delivery setting.

4.1 Which patients/patient records are considered as 'Active' Patients' for Acute, Secondary Care and Mental Health for migration purposes?

All patients undergoing or awaiting treatment, i.e. any patient with a referral (from any source) and is awaiting their first appointment, through to the point at which they are finally discharged back to the care of their GP (not just discharged from an inpatient episode).

This group of patients will include those that:

- Have been referred (including self-referral) but not seen by a clinician
- Are on a waiting list for treatment (inpatient, day-case or outpatient)
- Are currently undergoing treatment or therapy
- Are actively being followed up (e.g. cytology, mammography, long term follow up and chronic disease management)
- Have a confirmed appointment (e.g. outpatient or radiography)

This group of patients should also include

Any patient/patient record where there is an open appointment or open access policy in operation. These situations are often made available to patients with chronic conditions and it is important that their records should not be lost.

It is important to remember that a patient may have more than one active episode of care at any particular time.

4.2 Which patients/patient records constitute 'Active Patients' for Community migrations?

In addition to the parameters used for acute and secondary care, the definition of Active Patient will also include patients who are:

On an active case load (e.g. Health Visitor, Child Health Surveillance)

4.3 Which patients/patient records are included in the cohort to migrate for GP practices?

Patients with a registration status of:

- Registered
- Awaiting acceptance
- Temporary resident –current
- Immediately logged necessary patients < 15 days
- Patients deducted within the current financial year

4.4 Which patients/patient records are considered as ‘Active Patients’ for the purpose of Child Health Migrations?

This area is subject to additional specific guidance see the additional document NPFIT-FNT-TO-DQM-0072 IQAP Data Migration Guidance: Definition of Active Patients for Child Health.

5 Additional Requirements for Records to be Migrated

All organisations must migrate all records for patients whose death status is ‘provisional’, i.e. awaiting confirmation from the Registrar of Births, Deaths and Marriages via the central registry. Where it is not possible to make this distinction, the organisation must include patients where death has occurred within the previous 18 months as a minimum.

There is also a requirement to migrate another cohort of patients who are not currently being ‘treated’ (as detailed above) but who have recent data on their records that is required for statistical purposes. i.e. Payment by Results (PbR), Health Commission or Hospital Episode Statistics (HES). This will include those patients who have had activity recorded against them within the current financial year and a recently traced NHS Number.

NOTE: Depending upon where an organisation is in the financial/annual reporting cycle when a migration takes place, there may be a requirement to migrate patients with activity recorded against them for the current and immediately previous financial year.

6 NHS Number Coverage for Migration Cohort

IQAP recommends that 95% of the cohort of records to be migrated should have an NHS Number attributable to the record. The NHS Number should be recorded against the record with a status 01 indicating that it has been verified through the National Strategic Tracing Service (NSTS)¹ / Demographics Batch Service (DBS)² as being the correct NHS Number for that patient.

The whole cohort of Active Patients may include patients who will not have a verified NHS Number (for a genuine reason), e.g. overseas visitors. The maximum number of patients who fall into this group at the time of migration should not exceed 5% of the total number of Active Patients.

It is recognised that some newborn babies may not have a verified NHS number until they are several weeks old. These children are included in the 5%.

It is further recognised that where trusts treat members of the Ministry of Defence (MoD) they may experience problem in tracing NHS Numbers for this section of patients. In this case the trust should contact their deployment team to discuss the impact and potential of additional services such as Migration Analysis Cleaning Services (MACS)³ to support NHS Number retrieval.

7 Other Operational Considerations

Organisations may have patients who they wish to migrate for organisational or operational reasons, for example, patients who are identified as potentially violent.

It is recognised that there may be medico-legal reasons why all patients need to be migrated, for example, paperless GP practices where the only clinical record is an electronic one.

The records for any patient that is not migrated, data will need to be archived in some form and procedures determined for identifying and retrieving case-notes for this cohort.

Archiving services can be procured using the Additional Supply Capability and Capacity (ASCC)⁴ Framework. The selection of the most appropriate Service Category will be dependent upon the nature of the archiving services required and may therefore vary for each procurement.

¹ <http://www.connectingforhealth.nhs.uk/systemsandservices/nsts>

² <http://www.connectingforhealth.nhs.uk/demographics/dbs>

³ <http://www.connectingforhealth.nhs.uk/dataquality/macs>

⁴ <http://www.connectingforhealth.nhs.uk/industry/ascc>

Appendix 1 Additional Reference Material

Additional Supply Capability and Capacity (ASCC) Framework	http://www.connectingforhealth.nhs.uk/industry/ascc http://nww.connectingforhealth.nhs.uk/ascc
Demographics Batch Service (DBS)	http://nww.connectingforhealth.nhs.uk/demographics/dbs
NSTS	http://www.connectingforhealth.nhs.uk/systemsandservices/nsts
MACS	http://www.connectingforhealth.nhs.uk/dataquality/macs

Appendix 2 Example to Support Definition of PMI Migration Cohort

At the point of migration for a total PMI of 500,000 records (A+B+C+D):

- 300,000 patients (B+C) on the PMI have verified NHS Numbers
- 160,000 patients (A+B) on the PMI are currently being treated or have been treated in this financial year (this constitutes the 'Active Patients' cohort as defined by IQAP guidance)
- The maximum number of patients without a verified NHS Number that will be acceptable for migration is 8,000 (A) – i.e. 5% of total 'Active Patients' cohort
- The number of patients to be migrated will therefore be 308,000 (A+B+C) (8,000+300,000)
- The number of patients to be archived will be 192,000 (D).

See also section Appendix 3 - Diagrammatic Representation of NHS Number Requirements for Migration of Patient Records.

Appendix 3 Diagrammatic Representation of NHS Number Requirements for Migration of Patient Records

