



General Register Office
for
SCOTLAND
information about Scotland's people



THE NATIONAL
ARCHIVES OF SCOTLAND

NHSCR PERFORMANCE TARGETS 2010-11 AND OBJECTIVES 2011-12

July 2011

NATIONAL RECORDS OF SCOTLAND

preserving the past; recording the present; informing the future

1. This paper describes the work of the NHSCR in 2010-11 and sets out its intended targets for 2011-12. The Board is invited to comment.

Key Business Objectives 2010-11

2. As part of GROS's corporate plan for 2009-12, the following high-level objective and target applies to the NHSCR:

Strategic Objective D:

Maintain the security, integrity and accuracy of the personal information we hold, while increasing its usefulness for administrative purposes.

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:

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 combating fraud.

Efficiency Improvements 2010-11

3. NHSCR is continually working to streamline processes and improve the already efficient turnaround times of records requiring manual intervention. During 2010–11, NHSCR achieved the new agreed health update times of 90% of records within 5 working days, 95% within 10 working days and 100% within 15 working days – and achieved faster transfer time for medical records envelopes to move across British borders.

Outcome:

We completed all work in this category within the five day turnaround time (further information can be found in [Appendix A](#)).

4. From September 2010, NHSCR introduced a daily exchange of notification of patient movements/request for medical record envelopes with the National Back Office (NBO) in Southport rather than weekly.

Outcome:

Shorter processing and transfer times for medical records across British borders.

5. In April 2010, NHSCR staff began adding all patients to the NHSCR database from transfer prints before a positive match could be made to identify patient moves.

Outcome:

More complete details are held, and monitoring procedures are now in place to feedback to Practitioner Service Division (PSD).

Extension of the use of NHSCR

6. In January 2011, NHSCR added an additional field to the NRS Vital Events Branch death certificate service to NHS Health Boards. NHSCR attaches the Community Health Index (CHI)/Unique Patient Identifier (UPI) number to the death records to enable Health Boards to benefit from high volumes of manual matching carried out on deaths at NHSCR.

Outcome:

Better quality death information and much less likelihood of calling patients for treatment after death or missing patients when the wrong record is updated on Health Board (HB) systems other than the CHI.

7. NHSCR received approval from the Privacy Advisory Committee to use NHSCR as a sampling frame.

Outcome:

This allows NHSCR to provide researchers with a control group.

Personal Demographic Spine (PDS) in England and Wales

8. Development of the Secondary Users System (SUS), the reporting tool from the Personal Demographic Spine (PDS), which was scheduled for implementation in early 2010, has been suspended by Connecting for Health (CfH) with no date for resumption of this work. Initial discussions have begun with CfH to find an alternative to SUS by taking a data feed directly from PDS.

Outcome:

The CHRIS system will continue to provide all output files until a replacement is found. The deployment of the PDS/CHRIS interface is complete and all updates are now sent direct to PDS following a year of parallel running with the CHRIS system. CfH are considering options for maintenance and extension the life of CHRIS.

Scottish Longitudinal Study (SLS)

9. Each year, NHSCR flags births, deaths and marriages identified by NRS Vital Events Branch to provide linked information about members of the SLS sample, that is fed back in anonymised format to the SLS team.

Outcome:

All records were actioned and returned.

10. In preparation for the forthcoming Census work, 2010 and 2011 Births and Immigrants up to 26 March 2011 have been updated; the remainder will be actioned late 2011 to early 2012.

Outcome:

Plans are in place to add to the SLS information from the 2011 Census about members of the SLS sample.

Data Quality CHI/NHSCR

11. We work continuously to improve the accuracy and quality of data on the NHSCR system, feeding back any changes we make to CHI, Community and Preventative Care (CPC) systems and Citizen's Account Scotland (CAS). 28K death anomalies between the NHSCR and CHI systems were identified and investigated.

Outcome:

This exercise was completed in April 2011 resulting in 55% of cases a formal death being traced and loaded. The remaining 45%, no formal death was traced and a flag was placed on our system using the date of death.

12. NHSCR currently receive death details from the National Back Office of patients with a Scottish connection who have died in England and Wales. We have been aware of under-reporting in the past. We needed full coverage and arrangements were made to pass the death data to us quarterly. We completed a historic tidy-up and received deaths for 2008 to quarter one of 2011.

Outcome:

We have been approved as a Medical Researcher to enable us to receive ongoing feeds.

13. NHSCR has a data sharing agreement in place with the Ministry of Defence (MOD) to improve death recording for serving Armed Forces personnel. The MOD provided 6K historical deaths.

Outcome:

The MOD now provides a monthly data exchange of deaths in service. Death information is fed electronically each night to the CHI system.

14. We identified that there were records on the CHI as 'Cancelled' but no Cancelled posting was held on the NHSCR database. This was resolved in July 2010 with 368K historic Cancelled postings being added to the NHSCR database.

Outcome:

This data is now fed nightly from the CHI.

15. In July 2010 the NHSCR database was enhanced to capture non-formal death notifications from Health.

Outcome:

A flag has been added to the database, to alert staff to investigate before processing.

16. At the request of the PSD, NHSCR have added patients onto the NHSCR database who reside in England/Wales but receive GP treatment in Scotland.

Outcome:

More complete database and better data quality

17. 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.

Citizen Account

18. The Improvement Service (IS) are provided with monthly downloads of updates made to the NHSCR.

NHSCR Update to CAS - Extract Counts 2010-11				
	Number of Records			
Date of Run	Added	Deleted	Updated	Total
06/04/2010	14,431	205	11,779	26,415
04/05/2010	9,900	164	9,228	19,292
01/06/2010	9,705	338	10,643	20,686
06/07/2010	12,196	206	11,907	24,309
03/08/2010	9,291	105	9,322	18,718
07/09/2010	12,852	156	12,720	25,728
05/10/2010	20,972	150	10,650	31,772
02/11/2010	10,951	164	13,643	24,758
07/12/2010	15,350	176	12,426	27,952
04/01/2011	8,488	129	7,814	16,431
01/02/2011	12,341	155	12,034	24,530
01/03/2011	11,076	299	12,087	23,462
Total	147,553	2,247	134,253	284,053

19. The IS do not have the functionality to apply the 'swaps, merges and deleting' from the monthly updates supplied by NHSCR to the records contained in the Citizen Account system. The result of this is incorrect details within their systems are being attached to the Unique Citizen Reference Number (UCRN).

Outcome:

The IS are now investigating ways to rectify this shortcoming.

20. Using the secure NHS N3 introduced in 2010, the IS will supply a monthly update of Unique Property Reference Number (UPRN) and Postcode from the Citizen Account system to NHSCR.

Outcome:

Transfers are now in place.

21. In 2011-12 NHSCR will be carrying out a matching exercise of 100k Citizen Account records to attach the correct UCRN.

Ministry of Defence

22. Work is underway to progress and implement of requirements of the Scottish Government and MOD to allow access to Health Care systems for the provision of patient care for people serving in the armed forces and for veterans.

Outcome:

NHSCR was used as a sampling frame to identify veterans for a study for the MOD, assessing the long term health outcomes of people who have served in the armed forces. 66k anonymised records were identified and forward to Information Services Division (ISD) Scotland for linkage with Scottish Morbidity Records (SMR) data.

Key Business Objectives 2011-12

23. For 2011/12, we propose that the Strategic Objective should remain:

Maintain the security, integrity and accuracy of the personal information we hold, while increasing its usefulness for administrative purposes.

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).

24. The following specific Objectives are proposed:

To contribute and inform the quality assurance for the 2011 Census and prepare to add 2011 Census records to the Scottish Longitudinal Study.

To explore and set up data sharing agreements to expand our data linkage work with a view to NHSCR acting as the demographic population spine for Scotland as part of the replacement for the Census beyond 2011.

To offer data cleaning services for electronic systems with information on people's whereabouts in the UK.

To establish formal links with the Surgeon General's office of the MOD to provide enlistment data after six months training for serving personnel and for the MOD to provide demobilisation details.

To work in conjunction with ISD and NRS Registration Division towards having maternal details linked to child information for the benefit of health and social care.

To enact legislation to enable NHSCR to hold information from the Citizen Account.

**National Records of Scotland
July 2011**

Appendix A

GENERAL REGISTER OFFICE FOR SCOTLAND - NHS CENTRAL REGISTER BRANCH																	
WORKLOAD AND PERFORMANCE AGAINST TARGETS 2010-2011																	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2010-2011				
													total	on time	% on time		
Processing database changes within 5 weeks of change being notified to NHSCR branch																	
Number of changes received by NHSCR	81,263	89,677	98,954	1,647,284	123,521	140,594	187,663	139,838	131,301	118,067	136,331	131,266	3,025,759	3,024,146	100%		
Flagging new survey patients within 3 weeks of request by medical researchers																	
Number of requests received by NHSCR	4,295	3,486	6,303	1,992	1,588	604	20,794	1,105	92	88,228	1,645	16,582	146,714	146,714	100%		
Notifying medical researchers within 6 weeks of certain events being notified to NHSCR branch																	
<i>(Such events comprise cancer registrations, changes of name, embarks, re-entries, postings to Northern Ireland, deaths in England & Wales and the 'already-dead')</i>																	
Number of events received by NHSCR	2,277	1,968	2,000	2,215	1,826	42,554	14,194	10,705	7,197	7,230	9,218	10,825	112,209	112,209	100%		
Notifying medical researchers within 9 weeks of death being registered with local registrar																	
Number of events made known to NHSCR	629	593	629	740	589	634	872	678	888	826	740	685	8,503	8,484	100%		
Total Health work	88,464	95,724	107,886	1,652,231	127,524	184,386	223,523	152,326	139,478	214,351	147,934	159,358	3,293,185	3,291,553	100%		
Updates from Local Authority	178	216	12	19	17	5	15	15	13	7	14	25	536	536	100%		
Updates provided to Local authority	26,415	19,292	20,686	24,309	18,718	25,728	31,772	24,758	27,952	16,431	24,530	23,462	284,053	284,053	100%		
Updates provided to GROS	8,673,414	0	0	0	8,704,299	0	0	17,502,276	0	0	0	17,610,578	52,490,567	52,490,567	100%		
Total of workload	8,788,471	115,232	128,584	1,676,559	8,850,558	210,119	255,310	17,679,375	167,443	230,789	172,478	17,793,423	56,068,341	56,066,709	100%		