

National Child Measurement Programme: NHS Number Survey

Published August 2017

Thank you

We would like to thank everyone who took part in this survey. It has provided a valuable insight into how NHS numbers are obtained, how they are used and the benefits that are gained.

Having an NHS Number helps healthcare staff and service providers identify people correctly and match a person's details to their health records. This will ensure they receive safe and efficient care within the NHS.

From an NCMP perspective, NHS numbers will be crucial in matching child records across time. Organisations who provide NHS numbers for their Reception Year children create a link that will enable this record to be matched to the same child when they are measured again in Year 6.

We invited those organisations to take part in the survey who were identified as performing really well in the successful sourcing of NHS numbers for the NCMP collection during the 2015/16 school year.

Many local authorities and provider organisations find it a struggle to obtain this information and so will hopefully benefit greatly from the insights gathered as part of this research.

It is intended for us to approach a few organisations who completed the survey and ask them to prepare best practice examples which can be shared with others.

Once again, many thanks for your contribution and please let us know if you have any feedback regarding this report at enquiries@nhsdigital.nhs.uk, including NCMP in the subject line.

NHS Digital NCMP Team

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Executive Summary

In April 2017 NHS Digital carried out an online survey of those local authorities and provider trusts who had performed really well in the sourcing and delivery of NHS numbers as part of their NCMP submission for the 2015/16 school year. The survey was sent to the NCMP Lead at each of these organisations together with any Primary Super users if applicable, i.e a 'super user' who has access to all schools' data . Participants were asked to respond to 11 questions and 34 users participated in the survey (see [annex A](#) for the full survey).

The main findings are:

- 20 respondents said they sourced their NHS numbers via a Child Health Information System (CHIS).
- Almost all respondents (30) said it is the NHS provider who is responsible for collecting NHS numbers as part of the NCMP.
- 22 respondents reported there is no formal agreement in place regarding the provision of NHS numbers for the NCMP.
- 13 respondents said they spend 1-2 person days collecting and submitting NHS numbers, although over 9 NCMP users spend 20+ days on this task.

Of the four suggested options enquiring as to the main benefits for including NHS numbers in the NCMP data submission:

- 10 respondents selected 'The ability to link a child's reception and year 6 records locally to inform local interventions' as the main benefit.
- Seven respondents prioritised 'The ability to link a child's reception and year 6 records at a national level to inform understanding of trends in child obesity'.
- 'The ability to link a child's record with other datasets you hold locally' and 'The potential to link children's records with other national datasets such as Maternal and Child dataset and GP and Hospital datasets' were chosen by five respondents for each option.

1. Introduction

The intention of the NCMP NHS number survey was to canvass local authorities who had provided NHS numbers for over 95 per cent of their submitted records for the 2015/16 NCMP collection. The survey was released to all contacts at Local authorities and Provider organisations with the role of NCMP Lead or Primary Super user who had achieved that level of coverage. There were 89 LAs with 246 users in total who were sent the survey on 28th March 2017 and they were asked to complete their feedback by 5th May 2017 when the survey closed.

The survey contained 11 questions and sought to establish where NHS numbers were sourced from, which organisation is responsible for sourcing them, if formal agreements were in place locally to ensure the successful completion of this data, and whether this is a manual or automated task.

To put responses into context other questions covered user job role, the organisation they are employed by and time spent carrying out the task of appending NHS numbers to NCMP data.

Some questions allowed respondents to provide free text responses in order to clarify any benefits they may have experienced by collecting NHS numbers and how they may like to take this forward in the future.

The survey results are summarised below in sections 2 to 8. The full survey with a response breakdown is provided in [annex A](#). Free text responses are presented in [annex B](#).

The survey results will help to establish best practice examples which can be shared with those organisations who are less successful in obtaining NHS numbers as part of their NCMP data collection.

2. Responder profile

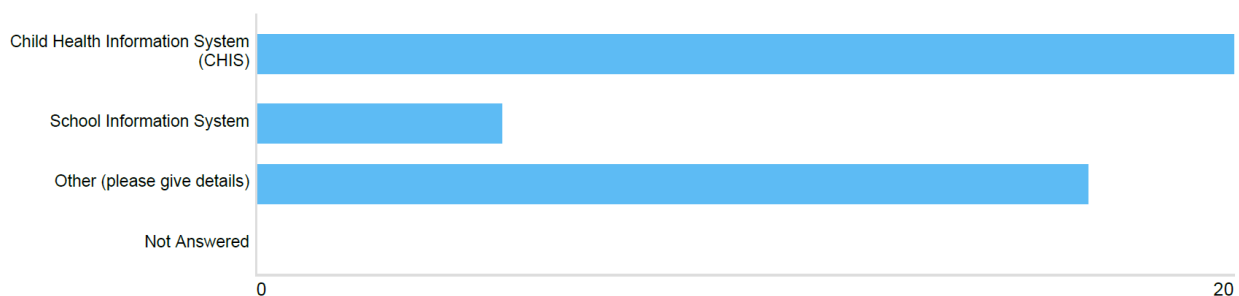
The first question asked respondents for their personal information:

- More than two thirds of respondents were from provider organisations, the remaining participants were based at local authorities.
- There was only one occasion when a local authority was represented twice, so in all, 33 local authorities have completed the survey either directly or via their provider.
- Most respondents held an administration role followed by those in health specialist roles and nursing roles.
- There was a fairly even split of responses around England which suggests that geographical location may not be a factor in the successful sourcing of NHS numbers.

3. Source of NHS Numbers

- Over half of respondents reported sourcing NHS numbers from a Child Health system (CHIS). Half of respondents also used an “other” source which included responses of EMIS, National Spine, PARIS, System1 etc. although some of these could be classified as CHIS.
- Respondents could choose more than one option for this question.

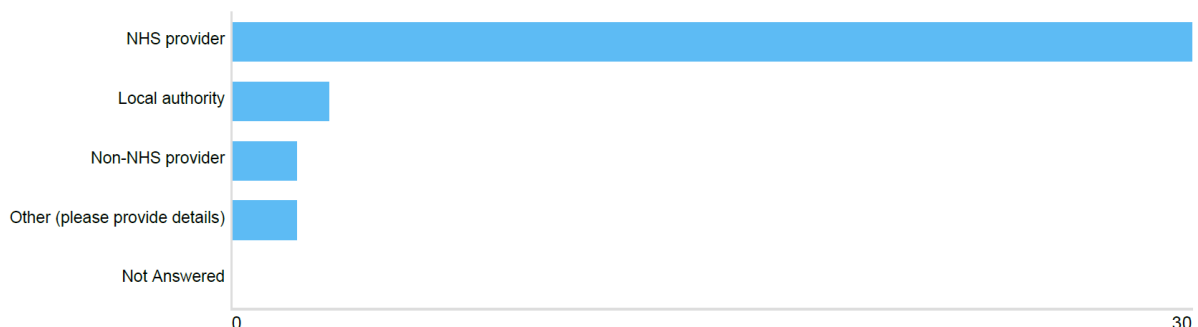
Where do you obtain NHS numbers from?



4. Who is responsible for collecting NHS numbers?

- Most respondents reported that the NHS provider was responsible for collecting NHS numbers for the NCMP.
- Respondents could choose more than one option for this question.

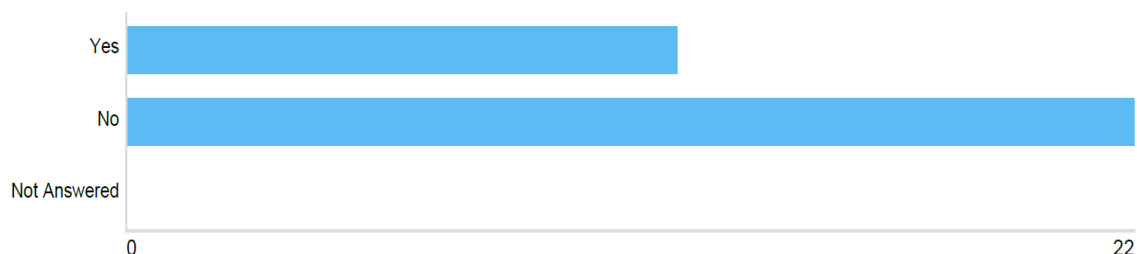
Which organisation is responsible for collecting NHS Numbers as part of the NCMP (ie, local authority / provider etc)?



5. Is there a formal agreement in place?

- Just over a third of respondents told us that a formal agreement was in place for the gathering of NHS numbers as part of the NCMP submission.
- However, the majority said there was no such agreement in place yet they were able to provide over 95% NHS numbers in their submission.

Is there a formal agreement in place regarding the provision of NHS numbers for the NCMP?



6. Are NHS numbers collected separately or as part of other NCMP variables?

- There wasn't much to separate those who obtained this information separately or as part of NCMP. Although as slightly more respondents sourced NHS numbers from CHIS it could be considered that using CHIS to record NCMP measurements and then uploading to the NCMP system is an efficient way to complete the collection.

Are NHS numbers obtained separately from other data items collected as part of the NCMP?



7. If NHS numbers are collected separately, what is the joining process?

- The responses here were roughly equal between those respondents who have an automated process in place in order to match their NCMP records with the corresponding NHS number and those who utilise a manual process.
- The remaining respondents reported that they use alternative methods (details are provided in the free text area within [Annex B](#)).
- This question was only asked of those who collected NHS Numbers separately to the rest of the NCMP data items.

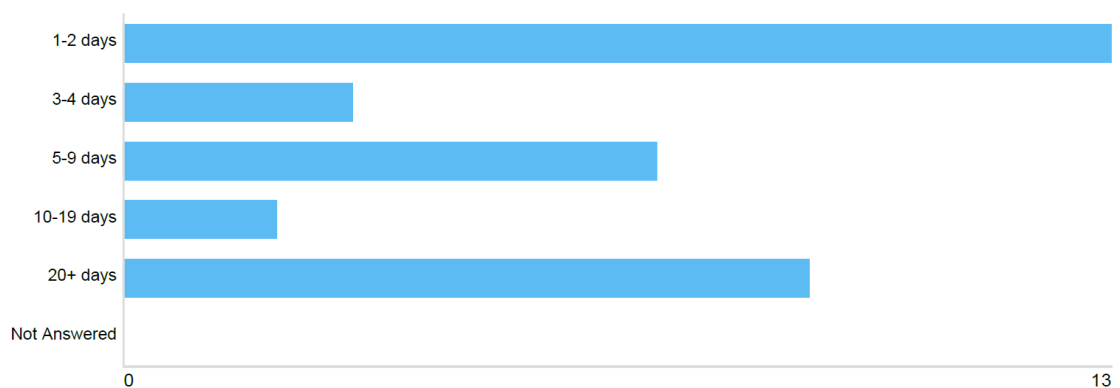
How do you join NHS number to the other data items collected as part of the NCMP?



8. Number of person days invested in the sourcing of NHS numbers in addition to the standard NCMP workload.

- The majority of respondents reported this process only taking between one and two days to complete (13) although over a quarter (9) reported this task taking over 20 days.
- Almost half of respondents who reported this task taking 1-2 days sourced their NHS numbers together with their other NCMP data items.
- For those who sourced NHS numbers separately to their other NCMP data items, there was no correlation between time spent on this task and whether an automated or manual process was used to join NCMP data together.

Approximately how many person days per year are required to collect and submit NHS numbers in addition to providing the other NCMP data items?



Annex A: Survey results

This chapter gives details of the survey responses to each question.

Q1 – Please provide contact details

Categories	Number of responses
First name	34
Second name	34
Job title	33
Organisation	34
Email address	33

Q2 – Where do you obtain NHS numbers from?

Respondents were asked to tick all options that applied to them; this will result in some respondents being counted twice if more than one system is utilised to gather this information.

Number of responses 34

Categories	Number of responses
Child Health Information System (CHIS)	20
School Information System	5
Other (please give details)	17

- There were 21 responses to the free text part of this question. Responses came from those who had specified where their NHS numbers came from in order to provide more information, as well as those who had selected 'other'. These responses can be found in [Annex B](#).

Q3 – Which organisation is responsible for collecting NHS Numbers as part of the NCMP?

Respondents were asked to tick all options that applied to them; this will result in some respondents being counted twice if more than one organisation takes responsibility for this.

Number of responses 37

Categories	Number of responses
NHS Provider	30
Local authority	3
Non-NHS provider	2
Other (please provide details)	2
Not answered	0

- There were five responses to the free text part of this question, see [Annex B](#).

Q4 – Is there a formal agreement in place regarding the provision of NHS numbers for the NCMP?

Number of responses 34

Categories	Number of responses
Yes	12
No	22
Not answered	0

Q5 – Are NHS numbers obtained separately from other data items collected as part of the NCMP?

Respondents were asked to tick all options that applied to them; this will result in some respondents being counted twice if they hold more than one role.

Number of responses 34

Categories	Number of responses
Yes	15
No	19
Not answered	0

Q5a – How do you join NHS number to the other data items collected as part of the NCMP?

Respondents were asked to tick all options that applied to them; this will result in some respondents being counted twice if more than one method was used.

Number of responses 26

Categories	Number of responses
Manual process	8
Automated data linkage process	9
Other	9
Not answered	13

- There were 21 free text responses to this question – see [annex B](#).

Q6 – Approximately how many person days per year are required to collect and submit NHS numbers in addition to providing the other NCMP data items?

Number of responses 34

Categories	Number of responses
1-2 days	13
3-4 days	3
5-9 days	7
10-19 days	2
20+ days	9

Q7 – What do you consider is the main benefit for including NHS numbers in your NCMP data submission?

Number of responses 34

Categories	Number of responses
The ability to link a child's reception and year 6 records locally to inform local interventions	10
The ability to link a child's reception and year 6 records at a national level to inform understanding of trends in child obesity	7
The ability to link a child's record with other datasets you hold locally	5
The potential to link children's records with other national datasets such as Maternal and Child dataset and GP and Hospital datasets?	5
Other (please give details)	7
Not Answered	0

- There were nine free text responses to this question – see [Annex B](#).
- Two further questions were asked:

Q8 – What benefits have you already seen through having NHS numbers in your NCMP data? *and*

Q9 – What benefits would you like to realise in the future through having NHS numbers in your NCMP data?

- There were 34 responses to both questions, details of which are in [Annex B](#).

Q10 – Would you be happy for other local authorities / providers to contact you to seek advice regarding best practice in collecting NHS numbers?

Categories	Number of responses
Yes	25
No	9

Q11 – Would you be happy for NHS Digital or PHE to contact you to find out more about how NHS number is collected as part of the NCMP in your area? For example, PHE is keen to develop best practice examples for sharing nationally.

Categories	Number of responses
Yes	28
No	6

Annex B: Free text responses

There were six questions in the survey that asked for a free text response. The comments received are shown here. They are copies of the text provided by each organisation. Some small changes have been made to correct grammatical and spelling errors although some may still remain. Names of organisations or individuals have also been removed.

Q2 – The following comments were in response to: Where do you obtain NHS numbers from?

1. The school nurses who deliver the NCMP are responsible for adding the NHS number. As the commissioner, the Public Health team at XXX County Council monitors this and reminds school nursing teams to complete this important field should the figure be low.
2. We got access to DBS (Demographic Batch Services), since it's a one off job each year we fetch the NHS numbers from DBS quite easily. It gave only 62% matching NHS numbers, rest of the records our provider try to pull the NHS numbers using their system1
3. We are the school nursing service working for an NHS organisation. I extract the information from Systmone which is updated through the national spine. The system wouldn't work properly without NHS numbers so the majority of the information I use contains NHS numbers as they can't really be registered on the spine without one.
4. We would try never to put a child on without NHS Number
5. Ask office staff to check Spine if they are not on System 1
6. NHS Patient system (TPP SystmOne)
7. Emis Record System
8. Summary Care Record
9. Child Health record (CareNotes)
10. National Spine when registering a child
11. The NHS numbers are pulled from the PARIS system which is the electronic system which is used by the Child Health team, Health Visitors and School Nurses (So we would expect the majority of the children in the local schools would have been in contact with one of these services)
12. Database
13. Emis
14. We extract all the NCMP data directly from Child Health SystmOne. The reception data is input by the School Nurses on their unit and shared back to the provider organisation. The Year 6 data is recorded onto the Child Health unit by School Admin. The Child Health team run weekly checks on the records with no NHS

number, and try to resolve these. Mostly this will be because new movements in from abroad take a little bit of time to be assigned an NHS number so they might have to go back and manually link this data once it's available. We also have very strict processes around registering children with no NHS number. Health Visitors and School Nurses can only register patients themselves, if they have the NHS number. If not, they must ring Child Health and the Child Health dept run further checks. Only if they find that there is no NHS number would they then register the patient without an NHS number, and send an e-referral to the relevant units (e.g. the Health Visitors unit) so that we are sure all teams are using the same joined up record. This also means, when they run checks and hopefully find the NHS number later, this will add it to all units at the same time as they are using the same shared record (instead of two blank NHS number records being created with a slightly different spelling of the name for example).

15. Community Healthcare - School Nursing
16. EMIS
17. Most NHS Numbers come from the Citycare System One system. Our XXX provider (XXXcare) use their own Child Health Unit to trace missing nhs numbers
18. The National Spine
19. The Spine
20. Any missing NHS numbers not on PARIS I obtain from the National Spine.
21. Currently the Electronic Health Record in RiO. It might have been CHIS in 2015-16, but I have been unable to check with the previous NCMP administrator at XXX.

**Q3 – The following comments were in response to:
Which organisation is responsible for collecting NHS Numbers as part of the NCMP?**

1. I would say its partnership working between Local authority and NHS Provider
2. NHS numbers are registered at CHIS at the point of birth. We then use System1 to record all our measurements and upload to NHS digital. The only occurrence of no NHS number recorded would be for USAF base children who do not have an English doctor.
3. Our colleague in the NHS takes the schools data set and matches NHS numbers on from the PARIS system which is shared between child health, health visitors and school nurses. Sometimes there is no match and that's due to inconsistencies in data between the school census data (which we use to identify which children are at each school) and the PARIS system, eg mis-spellings, middle names being included or not etc. These records are manually picked up by the school nurses at the measurement stage.
4. The admin make sure the NHS number is recorded on the local IT system SystemOne and on the data being recorded for NCMP.

5. We (local authority) currently commission an NHS provider to undertake the NCMP on a day to day basis, including uploading the results to NCMP online. As part of that work they provide an NHS number for each child. We believe the local authority does not have (routine) access to NHS numbers and if this arrangement were not in place, we are not sure how we could maintain inclusion of NHS numbers in our NCMP return. The decision to commission an NHS provider was not based on the expectation that they would be able to provide an NHS number, as far as we are aware. This has just turned out to be fortunate in this respect.

Q5a – The following comments were in response to:

How do you join NHS number to the other data items collected as part of the NCMP? (the options were: manual process, automated data linkage process, other)

1. A list is produced of all children who are needing to have NCMP done in Reception & Year 6 – once completed these are uploaded to our Child Health System which has all NHS numbers (if known). The NCMP data is input into our Child Health System which is then uploaded to the NCMP System, so the NHS number is auto uploaded.
2. All three! Our NCMP report on PARIS does not pick up NHS Numbers as it is a number of years old and apparently (despite numerous requests) not easy to change. I discovered that there was another report on PARIS, a new births report that provided NHS numbers. I created a spreadsheet with a lookup table to combine the two to create the data I required. I created a unique key for each pupil by combining the First Name, Surname and Date Of Birth into a single cell. We are apparently moving to a new system(RIO) any time soon and I have already requested that NHS numbers are included in our NCMP report.
3. Automatic process where the lookup is based on the patients forename, surname, DOB and Postcode match in both the dataset and the extract from the PARIS system.
4. Class lists are received from the schools and a list is created of all children in XXX Borough schools Reception and Year 6. The list is imported to our data warehouse that holds the child health records. The lists are matched electronically (Surname, first 3 letters of forename and date of birth). Any that do not match are investigated individually as name known to school is sometimes different to that on the Summary Care Record. Any that are not in the Child Health Record are searched for in the Summary Care Record and added. NHS numbers are added to the dataset on matching.
5. Data (name, date of birth, school URN, address, gender, ethnicity, etc) are provided by the LEA to our IT department at the XXX Children's Hospital. Our IT department then matches these names against the NHS numbers from their system. Following this, there are still a big number of children with missing NHS numbers. This is when the admin team manually inputs the missing NHS numbers from the National Spine.
6. Heights and weights are recorded in the CHIS Unit in SystmOne by the School Nursing service. At the end of the academic year, the LA supply us with a cohort list for the submission and we match as many of these as we can to the records in our clinical system to obtain the measurements and (where applicable) the NHS number. We match on the common fields (FirstName, LastName, DOB,

SchoolCode, Postcode) and score the matches. The method is a work-in-progress really as there is still a fair amount of manual checking needed (twins/triplets etc. sometimes get incorrectly matched and many of the partial matches need to be checked). I am looking into some improved fuzzy matching code for this year though...

7. I use a system called Thomson Tool to log the heights and weights. The information for these children is uploaded from SystmOne where the children have NHS numbers as explained above. Once the data has been collected I upload the information from Thomson Tool into the NHS digital website. All the information from SystmOne goes into Thomson Tool then back out.
8. Initial extract of pupil details is linked with Child Health records using lookups based on name, date of birth and postcode.
9. Initially NHS number was not included as the schools provided our pupils lists and do not routinely record this. (Some schools struggled to provide lists in the required format and in csv or excel at all, so that has also been, and continues to be, a problem). Subsequently the then XXX administrator obtained an excel extract of all the LA children (from either CHIS or the Electronic Health Record in RiO) and used this to assign nhs numbers to the pupil lists provided by schools (using the look-up function in Excel, and matching on first name, surname, and DOB). (If I remember correctly - possibly postcode too). This was partially successful, but still left 100s of cases to match manually as unfortunately there were lots of name variations – misspellings, alternative spellings, pet names, double-barrelled surnames, etc, so exact matches often could not be found using just these fields. All these remaining cases had to be looked up individually which was a very time consuming process. During the second half of 2016-17, we have been trying a new process. The lead at XXX downloads school based extracts of children from RiO (electronic health record), which contains the NHS number. The height and weight measurements for these children are then added (typed) from the lists provided by the schools. If there are any additional children attending the school (according to the school report) who were not identified on RiO, these details are also added to the RiO list and the NCMP lead adds their NHS number (where it is available) from RiO. The amended extract from RiO is then uploaded as a csv file to NCMP online. This process still takes a lot of time, but is felt to be quicker. It has resulted in needing to manually search for a smaller number of NHS numbers for children, but there is still manual matching required to ensure the correct child's measurements are added to the RiO list, as there remain differences in spellings of name, etc. This latter process is dependent on the XXX administration team having already received school roll data from the schools, so that a school based list can be generated from RiO. In 2016-17, use of this new method began after Xmas, but it might be more difficult to carry out from a September start, particularly for children going into reception, and so in 2017-18, it is hoped that XXX will receive details of the provisional school roll in advance via the Education Team in the local authority, so that the process can be started from September. Re: formal agreement for provision of NHS numbers, I am not sure that there is an explicitly worded agreement specifying this, so I have ticked no. Our SLA with XXX requires them to deliver the NCMP on our behalf. As we (local authority) are mandated to carry out the NCMP and submit the return to NCMP online including NHS numbers, it follows that they will deliver this aspect too, as they are able to. (However another provider might not be in the same position to do so, and the process would need to be reconsidered in those circumstances).

10. NHS no. is bought down from our local systmone when data is extracted for NCMP. If NHS no. is missing it is added manually.
11. NHS Numbers obtained from PDS and uploaded manually to Child Health Information System.
12. Some parts of our County Child Health provided our NHS numbers. In another, as a team, we input manually on SystmOne and extract NHS numbers this way. Also we use Summary Care Records to assist this process if NHS numbers are missing.
13. SystmOne clinical reporting
14. The data is extracted from the System One.
15. The information is collected from SystmOne. Each record is linked to the spine by NHS Number. If there is no NHS Number on SystmOne, a pop up will encourage the user to search for one.
16. via SystmOne merge
17. We ask schools for up to date Names and addresses and make sure they are on System 1 and ask office staff for any NHS numbers that we have not got.
18. We attempt to maintain a very high rate of records with NHS number on our clinical system as explained above. When NCMP measurements are taken, the data is recorded directly into the clinical system onto the correct record, and is later extracted from that system all linked together.
19. We electronically import NHS numbers into Capita 1 (education system) and manually sort exceptions or data conflicts.
20. We got a SQL query that try to pull the NHS numbers based on the matching values of data of birth, postcode and name.
21. We have to manually copy the NHS number from Emis and input into the NCMP site. This is a very timely task.

**Q7 – The following comments were in response to:
What do you consider is the main benefit for including NHS numbers in your NCMP data submission?**

1. Having been a public health intelligence analyst, I understand the enormous potential for linking childhood weight status to future hospital admission data when these children become adults. This evidence will be crucial in understanding the REAL impact child weight status has on future health status as well as the financial cost to the NHS when these children are adults.
2. We like the potential to link children's records with other national datasets, for example looking at breastfeeding and the impact on childhood obesity, but we were under the impression that information governance would preclude us from making those linkages.

3. Easier to identify children when sending out feedback letters and dealing with requests when there are children with similar names.
4. 1,2 and 4 are potentially good reasons, We have yet to capitalise on any of these opportunities, owing to a lack of resource and competing demands.
5. It is a unique identifier used nationally and restricts duplications from occurring.
6. I don't really see the benefit of the NHS number being on the NCMP site.
7. Public Health team do not use the NHS number currently but as it is available as part of routinely collected data, it is no extra work to include it in NCMP. The most likely use would be to link reception and year 6 children in a longitudinal study. We do not hold NHS number for other datasets to link it to. Nowhere else to comment but have not included contact details as I am retiring this week.
8. All of the above
9. B as it is the only benefit currently. Re: option A, we haven't been collecting NHS number for long enough to link reception data to year 6 data locally yet. We'd need to check the guidelines and perhaps what we've advised parents we are going to do with their children's data before doing that too, but can see this could potentially be beneficial. Similarly for C - we'd need to check what is permitted, what might be valuable to look at, and potentially liaise with our partners to undertake some joint work as I'm not sure if the LA holds other data sets containing NHS number. With D – to be able to measure if there is any relationship between being overweight as a child and greater rates of admission for childhood injuries, illnesses, tooth decay, etc, and the costs this places on the local health system, (and any changing rates of illness/changing costs in areas with obesity related programmes) might be useful and persuasive in securing funds for obesity related work, but much of the impact will be in adulthood, so will take some time to be apparent? There are restrictions on us (as a local authority) accessing national datasets with this level of detail, but it is something we could consider asking for permission for in the future. We don't share the results with local GPs currently, so this is something that again we could consider doing.

Q8 – The following comments were in response to: What benefits have you already seen through having NHS numbers in your NCMP data?

1. The potential to link data in a few years time when the year 6s from 2013/14 will be adults in 2023+. Linking cohorts of clinically obese and healthy weight children to their future hospital admissions and seeing if there is a negative correlation between unhealthy weight status at childhood and hospital activity into adulthood and beyond, will be enormously exciting.
2. Prevent the inclusion of duplicate data - nhs number is unique identifier.
3. Offers a comprehensive coverage for the national team.
4. We are able to access the child's health record and update regarding on going support. We are able to ensure the correct data is matched with the correct child.
5. Looking at cohort analysis of children measured in reception and year 6. Use of NHS number as unique identifier for a child.

6. As an NHS provider, our data always has NHS numbers in it (where they exist).
7. Better accuracy with information etc.
8. The collection of the NCMP data for submission nationally is only a part of the overall benefit of collecting the measurement data. It is very important locally that the measurements are added to the child's health record so that we have a complete record to take action locally to support the children who have weight problems.
9. Easier matching to school and health data Easier to attach contextual data to provide trends by gender, BME, EAL, IMD, etc.
10. Easily identify a pupil particularly those who have: Changed names since birth. Similar names and date of births. Recently moved into an area from another part of the country.
11. Over a period of time it helps to track obese levels of the children's from reception to year 6. it also helps to understand other weight management programmes interventions effect on NCMP child age groups.
12. It allows identification where children have a similar or the same surname or forename.
13. All NCMP data is stored on the local CHIS System, NHS Number is a mandatory field and audits are performed monthly to ensure we have an NHS number for all children. As all data from numerous years are stored, we are able to run reports to identify trends etc.
14. Making sure we have the right child as some children have similar names.
15. None our end.
16. none yet.
17. NHS numbers help us to have accurate data for a child. Used locally across services this provides an overall health report for the child on their medical records.
18. ensures accuracy.
19. providing appropriate service and interventions.
20. We have always made it a standard that all NHS number should be found and its only on rare occasions when a child moves in from abroad and we need to get the letter out to parents that we would put in on the tool .The NHS number means that the right child has the right information in their records.
21. identifying the correct child in relation to higher weight and height.
22. Our submission is done by Child Health and with that in mind we already have the NHS number recorded on the system and this is included in our excel file that we

upload to the HSCIC website. NHS number is the unique patient identifier and is in my view essential to any upload.

23. The ability to link a child's reception and year 6 records locally and nationally to inform interventions.
24. Quicker to search records for children.
25. Unique number so no duplicate records.
26. Sometimes we have come across children who are completely different individuals but have the same first names, surnames and even dates of birth. In such cases NHS numbers being unique to each individual, helps us to identify the right child for inputting data and helps to avoid inputting error. With the help of NHS numbers we can also identify and delete duplicate records, particularly when the children have changed addresses and have been entered twice on the system with different addresses. Also if a child has changed surname or has different first names on school and NHS records, NHS numbers help to establish that the data belongs to the same child. All this minimises time taken to investigate and identify the right child for data recording purposes and also helps to avoid inputting errors.
27. Achieving requested targets.
28. See q7. We have not had the resources to invest in the kind of analysis we have identified as being very useful.
29. It is good to have a clear link to the national identifier as this prevents duplication of records.
30. None seen so far.
31. it is very helpful for data cleaning and data quality checking for duplicates.
32. We have always had NHS numbers included in our Data and it is part of the council's remit to ensure all children born have an NHS number at birth.
33. Based on above, not very much benefit locally as yet, but anticipate future benefits from national analysis at the very least.

Q9 – The following comments were in response to: What benefits would you like to realise in the future through having NHS numbers in your NCMP data?

1. see above
2. None
3. Linking local reception year through Year 6 data, but also the potential to understand wider impacts upon child weight through linkage with other records.
4. For particular children, how has their weight progressed - either as being identified as being overweight, under weight or a healthy weight.

5. Unknown at present
6. not applicable
7. N/A
8. By adding the measurement data to the Child Health Record we are able to monitor locally the child's measurements over time.
9. Continue matching contextual data and track child through school life.
10. In the future we would like to link children's records with other national database such as GP and Hospital databases.
11. data linkage and tracking case studies, geographical variation on child obesity interventions - whats working well, not working well, learn the best practices from other sites etc...
12. Unknown.
13. see above.
14. No different than the present.
15. None.
16. analysis over time for those children who were overweight in reception to see if they are still overweight by year 6, and vice versa. also the impact of breastfeeding, school meals etc on obesity would be really interesting to look into, though that may need to be at a national level.
17. As above.
18. n/a.
19. any patterns that apply to a particular postcode/school.
20. It is part of or standard already.
21. identifying the correct child in relation to higher weight and height, also a source of quick searching.
22. ?
23. NHS number is unique - Having an NHS Number helps healthcare staff and service providers identify people correctly and match a person's details to their health records.
24. We would like to link children's reception and year 6 records locally for data analysis within the organisation, to analyse whether any interventions have influenced year 6 data and for the planning of any future interventions.
25. Recognition of correct data and individuals.

26. Keeping in mind that names of children can often change, having NHS numbers will help to link data of children taken at different periods of time and will help analyse the trend more accurately.
27. They are useful in NHS health records as they are a unique identifier for patients but unsure of their relevance or need outside of NHS health records.
28. See question 7 - answers 1, 2 and 4.
29. This is a recognised national identifier and if other PID information is excluded in the future, the NHS Number would be required for authenticity.
30. NONE.
31. "Linkage to other local authority datasets such as other schools data and social care data. Also for studies involving children and place - numbers of children moving between schools, leaving the area etc and possible links to other aspects of health and educational attainment.
32. We also include the NHS number on all our feedback letters which enables us to easily access any records on S1.
33. I think it would be helpful if the data was retained nationally and analysed in conjunction with other health data sets to provide results and statistical reports down to a local level. There are tools provided by PHE, for example, which compare levels of spending in an area and outcomes relative to other authorities—are we for example a lower spend better outcome authority? Can it be shown if any programmes lead to better outcomes? Is activity and spend (especially on longer term ill-health) reduced where obesity levels reduce? It might be of use to us in tracking individuals who have received support in between reception and year 6? It might be useful in targeting programmes in specific area of the borough where obesity is most entrenched and unchanging between reception and year 6? (Although we can already identify areas of the borough with greater rates based on LSOA/ward for single year groups). It could be useful in identifying the impact of cross-border flows. I'm not sure what other data sets we could link to locally – that would need to be thought through and possibly permissions sought - so say if we wanted to look at breastfeeding uptake and levels of obesity locally?

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