

	IQAP Data Migration Guidance: Definition of Active Patients for Child Health			
	Programme	NPFIT	Document Record ID Key	
	Sub-Prog / Project	IQAP	NPFIT-FNT-TO-DQM-0072.13	
	Prog. Director	Ken Lunn	Status	Approved
	Owner	Keith Naylor	Version	3.0
	Author	Rae Long	Version Date	22/09/08

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Amendment History:

Version	Date	Amendment History
0.1	17/06/05	First draft for comment
0.2	28/06/05	First review comments update
0.3	27/07/05	Updated with second review comments
1.0	01/08/05	Minor grammatical amendments
2.0	13/04/06	Gateway approval statement added
2.1	28/06/06	Statement regarding deducted patients added and amendment of reviewers
2.2	31/07/06	Update with comments from review
2.3	13/09/06	Minor amendments after QR
2.4	01/05/07	Minor amendments effected for approval
2.5	23/10/07	Update with amendments recommended by IQAP Editorial Board
2.6	27/02/08	Updated following introduction of Standards Consulting Group Removed historic introduction Updated to correct standard format and copyright
2.7	29/07/08	Updated with amendments from Editorial Board and change of author
3.0	22/09/08	Approved by IQAP Editorial Board

Forecast Changes:

Anticipated Change	When
Annual Review	July 2009

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IQAP Editorial Board	IQAP Editorial Board	IQAP Editorial Board	29/07/08	2.7

Distribution:

Internal NHS CFH domain experts

LSP Deployment teams

NHS Deployment teams

NHS Data Quality Leads responsible for Child Health systems

Document Status

This is a controlled document.

Whilst this document may be printed, the electronic version maintained in FileCM is the controlled copy. Any printed copies of the document are not controlled.

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	0.13
2	NPFIT-FNT-TO-DQM-0025	IQAP Data Migration Guidance: Active Patient	4.0
3	NPFIT-FNT-TO-DQM-0004	IQAP Standard for Duplicate Management on Legacy PAS Systems	5.0
4	NPFIT-FNT-TO-DQM-0071	Merging Trust Master Patient Indexes in Shared Instances - LSP Requiements	3.0

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
NHS Central Register	NHS CR	The National Health Service Central Register (NHSCR) compiles and maintains for the Department of Health a computerised record of NHS patients. NHS patients are those who are registered with an NHS general practitioner (GP) in England, Wales or the Isle of Man. The NHSCR also records

		and handles the transfer of medical records of dependants of service personnel between service medical units and civilian doctors, on behalf of the Ministry of Defence. NHSCR is part of the Office for National Statistics.
NHS Strategic Tracing Service	NSTS	A service provided to NHS trusts to trace and access patients' details and to obtain their NHS Number and a range of up to date administrative information.

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1 Purpose

The purpose of this document is to assist and provide guidance to NHS organisations, specifically Child Health Units, and also Local Service Providers (LSP) in identifying the cohort of patient records that should be migrated from the existing **stand-alone “child health” systems** to those offered by the LSP to support the NHS CRS.

This documentation will detail the minimum cohort to be considered for migration. The information Quality Assurance Programme (IQAP) recognises that NHS Trusts are able to migrate records over and above the minimum recommended cohort where appropriate.

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 iqap@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 Audience

This document is for use by any NHS organisation that is scheduled to migrate from their current Child Health system.

4 Exclusions

It should be noted that this guidance does **not** apply where data from GP clinical systems is to be migrated into NHS CRS Child Health systems.

5 Migration Cohort

IQAP considers there is a **minimum** group of records that should be migrated by any organisation undergoing system replacement. Records for 'Active Patients' must be transferred within any given migration. For NHS trusts in general, the term 'Active Patient' may be applied to any patient record that falls into any of the categories as listed below:

An 'Active Patient' can be defined as:

- Any patient who has been referred, is scheduled for, or awaiting treatment or other healthcare intervention
- Any patient who is currently being treated or on a caseload
- Any patient whose treatment has recently been completed (i.e. within the current and past financial year); and
- Any patient who has had a recently traced and validated NHS Number (i.e. within the six months immediately prior to migration).

Specifically for Child Health systems, to fulfil the requirement to migrate all 'Active Patients' (in addition to the above parameters used for acute and secondary care¹) the following patient records must be migrated:

- All records for children who are 16.5 years or younger who reside or attend school within the defined PCT boundaries
- All records for children who may be residing out of the defined PCT, or attending a school outside the PCT boundaries who are on an active caseload, to ensure that the data is available at the point of care²
- All records for children who are 18.5 years or younger who are on the 'At Risk' register or a Child Health surveillance active case load
- All records for children who are 18.5 years or younger who have special needs.

NHS organisations can make a decision to migrate all records for children who are 18.5 years or younger if any of the above is hard to differentiate.

6 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 NHS Central Register. Where it is not possible to make this distinction, the organisation must include patients where death has occurred within the previous 18 months.

¹ NPFIT-FNT-TO-DQM-0025 Data Migration Guidance Active Patients

² Authority's requirements Schedule 1.1 section 930.4.3

There is also a requirement to migrate another group of patients who are not currently being 'treated' but who have recent data on their records required for statistical purposes i.e. Payment by Results (PbR), Healthcare Commission (HCC) or Hospital Episode Statistics (HES). This will include those patients who have had activity recorded against them within the current financial year (as mentioned in 4).

Depending upon where an organisation is in the financial/annual reporting cycle when migration takes place, there may be a requirement to migrate patients with activity recorded against them for the current and preceding financial year (in some cases this may be preceding financial year and 6 months if statistical reporting for previous financial year has not been completed).

7 NHS Number Coverage for Migration Cohort

IQAP requires 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 indicating that it has been verified through the NHS Strategic Tracing Service (NSTS)³ as being the correct NHS Number for that patient.

It should be noted that the 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 that fall into this group at the time of migration should not exceed 5% of the total number of Active Patients. Therefore 95% of all Active Patients must have a verified NHS Number, within 6 months prior to migration.

It is recognised that some newborn babies under 8 weeks may not have a validated NHS Number. These children are included in the 5% that may be migrated without a verified NHS Number. There is a requirement for NHS trusts to establish working processes that will ensure the reconciliation of children's records that fall into this category. All elements of NSTS should be utilised to help maximise NHS Number coverage and support NHS Number/child health record reconciliation.

Where records relate to babies over eight weeks and children under five, the NHS Number for Babies Project (NN4B)⁴ should have ensured that NHS Numbers *have already been* allocated for *this group* of children. NHS Numbers should be traceable for this subset of records if the demographics are of a reasonable quality. The only records for children in this age group that may not have an NHS Number should relate to children born outside England.

IQAP recommends that in order to meet both the Active Patient and NHS Number coverage requirements, work needs to begin on reconciling the legacy master patient index against national sources to maximise the number of patient records that can be taken over onto the LSP solution as part of the migration cohort. Full use of NSTS should be used to help maximised NHS Number coverage.

³ <http://www.connectingforhealth.nhs.uk/systemsandservices/nsts>

⁴ <http://www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber/nn4b>

8 Data Not to be Migrated – Deducted Patients

Deducted patient and Inactive Patients' records without NHS Numbers held on Patient Administration Systems, (i.e. records that do not meet the Active Patient requirements) should not be migrated from the legacy system onto the Local Service Provider systems. The migration of deducted patient records will greatly increase the risk of duplicate records being held on the NHS CRS system, especially in the situation of a shared instance⁵ where the patient could potentially already exist with another active care record. Duplicate records with fragmented administrative and clinical data can potentially impact on the safe clinical management of the patient.

Deducted patient records include 'inactive' records or those where patients are no longer cared for by the migrating trust.

IQAP acknowledges that children/patients may enter, leave and re-enter registers, and that past practice has been to re-enact the deducted record. However, in an NHS CRS environment, if transfers out are conducted properly all key business information should be maintained and available for use when a patient returns as active on the register.

Any record not migrated should be made available for access in accordance with the statutory requirements for medical records. The minimum retention period for records relating to children and young people (including paediatric, vaccination and community child health service records) is until the patients 25th birthday or 26th if the patient was 17 at conclusion of treatment, or 8 years after the death of a patient., see The Records Management – NHS Code of Practice Part 2 Annex D1 Health Records Retention Schedule⁶

Processes to support access to non migrated records are considered in the following section.

9 Other Considerations

For any other patient record not migrated, data must be archived in some form and procedures determined for identifying and retrieving case-notes for this group where applicable.

Archiving services can be procured using the Additional Supply Capability and Capacity (ASCC)⁷ 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.

⁵ A shared instance is when more than one trust is sharing Child Health or GP data on the same LSP system

⁶

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747

⁷ <http://www.connectingforhealth.nhs.uk/industry/ascc>

Reference should be made to The Records Management: NHS Code of Practice⁸ a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice

Units will need to consider archive requirements for non migrated data and create a data migration process that provides the migrating trust with a verified and complete back up in the original media and an encrypted DVD for longer term storage. This media will hold all the deducted patient record information that has not been migrated.

Reference should be made to Records Management – NHS Code of Practice Part 2

Please note that retention requirements can be achieved in a number of forms including hardcopy, scanned information as well as formal archive

Where there is a need to report annually “on activity” for clinical or financial reasons, there may be an issue with children who are deducted from a particular trust mid year who have activity that might need to be accessed. Their activity needs to be archived as they are deducted, so that when activity is reported on at the end of the year information is extracted from the live system and the ongoing archive. The deducted records will continue to have a requirement to be sent to the archive post migration so long as there is requirement to report on activity.

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http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747

A Appendix 1 – Additional Reference Material

NHS Strategic Tracing Service (NSTS)	http://www.connectingforhealth.nhs.uk/systemsandservices/nsts
The Records Management – NHS Code of Practice	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747
The Records Management – NHS Code of Practice Part 2 Annex D1 Health Records Retention Schedule	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747
NHS Numbers for Babies (NN4B)	http://www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber/nn4b
Additional Supply Capability and Capacity (ASCC) Framework	http://www.connectingforhealth.nhs.uk/industry/ascc http://www.connectingforhealth.nhs.uk/ascc