

# Learning disabilities health check scheme, England, 2016-17

## Supporting information

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**Information and technology**  
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## Learning disabilities health check scheme 2016-17 are Experimental Statistics



This document is published by NHS Digital, part of the Government Statistical Service.

Experimental statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data.

More details are given in the report.

All official statistics should comply with the UK Statistics Authority's Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.

Find out more about the Code of Practice for Official Statistics at [www.statisticsauthority.gov.uk/assessment/code-of-practice](http://www.statisticsauthority.gov.uk/assessment/code-of-practice)

Find out more about Experimental Statistics at [https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics\\_1.0.pdf](https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics_1.0.pdf)

This publication may be of interest to general practitioners, members of the public and other stakeholders to make local and national comparisons and gain a picture of GP practice service provision and service quality for participating GP practices in England.

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# Introduction

## Purpose

This document provides all of the relevant information regarding the [learning disabilities health check scheme 2016-17 quarterly publications](#).

## Audience

This document is for anyone who accesses the publications, from lay members of the public, who may come from a non-technical background, to clinical informatics professionals, who may have a detailed understanding of the data covered in these publications.

## Experimental statistics

The learning disabilities health check scheme publications are referred to as experimental statistics. This means that the data are in a testing phase and are not yet fully developed. Users should be aware of the aspects of data quality and caveats surrounding these data, all of which are listed in this document. Note that there are some caveats and aspects of data quality that affect a number of GP Contract Services, whereas others are specific to individual GP Contract Services. See the [Office for National Statistics \(ONS\) Guide to experimental statistics](#) for further information.

## Background information

The learning disabilities health check scheme is one of a number of GP enhanced services. Enhanced services are voluntary reward programmes that cover primary medical services; one of their main aims is to reduce the burden on secondary care services.

Enhanced services are one component of a range of GP contract services, which form part of the General Medical Services (GMS) contract, which is agreed between NHS England and the British Medical Association's (BMA) General Practitioners Committee (GPC). The GMS contract covers the delivery of primary care services across England. Contract services include core contract components, enhanced services, vaccination and immunisation programmes, the Quality and Outcomes Framework (QOF), and Indicators No Longer in QOF (INLIQ).

Data for the other GP contract services are published separately<sup>1</sup>; owing to the quarterly availability of and demand for data relating to the learning disabilities health check scheme, this publication is released on a quarterly basis.

QOF data are published in a standalone publication<sup>2</sup>, which is released annually on the NHS Digital QOF webpage.

Under the Learning disabilities health check scheme 2016-17, GP practices were encouraged to:

- Produce a learning disabilities ES register of all patients aged 14 years or over with learning disabilities.
- Offer all of the patients on this register an annual learning disabilities health check and perform these health checks where the patients agreed to this. Note that this was an annual health check; therefore, a patient should only have received one health check during the course of this service.
- Offer all of the patients on this register a health action plan and produce this health action plan where the patients agreed to this.

## Uses of the data

These data are primarily used for payment and management information purposes; however, the data may be more widely used to help support commissioning, planning and policy decisions.

The data captured for LDHC001(checks) are used to calculate payments, which are used to reward GP practices for the activity that has been carried out.

## Frequency of data collection and payment

The data underpinning the learning disabilities health check scheme are collected on a quarterly basis, and the associated payments are made immediately after the end of each reporting quarter.

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<sup>1</sup> Data for the reporting period 2015-16 are available at <http://www.content.digital.nhs.uk/catalogue/PUB22004>, data for the reporting period 2014-15 are available at <http://content.digital.nhs.uk/pubs/gpprac1415>.

<sup>2</sup> <http://content.digital.nhs.uk/qof>

## Data for previous years

Prior to 2016-17, data for the learning disabilities health check scheme were released annually along with the other GP contract services<sup>1</sup>.

## How learning disabilities health check scheme data are collected

The data are collected by NHS Digital via the Calculating Quality Reporting Service (CQRS) and General Practice Extraction Service (GPES). There are two methods of collecting the data: 1) via manual data collections and 2) via automated data collections.

The learning disabilities register (LDHC001(register)) data are collected manually, the remaining data for this service are collected via automatic collections.

### Manual data collection

This involves GP practices logging in to the CQRS and manually entering the specified activity that has been carried out on the patients registered at their GP practice. Once the information has been entered in to the CQRS, it is processed in the same way as the automatically collected data (see [Automated data collection](#) below).

The learning disabilities register (LDHC001 (register)) is intended to be made up of the patients on a GP practice's QOF learning disabilities register as well as any other patients who were registered at the GP practice and were known to social services.

The learning disabilities ES register cannot be collected via an automated data collection as the inclusion of patients on the register is not always formally recorded on the GP system. Consequently, the register is collected via a manual data collection. The remaining counts within this service are collected via an automated collection where possible.

#### Manual data collection example:

Learning disabilities register (LDHC001 (register)):

*“The number of patients aged 14 years or over in the financial year on the practice's agreed learning disabilities register.”*

During the reporting quarter, a GP practice had 30 patients aged 14 years or over, as at 31 March 2017, registered at their practice. Therefore, the GP practice would have to log in to the CQRS and enter the number 30 for the above LDHC001 (register) count for the quarter in question. This number would then appear in the data for this programme.

### Automated data collection

GP practices record patients' medical information (e.g. diagnoses, procedures of care, prescriptions, etc.) in their GP practice clinical systems. This information is gathered in the form of data, which can then be collected by GPES. The data are specified in the form of

Business Rules<sup>3</sup>, which are the technical specification documents that underpin how each GP Contract Service count/indicator works. These specifications are used so that only the necessary data within the appropriate time period are collected; this is referred to as a data extraction. The data collected by GPES are displayed in the CQRS so that GP practices can check that the data collected are the same as the data held in their clinical systems.

### Automated data collection example:

Using the payment count (i.e. LDHC001(checks)) as an example, this was:

*“Quarterly count of registered patients aged 14 years or over, at the Quality Service End Date, on the practice’s Learning Disability register who have received a learning disability health check and have not received a health check in a previous quarter in this financial year.”*

A GP practice had 30 patients aged 14 years or over, as at 31 March 2017, on their learning disability ES register. Within the reporting period (i.e. quarter) in question, 10 of these patients received a learning disability health check; note that these patients had not received a learning disability health check in a previous quarter. This information would be stored in the GP practice’s clinical system. Therefore, a specification would be used to extract only the necessary data over the necessary time period. This would result in the number 10 being returned for the LDHC001(checks) count for the quarter in question. The GP practice would then be able to view this number on the CQRS to check that it is the same as the data that is held in their clinical system. This number would then appear in the data for this ES.

See the [NHS Digital GP Collections webpage](#) for further information regarding GP Contract Services data collections.

## Types of data captured

The learning disabilities health checks scheme uses counts of patients.

### Count of patients

This is a count of the number of patients who meet a specific criterion, such as the number of patients with a certain diagnosis or the number of patients who have received the specified care/medication. Once a patient is included in a count, they will not be added to the same count within the specified timeframe.

For example, LDHCCI001 is an automated quarterly count to count the number of registered patients aged 18 years or over, at the Quality Service End Date, on the practice’s Learning Disability register who have received a learning disability health check and have not received a health check in a previous quarter in this financial year. The GP practice provided 30 health checks to 20 eligible patients; 10 patients received one check each, and the remaining 10 patients received two checks each. Since GPES is only able to count the number of patients who meet a specific criterion, this automated count would return the number 20 (i.e. the number of patients who received the check, rather than the number of checks provided).

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<sup>3</sup> The business rules for the learning disabilities health check scheme 2016-17 can be accessed at <http://content.digital.nhs.uk/esbrv6>

## Count timeframes

All counts include activity that takes place from a point in time up to and including the end date of a reporting period. This timeframe in which activity takes place (window of activity) is dependent on whether a count is cumulative, non-cumulative or a combination of cumulative and non-cumulative.

## Cumulative count

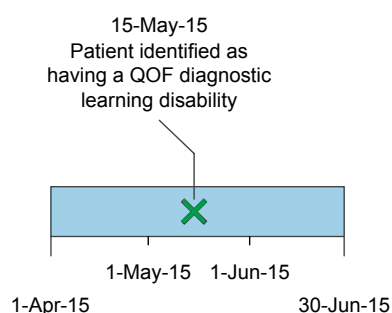
Please note that the term ‘cumulative’ is not used as it is defined in the dictionary<sup>4</sup>, which is “increasing or growing by accumulation or successive additions.” Instead, a cumulative count is where the window of activity increases in duration for each subsequent data collection that makes up the count. The point in time from which activity is included is the same for all of the data collections, whereas the end date of the reporting period increases for each subsequent data collection. This increase depends on the data collection frequency of the count. If the count involves monthly data collections then the window of activity will increase in duration by one month for each subsequent data collection; if the count involves quarterly data collections then the window of activity will increase in duration by one quarter for each data collection.

### Cumulative count example: LDHDMI005

*“Quarterly (cumulative) count of registered patients aged 18 years or over, as at the Quality Service End Date, identified as having a QOF diagnostic learning disability, as at reporting period end date.”*

The learning disabilities health check scheme data are collected on a quarterly basis. Each data collection for the LDHDMI005 count includes activity that has taken place on or after 1 April 2016 and up to and including the end date of the reporting period (i.e. quarter) in question.

The data collection for the first quarter would include activity from 1 April 2016 to 30 June 2016 (as shown in blue on the timeline below). If a patient was identified as having a QOF diagnostic learning disability on 15 May 2016 (as shown by the green cross on the timeline below) then they would be included in the LDHDMI005 count<sup>5</sup> for the first quarter.

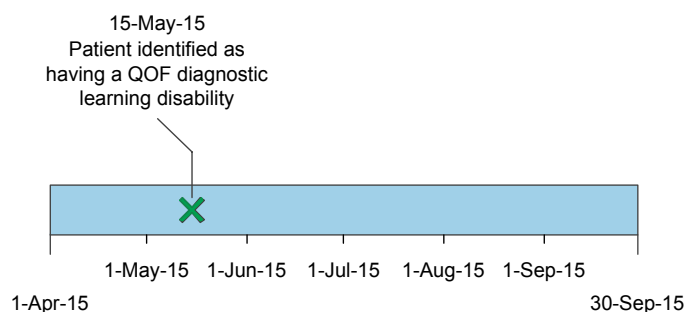


<sup>4</sup> Dictionary.com, “cumulative”, 2015, Accessed 11 December 2015, <http://dictionary.reference.com/browse/cumulative>

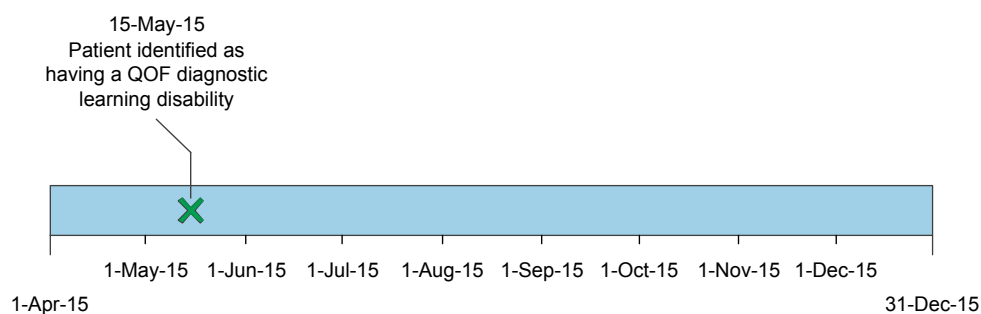
<sup>5</sup> Note that a patient must meet all of the necessary criteria to be included in the LDHDMI005 count. See the Business Rules document available at <http://content.digital.nhs.uk/esbrv6>.



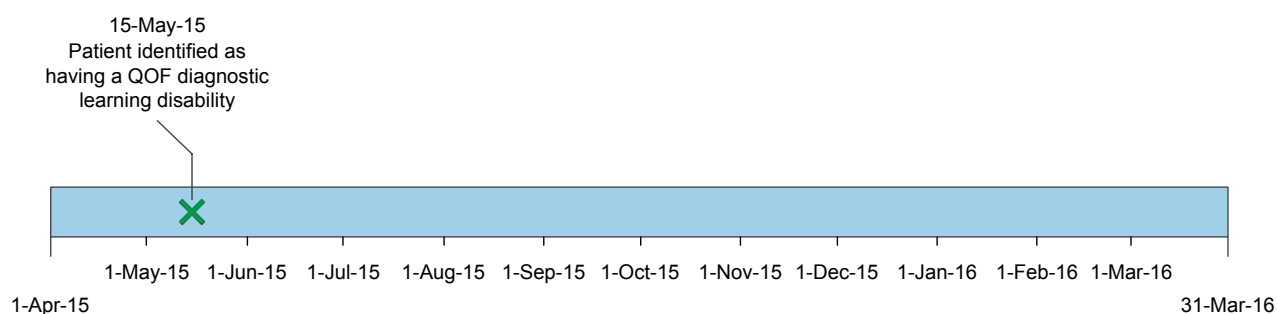
The data collection for the second quarter include activity from 1 April 2016 to 30 September 2016 (as shown in blue on the timeline below). Being identified as having a QOF diagnostic learning disability on 15 May 2016 would still qualify the patient to be included in the LDHDMI005 count for the second quarter.



The data collection for the third quarter would have included activity from 1 April 2016 to 31 December 2016 (as shown in blue on the timeline below). As with the second quarter, being identified as having a QOF diagnostic learning disability on 15 May 2016 would still qualify the patient to be included in the LDHDMI005 count for the third quarter.



The data collection for the fourth quarter would include activity from 1 April 2016 to 31 March 2017 (as shown in blue on the timeline below). As with the second and third quarters, being identified as having a QOF diagnostic learning disability on 15 May 2016 would still qualify the patient to be included in the LDHDMI005 count for the fourth quarter.



As you can see from above, the point in time from which activity is included (i.e. 1 April 2016) is the same for all of the data collections, whereas the end date of the reporting

period increases for each subsequent data collection. This results in the window of activity increasing in duration for each subsequent data collection that makes up the LDHDMI005 count in the Learning disabilities health check scheme 2016-17 ruleset.

## Non-cumulative count

This is a count where the window of activity remains the same duration for each subsequent data collection that makes up the count. The point in time from which activity is included and the end date of the reporting period both increase in parallel for each subsequent data collection. The learning disabilities health check scheme involves quarterly data collections, so the point in time from which activity is included and the end date of the reporting period will both increase by one quarter for each subsequent data collection. This means that the duration of the window of activity remains the same for all of the data collections that make up the count.

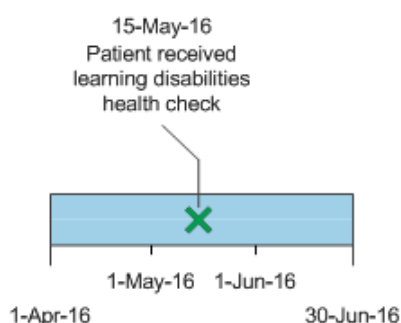
### Non-cumulative count example: LDHC001 (checks)

An example of a cumulative count is one of the counts in the Learning disabilities health check scheme 2015-16 ruleset (i.e. LDHC001(checks)):

*“Quarterly count of registered patients aged 14 years or over, as at the Quality Service End Date, on the practice’s Learning Disability register who have received a learning disability health check and have not received a health check in a previous quarter in this financial year.”*

Each data collection for the LDHC001 count includes activity that has taken place on or after the start date of the reporting period and up to and including the end date of the reporting period (i.e. quarter) in question.

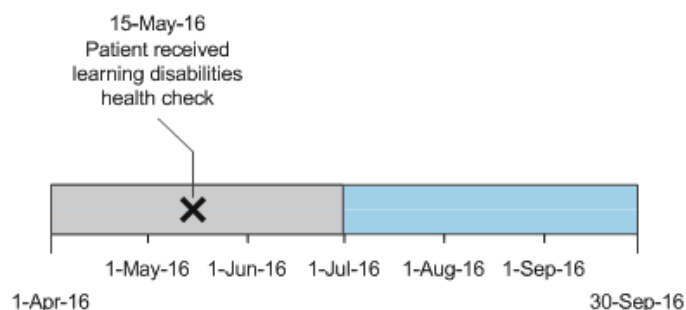
The June 2016 data collection would include activity from 1 April 2016 to 30 June 2016 (as shown in blue on the timeline below). If a patient on the GP practice’s learning disability register received a learning disability health check during this period (as shown by the green cross on the timeline below) then they would be included in the LDHC001 count<sup>6</sup> for the June data collection.



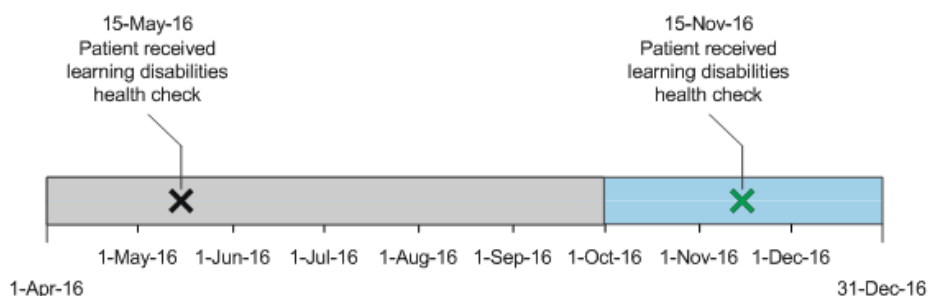
The September 2016 data collection would have included activity from 1 July 2016 to 30 September 2016 (as shown in blue on the timeline below). Note that the shaded

<sup>6</sup> Note that a patient must meet all of the necessary criteria to be included in the LDHC001 count. See the Business Rules document available at <http://content.digital.nhs.uk/esbrv6>.

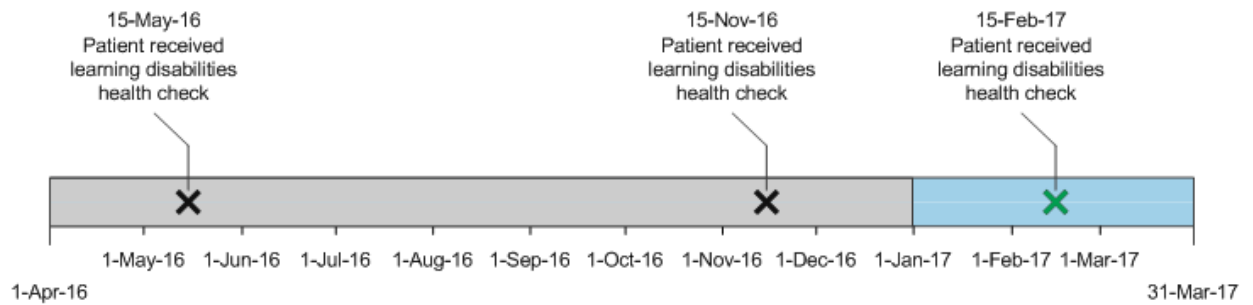
grey area on the timeline below shows the reporting period for the previous June 2016 data collection. Any activity that took place during this period would not count towards achievement for the September 2016 data collection. The learning disability health check that was completed on 15 May 2016 (now shown by the black cross on the timeline below) would not qualify the patient to be included in the LDHC001 count for the September 2016 data collection. This is because this activity did not take place in the window of activity for this data collection.



The December 2016 data collection would have included activity from 1 October 2016 to 31 December 2016 (as shown in blue on the timeline below). As with September 2016 data collection, the learning disability health check that was completed on 15 May 2016 (shown by the black cross on the timeline below) would not qualify the patient to be included in the LDHC001 count for the December 2016 data collection. However, if a different patient, who had not received a learning disability health check in a previous quarter, received a learning disability health check during the reporting period (as shown by the green cross on the timeline below) then they would be included in the December 2016 data collection.



The March 2017 data collection would have included activity from 1 January 2017 to 31 March 2017 (as shown in blue on the timeline below). The learning disability health checks that were completed on 15 May 2016 and 15 November 2016 (now shown by the black cross on the timeline below) would not qualify the patients to be included in the LDHC001 count for the March 2017 data collection. However, if a different patient, who had not received a learning disability health check in a previous quarter, received a learning disability health check during the reporting period (as shown by the green cross on the timeline below) then they would be included in the March 2017 data collection.



As you can see from the above, the start date of the reporting period and the end date of the reporting period both increase for each subsequent data collection. This results in the window of activity remaining the same duration for each subsequent data collection that makes up the LDHC001 (checks) count in the Learning disabilities health check scheme 2016-17 ruleset.

## Data quality

This section provides information on the overarching data quality issues that affect the learning disabilities health check scheme. Further details of the data quality checks undertaken on the dataset are also provided.

### Accuracy and reliability

The data for the LDHC001 (checks) count of this service are used for direct payment purposes; therefore, GP practices are incentivised to ensure that patients' medical records are accurate and up-to-date. The accuracy of the data for the learning disability health checks scheme primarily depends on:

- **Clinical coding:** Patients' medical information is recorded in GP practice clinical systems in the form of Read codes, which provide a standard vocabulary for recording such information. The extent to which GP practices keep their patients' medical records accurate and up-to-date will affect the accuracy of their data.
- **Manually entered data:** For LDHC001 (register) – the learning disabilities register – the accuracy and reliability of the counts that GP practices manually enter in to the CQRS will affect the accuracy of their data. For example, a member of staff from a GP practice may accidentally enter the wrong number (e.g. 100 instead of 10) when recording the number of patients on the practice's agreed learning disabilities register. Other data fields may also be manually entered at some practices due to technical restraints or local payment arrangements.
- **Clinical case finding:** This is the extent to which patients with certain conditions are identified by GP practices as having these conditions, which consequently results in the extent to which these patients are recorded as having these conditions.

### Data quality checks

In order to assess and demonstrate the accuracy and reliability of the data, the following aspects of integrity have been tested. Where these aspects of integrity have been breached, data are flagged with a '2' in the accompanying .csv file, and with a comment and summary table in the Excel workbook.

- A GP practice performing more learning disabilities health checks than the number of patients on their learning disabilities ES register within a given quarter (i.e. the LDHC001(checks) count being greater than the LDHC001 (register) count). For example, a GP practice had 100 patients on their learning disabilities ES register but they performed a learning disabilities health check on 120 patients within the quarter.
- A GP practice performing a combined total number of learning disabilities health checks on patients aged 14 to 18 years and on patients aged 18 years and over which is different to the number of learning disabilities health checks performed on patients aged 14 years and over within a given quarter (i.e. the LDHDMI001 count and LDHDMI002 count when combined is different to the LDHC001(checks) count). For example, a GP practice performed a learning disabilities health check on 50 patients aged 14 to 18 years and 80 patients aged 18 years or over (130 in total) but only performed a learning disabilities health check on 120 patients aged 14 years or over.

- The combined total of learning disabilities health checks performed by the GP practice on patients aged 14 to 18 years and on patients aged 18 years or over and learning disabilities health checks declined by patients aged 14 to 18 years and declined by patients aged 18 years or over exceeds the number of patients on the GP practice's learning disabilities ES register within a given quarter (i.e. the LDHDMI001 count and LDHDMI002 count and LDHDMI003 count and the LDHDMI004 count when combined is greater than the LDHC001 (register). For example, a GP practice performed a learning disabilities health check on 50 patients aged 14 to 18 years and 80 patients aged 18 years or over and a further 20 patients aged 14 to 18 years and 30 patients aged 18 years or older declined a learning disabilities health check (180 patients in total) but the GP practice had only 160 patients aged 14 years or over on their learning disabilities ES register.
- A GP practice's learning disabilities ES register of patients aged 14 years or over exceeds the number of patients registered at the GP practice aged 14 years or over, within a given quarter (i.e. the LDHC001 (register) count being greater than the practice list size). For example, a GP practice had 100 patients on their learning disabilities ES register but they performed a learning disabilities health check on 120 patients within the quarter.
- The combined total of patients aged 14 to 18 years who have received a learning disabilities health check during the 2015-16 service year and who were provided with a health action plan, declined a health action plan or neither accepted nor declined a health action plan during the service year, exceeds the total number of patients aged 14 to 18 years who have received a learning disabilities health check during the 2015-16 service year (i.e. the LDHDMI010 count plus the LDHDMI012 count plus the LDHDMI014 count for the relevant quarter is greater than the sum of count LDHDMI002 for all quarters leading up to the relevant quarter; As counts LDHDMI010, LDHDMI012 and LDHDMI014 are cumulative, for quarter 1 the combination of LDHDMI010, LDHDMI012 and LDHDMI014 from quarter 1 would be compared against LDHDMI002 from quarter 1 only, for quarter 2 the combination of LDHDMI010, LDHDMI012 and LDHDMI014 from quarter 2 would be compared against LDHDMI002 from quarter 1 and LDHDMI002 from quarter 2, etc.). For example, by quarter 3 a GP practice had given 120 learning disabilities health checks to patients aged 14 to 18 years during the 2015-16 service year (30 in quarter 1, 50 in quarter 2, 40 in quarter 3), but in quarter 3 had 100 patients aged 14 to 18 years who had received a health check and a health action plan, 50 patients aged 14 to 18 years who had received a health check but declined a health action plan and 10 patients aged 14 to 18 years who had received a health checked and neither received nor declined a health action plan (160 patients in total).
- The combined total of patients aged 18 years or over who have received a learning disabilities health check during the 2015-16 service year and who were provided with a health action plan, declined a health action plan or neither accepted nor declined a health action plan during the service year, exceeds the total number of patients aged 18 years or over who have received a learning disabilities health check during the 2015-16 service year (i.e. the LDHDMI009 count plus the LDHDMI011 count plus the LDHDMI013 count for the chosen quarter is greater than the sum of count LDHDMI001 for all quarters leading up to the chosen quarter; As counts LDHDMI009, LDHDMI011 and LDHDMI013 are cumulative, for quarter 1 the combination of LDHDMI009, LDHDMI011 and LDHDMI013 from quarter 1 would be compared against LDHDMI001 from quarter 1 only, for quarter 2 the combination of



LDHDMI009, LDHDMI011 and LDHDMI013 from quarter 2 would be compared against LDHDMI001 from quarter 1 and LDHDMI001 from quarter 2, etc.). For example, by quarter 3 a GP practice had given 120 learning disabilities health checks to patients aged 18 years or over during the 2015-16 service year (30 in quarter 1, 50 in quarter 2, 40 in quarter 3), but in quarter 3 had 100 patients aged 18 years or over who had received a health check and a health action plan, 50 patients aged 18 years or over who had received a health check but declined a health action plan and 10 patients aged 18 years or over who had received a health check and neither received nor declined a health action plan (160 patients in total).

- A GP practice performing more learning disabilities health checks on patients aged 18 years or over with a QOF learning disability diagnosis than the number of patients aged 18 years or over on their QOF learning disability register within a given quarter (i.e. the LDHDMI007 count being greater than the LDHDMI005 count). For example, a GP practice had 100 patients aged 18 years or over on their QOF learning disability register but they performed a learning disabilities health check on 120 patients aged 18 years or over on their QOF learning disability register within the quarter.
- A GP practice performing more learning disabilities health checks on patients aged 14 to 18 years with a QOF learning disability diagnosis than the number of patients aged 14 to 18 years on their QOF learning disability register within a given quarter (i.e. the LDHDMI008 count being greater than the LDHDMI006 count). For example, a GP practice had 100 patients aged 14 to 18 years on their QOF learning disability register but they performed a learning disabilities health check on 120 patients aged 14 to 18 years on their QOF learning disability register within the quarter.

Some of these aspects of data integrity may be due to the GP practice's local learning disabilities ES register being manually collected, whereby manually entered data may be prone to human error. They may also be due to the fact that the Business Rules for the number of patients who received a learning disabilities health check (i.e. the LDHC001 Health Checks count) do not check that the patients are on a GP practice learning disabilities ES register (see the [Learning disabilities health check scheme 2015-16 > Data quality and caveats > Manually entered register](#) section of this report). The Business Rules assumed that all patients who received a learning disabilities health check were on their GP practice's learning disabilities ES register.

## Known data quality issues

### Manually entered register

GP practices were required to establish and maintain a learning disabilities register (LDHC001 (register)) as part of this ES. This register was intended to be made up of the patients on a GP practice's QOF learning disabilities register as well as any other patients who were registered at the GP practice and were known to social services. GP practice learning disabilities registers are likely to have differed according to different Local Authority guidelines; therefore, they should not be compared across GP practices.

The learning disabilities ES register could not be collected via an automated data collection because of the different Local Authority guidelines. Consequently, the register was collected via a manual data collection, which involved GP practices manually entering the data in to the CQRS (see the [Manual data collection](#) section of this document). Manual data entries

are known to be more prone to human error (e.g. due to typographical errors) than those data collected by automatic extraction.

## Timeliness and punctuality

Previously, these data were published after the end of the reporting year. NHS Digital are now publishing these data on a more timely basis to meet user demand and reduce the time lag between the end of each reporting period and the availability of the data. The first release contains data for reporting quarters 1 and 2 of the 2016-17 reporting year, and data for quarters 3 and 4 will be released in the summer of 2017, further reducing the time lag.

## Accessibility and clarity

Each learning disabilities health check scheme publication will be available on the NHS Digital webpage as a Microsoft Excel document. The data are presented at GP practice level with a Clinical Commissioning Group (CCG) lookup alongside. Summary statistics concerning coverage also accompany each publication. These can be accessed via the [NHS Digital website](#).

In line with the government transparency agenda, each publication will also have an accompanying comma separated values (CSV) file published alongside the Microsoft Excel document. See the [NHS Digital Supporting open data and transparency webpage](#) for further information on open data and transparency.

NHS Digital should be clearly acknowledged as the data sources whenever these data are reused. See the [NHS Digital Terms and Conditions](#) webpage for further information.

## Coherence and comparability

Learning disabilities health check scheme data are specified in the form of Business Rules, which may or may not define aspects of clinical care in the same way as other public health sources. It is important to take account of the clinical definitions that are used in the Business Rules before comparing these data with other sources.

The Business Rules and method of data collection/extraction associated with the service may change from one year to the next; therefore, counts may not be directly comparable each year. See the [NHS Employers General Medical Services webpage](#) for details regarding year on year changes to the GP Contract Services.

## Performance, cost and respondent burden

A validation exercise takes place on the the learning disabilities health check scheme data. This involves NHS England sub-region teams confirming the data from GP practices ahead of any payments made on the back of these data.



## Confidentiality, transparency and security

The learning disabilities health check scheme data are derived from the CQRS. Users of the CQRS (i.e. appropriate persons from GP practices, CCGs and sub-regions) can monitor their own data on a continuous basis throughout the year. They also have access to reports, which provide the same level of information that is published by NHS Digital in the learning disabilities health check scheme publications.

The learning disabilities health check scheme publications have been subject to a risk assessment around disclosure and appropriate controls have been implemented where necessary.

The GP Contract Services data are referred to as experimental statistics and adhere to the [UK Statistics Authority Code of Practice](#).

See the [NHS Digital Freedom of Information webpage](#) for further relevant information.

## Assessment of user needs and perceptions

Data quality is assessed by the Primary Care Development team during each publication cycle. The necessary steps are taken to try and resolve queries that may have arisen. This may involve contacting data suppliers and asking them to validate and confirm their data submissions.

Queries can be received through the following channels:

Email: [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

Telephone: 0300 303 5678

NHS Digital encourages all users to provide feedback on publications. This feedback is sought so that we can improve our publications and better meet users' needs in future.

## Data caveats

### Patients moving between GP practices

For all automatically extracted counts, the data for each GP practice will only include patients who are registered at that practice at the time that the data are collected (i.e. on the last day of the reporting quarter).

For example, if a patient received a health check at one GP practice but then subsequently moved to another GP practice before the end of the reporting period (and consequently before the time that the data are collected) then the patient would be included in the data for the second GP practice.

See the [NHS Employers QOF Frequently Asked Questions](#) for further information regarding patients moving practices.

## Success trumps exceptions

This means that patients who are included in the payment count (LDHC001 (checks)) (i.e. patients who have received the care outlined in the service) are not included in the corresponding management information counts that cover the reasons why the patients have

not received the specified care. For example, a patient was recorded as receiving a health check but was also recorded as declining vaccination health check. This patient would only be included in the payment count for this service; they would not be included in the declined management information count as once a patient has been included in a success count they are not included in an exception count.

## Business Rules not mirroring guidance

There may be instances of where the Business Rules for a given GP Contract Service do not exactly mirror the guidance for that given service. This is often due to the high level of complexity of certain services, which is sometimes difficult to specify in the form of Business Rules.

NHS England, NHS Employers and NHS Digital are sometimes forced to make pragmatic decisions when specifying the counts/indicators that make up the GP Contract Services. In all instances, however, Business Rules support the spirit of these counts/indicators and also ensure fair and consistent payment and management information reporting for GP practices.

The Business Rules for the GP Contract Services are available on the [NHS Digital QOF, Enhanced Services and Core Contract extraction specifications \(Business Rules\) webpage](#).

## Delay between end of reporting period and data collection

For automated data collections via GPES, there is a delay between the end of a given reporting period and the date that the data were collected. During this delay, patients may have moved between different GP practices (see the [Data caveats > Patients moving between GP practices](#) section of this document) or GP practices may have merged or even closed. Such instances may have had a profound effect on GP practice patient list sizes.

## Automated data collections override manual data collections

In some instances, data for the same reporting period may be manually entered into the CQRS and also automatically collected via GPES. If a GP practice manually enters data into the CQRS for the same reporting period as an automated data collection via GPES, and the manually entered data are not financially approved, then the automated data collection overrides the manually entered data.

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