

## NHS Central Register (NHSCR) Governance Board Meeting 31<sup>st</sup> July 2012

### NHS Central Register Performance Targets 2011-12 and Objectives 2012-13

1. This paper describes the work of the NHS Central Register (NHSCR) in 2011-12 and sets out its intended targets for 2012-13. The Board is invited to comment.

#### Performance Targets

2. The NHSCR has a range of performance targets and indicators to support the targets. The main throughput and indicators are set out in the tables below for years 2011-12 and (for comparison) 2010-11.

<b>2011-12</b>	Total Number of Requests/cases	Achieved on Time	%
NHS updates	2,209,528	2,210,292	100
Medical Research updates	661,321	661,321	100
Notification of Events to Researchers	108,654	108,654	100
Local government updates - received	211	211	100
Local government extracts (12)	492,471	492,471	100
National Records of Scotland (NRS) extract download (12)	106,625,967	106,625,967	100
NRS Migration Extracts (36)	358,672	358,672	100
Scottish Longitudinal Study (SLS) Events - 2010	18,671	18,671	100
Notification of death from Ministry of Defence (MOD)	120	120	100
Notification of veteran data from NHS Central Register (NHSCR)	5,112	5,112	100
Notification of England/Wales deaths from Office for National Statistics (ONS)	226	226	100

<b>2010-11</b>	Total Number of Requests/cases	Achieved on Time	%
NHS updates	3,025,759	3,024,146	100
Medical Research updates	146,714	146,714	100
Notification of Events to Researchers	120,712	120,693	100
Local government updates - received	536	536	100
Local government extracts (12 extracts)	284,053	284,053	100
General Register Office for Scotland (GROS) extract download (6)	52,490,567	52,490,567	100
SLS Events - 2009	20,451	20,451	100
Notification of death from MOD	6,145	6,145	100
Notification of veteran data from NHSCR for MOD/Information Services Division (ISD)	66,000	66,000	100
Notification of England/Wales deaths from ONS	601	601	100

## Business Improvement Objective (BIO) 2011-12

- As part of National records of Scotland's (NRS's) corporate strategy 2012-22, the following strategic objective and target applies to the National Health Service Central Register (NHSCR):

### **NRS BIO 11 Strategic Objective:**

To promote and extend the use of our records, data, expertise and statistical information, raising awareness, understanding and enjoyment of Scotland past, present and future.

We are the secure custodians of large paper and electronic databases of personal information collected through the registration service, from censuses and from the NHS Central Register.

### **Outcome:**

By working in concert with other government departments, we increase secure and acceptable sharing of data, resulting in greater joined-up and efficient delivery of services, including working with Scottish Government and others to develop a Population Spine.

## Efficiency Improvements 2011-12

- NHS Central Register (NHSCR) is continually working to streamline processes for Health and the Improvement Service. We have improved the already efficient turnaround times of records requiring manual intervention. On behalf of NHS National Services Scotland (NSS) Practitioner Service Division (PSD) we update the NHSCR database with 90% of records within 5 working days, 95% within 10 working days and 100% within 15 working days.

**Outcome:** We completed all work in this category within the five day turnaround time. (Paper 1a NHSCR (12) 01a - Appendix A)

- Working with Business Services Organisation (BSO) in Northern Ireland we introduced an electronic interface notification for patients registering in Scotland from Northern Ireland (and vice versa) to replace the wholly clerical process. Applications have been made for reciprocal 'read only' access to BSO Open Exeter system and NHSCR.

**Outcome:** Reducing processing and transfer times by 7 working days with a reduction in queries for medical records across UK Borders.

- Work is underway with NRS Registration Branch to collect the Community Health Index (CHI) number from medical certification of death. We have also been working towards better collection of the NHS number when deaths are registered in Local Government Offices.

**Outcome:** Efficiencies in staff time manually tracing and matching with improved data quality benefits.

## Extension of the use of NHS Central Register

- As part of the Scottish Government's (SG's) Better Together Programme and Analytical Services Division NHSCR was approached to support the SG's 2011/12 GP patient experience survey. Information Services Division (ISD) drew the initial sample of

patients from a Community Health Index (CHI) extract dated the 17th October 2011 (supplied to by National Service Scotland (NSS) IM&T), the questionnaire printing and mail-out process extended to mid-November. NHS Central Register ran a matching exercise to flag the 605K patients to identify patients who had died since the sample was extracted. A 97.5% electronic match rate was achieved, with the remaining 2.5% being manually flagged. Subsequent deaths were notified to Information Services Division and the reminder letters were withdrawn from the mailing.

**Outcome:** This resulted in 345 deaths being identified that would have been missed by using the CHI download extract only and not the live CHI system. This prevented distress to the deceased's family and resultant adverse publicity for Scottish Government and NHS National Service Scotland.

8. Following successful collaboration on the Scottish Government's (SG's) 2011/12 General practitioner (GP) patient experience survey, NHS Central Register provided support with the 2011/12 In Patient Experience Survey.

NHS Central Register received files from 14 Health Boards (HBs) containing a total of 62,341 records for patients selected for survey. The HBs used 2 contractors to mail out the questionnaires and reminder letters, NHS Central Register reported deaths prior to each mailing. A total of 1,415 deaths were identified, 2.26% of the total, and reported to the relevant contractor and HB.

The feedback from the customer was "Can I take this opportunity to thank you and your colleagues for your hard work in conducting these checks and your timely responses. This has, without doubt, dramatically minimised the number of questionnaires going to those who have died and your input has been invaluable".

**Outcome:** 1,415 deaths identified preventing distress to the deceased's family and resultant adverse publicity for SG/NHS National Service Scotland (NSS).

9. NHS Central Register was used to link the mothers CHI number to a child's record where ISD were unable to do so using their probability matching. NHS Central Register linked 47,652 un-matched records for births from 1981 to 2011. From 2012 it is expected NHS Central Register will carry out these linkages monthly.

**Outcome:** Completeness of the ISD birth registration spine to ensure that data quality is as good as it can be.

### **Personal Demographic Spine (PDS) - System in England and Wales**

10. Connecting for Health (CfH) continue to consider options for replacing the daily data feed from CHRIS with one from PDS.

**Outcome:** The CHRIS system will continue to provide all output files until a replacement is found. CfH are considering options for maintenance and extension of the life of CHRIS until 2017/18.

### **Scottish Longitudinal Study (SLS)**

11. In preparation of the SLS Census work, NHS Central Register (NHSCR) have installed a temporary server within Cairnsmore House, specifically for the sending and receiving of the census data. The data will be transferred by the A4 supervisors using a licensed secure file transfer.

The processing units (12 in total) are anticipated to be available early September 2012, which will allow NHSCR to proceed with the automatic matching. Non match cases will

be returned to Census to add onto the SLS database and returned for manual matching by NHSCR.

It is anticipated that NHSCR will complete the electronic and manual processes by the end of March 2012.

**Outcome:** NHSCR have the infrastructure, processes and procedures in place to efficiently and timeously handle census data on receipt.

### Conforming with UK Bodies

12. We are falling into line with other UK research bodies in asking for Professional Qualifications and considering each application on merit. This is a departure from our insistence on a Medically Qualified Practising Practitioner.

**Outcome:** Uniformity in approach across the UK.

### Data Quality Community Health Index/NHS Central Register (NHSCR)

13. In July 785,132 surnames held on Community Health Index, but not the NHSCR were loaded electronically onto the NHSCR database. The surnames included current, previous and birth surnames.

**Outcome:** More complete surname details are held and analysis by NHSCR has identified a potential benefit for Practitioner Services Division (PSD) to improve the surnames held on Community Health Index. PSD are investigating and taking this forward.

14. NHS Central Register identified 3255 patients posted to Northern Ireland on Community Health Index but not on the NHSCR. These records were investigated and where appropriate transferred to Northern Ireland on the NHSCR database. As Community Health Index held the patients as being transferred out to Northern Ireland their medical records had been sent to Northern Ireland , prior to transfers.

**Outcome:** Database updated to identify correct location of medical records improving efficiency of future record movements to and from Northern Ireland.

15. In May 2011 patients living in England but receiving treatment from a GP or a Secondary Care Provider in Scotland were added to NHSCR to reflect process changes at PSD. 2095 patient's historical records were manually added to the NHSCR.

**Outcome:** Improvement to the completeness of NHSCR with all patients registered with Scottish GPs included. Updates are fed to NHSCR in the daily electronic update from Community Health Index.

16. In October an enhancement to the matching rules for civilly registered deaths supplied by NRS was implemented. Allowing the Community Health Index (CHI) Postcode to be used in the matching where the NHS number is not supplied.

**Outcome:** Increasing the auto match rate for deaths from 9% to 87% and accruing data quality benefits.

17. NHS Central Register is ready to implement requirements of the Scottish Government and Ministry of Defence (MOD) to allow access to Health Care systems for the provision of patient care for people serving in the Armed Forces. MOD is providing National Service Scotland Practitioner Services Division with registration data for

service personnel registering with MOD Medical Centres in Scotland, the data will be fed to NHSCR through the daily CHI/NHSCR batch update file.

**Outcome:** Improved NHSCR's completeness of data for Armed Forces personnel.

18. We have completed 15K investigations and updated the NHSCR and notified CHI where appropriate.

**Outcome:** Reduction of duplicates and investigation of missing records between systems.

### Citizens Account

19. The Improvement Service (IS) are provided with monthly downloads of updates made to the NHSCR. The counts are provided for 2011-12 and 2010-2011 for comparison.

Month of Run	Number of Records	
	2010-11	2011-12
April	26,415	24,960
May	19,292	18,868
June	20,686	28,349
July	24,309	20,699
August	18,718	196,560
September	25,728	26,480
October	31,772	29,831
November	24,758	28,014
December	27,952	29,465
January	16,431	42,140
February	24,530	27,666
March	23,462	19,439
<b>Total</b>	<b>284,053</b>	<b>492,471</b>

20. NHS Central Register is ready to implement the functionality to apply the 'swaps, merges and deletes' from the monthly updates supplied by NHSCR to the records contained in the CAS system. Implementation is delayed until July 2012 awaiting the IS implementing the CAS development to receive the data.

**Outcome:** From July the CAS system will benefit from the data quality work carried out at NHSCR with correct citizen details being attached to the Unique Citizen Reference Number (UCRN). Changes made to NHSCR records prior to July 2012 will not benefit from this, the Information Service is investigating.

21. The Information Service have not supplied a monthly update of Unique Property Reference Numbers (UPRNs) and Postcodes from the CAS system to NHSCR since June 2011. This is due to a fault with the secure NHS N3 SFPT introduced in 2010.

**Outcome:** The Information Service is investigating a fix for this issue.

22. At the request of the Improvement Service we will change the frequency of the CAS Update file to a daily basis rather than monthly. It was expected this would have been implemented on the 1st November 2011, however IT difficulties with the Improvement Service have delayed this.

**Outcome:** Improve the value of the data with up to date death notifications and updates sent to the Improvement Service daily.

23. North Lanarkshire Council approached NHSCR to carry out a matching exercise as part of their 'Golden Record' Project. 53,770 records were matched against the NHSCR with a match rate of 42.5 %. Analysis by NHSCR identified that enhancement of the matching rules to include partial dates of birth and additional outputs would address the Local Authorities specific requirements.

**Outcome:** The Information Service are to fund the enhancements and PMG have approved the work to be carried out in 2012-13. The Information Service anticipate all 32 councils will take advantage of this matching facility with NHSCR charging on a cost recovery basis.

### **Key Business Objectives 2012-13**

#### **For 2012-13 Strategic Object 4.**

24. To promote and extend the use of our records, data, expertise and statistical information, raising awareness, understanding and enjoyment of Scotland past, present and future.

We are the secure custodians of large paper and electronic databases of personal information collected through the registration service, from Censuses and from the National Health Service Central Register (NHSCR).

Outcome: Working in collaboration with other government departments to promote the secure and legal sharing of NHSCR data for the benefit and efficiency of service delivery and meet the needs of the Data Linkage Centre.

### **Business Improvement Targets**

25. To maintain our role as Custodian of NHSCR data we rigorously enforce and implement robust protocols and governance procedures.

On behalf of the SGHD, to maintain and improve the excellent standards of accuracy and probity by continuing the rigorous regime of ongoing examination of data, by devising and issuing a comprehensive handbook of instructions covering all NHSCR processes and procedures.

Act as advisor to influence and produce solutions for the provision of Medical Research data to assist academic findings.

To influence, advise and manage the provision of NHSCR data updates for the Improvement Service and NRS.

To continually manage and develop our experienced properly trained staff to deliver excellent data linkage and quality outcomes.

To explore widening our customer base and increase income for NHSCR.