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Support for health professionals

Community Child Health 2000 Healthy Child Wales Programme

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1. DOCUMENT HISTORY

1.1. Revision History

Date	Version	Author	Revision Summary
24/06/2016	0.1	Hywel Williams	Initial Draft.
08/07/2016	0.2	Hywel Williams	Draft amended in line with feedback from reviewers.
11/07/2016	1.0	Hywel Williams	Initial version for release to the programme.

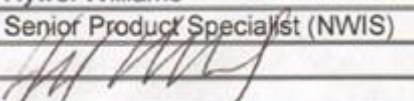
1.2. Reviewers

This document requires the following reviews:

Date	Version	Name	Position
29/06/2016	0.1	Gail Powell	Senior Nurse/Professional Lead for Health Visiting in ABUHB and Chair of All Wales Health Visiting and School Health Nursing Forum.
29/06/2016	0.1	Susan Jones	Lead nurse school health nursing in ABMUHB.
29/06/2016	0.1	Simon Cottrell	Epidemiologist for Vaccine Preventable Disease and Respiratory Infection at Public Health Wales.
29/06/2016	0.1	Tracey Gale	Family Health Support Manager in Hywel Dda UHB.

1.3. Authorisation

Signing of this document indicates acceptance of its contents.

Author's Name:	Hywel Williams		
Role:	Senior Product Specialist (NWIS)		
Signature:		Date:	11/07/16

Approver's Name:			
Role:			
Signature:		Date:	

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2. BACKGROUND

The Community Child Health 2000 (CCH2000) system effectively operates as a call/recall system for health professional contacts with preschool children as well as providing both a source of clinical data for health professionals and a source of secondary use data for Welsh Government (WG).

To date, the information gathered by health professionals from routine health professional contacts and entered on to CCH2000 by community child health clerical staff is determined by standard template documents and data entry screens set up over many years and used in a non-consistent way according to locally determined requirements. Currently, each Health Board effectively has their own child health programme, in parts, with varying numbers of contacts at non-standard ages and identified by local codes. As a result, there is little standard practice, processes or recording for preschool health professional contacts across Wales.

The Healthy Child Wales Programme (HCWP) involves a move to a standard programme for contacts from the antenatal period to age 7 with standard information requirements, and standard documentation and processes.

WG have advised that delivery of a community child health system that accommodates the requirements of the programme is a fundamental requirement for a successful and safe move to the universal programme of contacts, and they have therefore requested that the CCH2000 system be upgraded to support the HCWP by 1st October 2016.

3. PURPOSE

The purpose of this document is to support training packages for health professionals for the introduction of the data collection and scheduling requirements under the HCWP.

4. SCOPE

The full HCWP will include the following universal contacts:

- Health Visitor Antenatal contact
- Physical examination within 72 hours after birth
- Neonatal hearing screening (currently recorded in a stand-alone module)
- Blood Spot Screening (currently recorded in a stand-alone system)
- Contact at 10-14 days
- Physical examination at 6 -8 weeks
- Weight and measurement at 8 weeks
- Weight and measurement at 12 weeks
- Weight and measurement at 16 weeks
- Contact at 6 months
- Health visitor contact at 15 months
- Health visitor contact at 27 months
- Contact at 3.5 years pre-school
- Reception School Nurse screening

In order to support the HCWP, the NWIS CCH2000 system will be enhanced to meet the data collection and scheduling requirements of the HCWP. It will facilitate the recording of specific contacts from the above list, and those contacts will need to be recorded for every child in Wales. The specific contacts are:

- Contact at 10 - 14 days
- Physical examination at 6 - 8 weeks
- Weight and measurement at 8 weeks
- Weight and measurement at 12 weeks

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- Weight and measurement at 16 weeks
- Contact at 6 months
- Health visitor Contact at 15 months
- Health visitor Contact at 27 months
- Contact at 3.5 years pre-school

CCH2000 will also provide functionality for recording Schedule of Growing Skills (SoGS) development assessments, which will be provided to targeted children only, following initial Ages and Stages assessments (at 15 months and 27 months), or whenever it is deemed necessary.

Other HCWP contacts or areas of activity that the CCH2000 system already supports, and that WG have agreed do not currently require system changes are:

- Blood spot screening (also recorded on stand-alone New Born Screening database)
- Infant feeding (at birth, 10 days, 6 weeks and 6 months)
- Routine childhood immunisations
- Child Measurements Programme at 4-5 years
- Reception School Nurse Screening

Other HCWP contacts or areas of activity that the CCH2000 system does not currently support, and that WG have agreed will not need to be supported by the system on rollout of the programme are:

- Health Visitor Antenatal contact
- Physical examination within 72 hours after birth (No information requirements provided by WG as there is no existing source of information)
- Neonatal Hearing Screening (currently recorded on stand-alone New Born Screening database)

4.1. Timescales

The HCWP implementation commences on the 1st October 2016 across all Health Boards in Wales. In order to support the programme, the CCH2000 software changes will be available to Health Boards from 12th September 2016, thus enabling preschool appointments due from the 1st October 2016 onwards to be scheduled according to the universal HCWP schedule. NWIS will instruct community child health clerical staff across Wales to await the release of these software changes before running preschool appointments for the week commencing Monday the 3rd October 2016. NWIS will contact Health Boards at the beginning of September 2016 in order to arrange specific software release dates, by which time NWIS will also ensure that system user guidance documentation in relation to the software changes is available to community child health clerical staff.

5. CCH2000 CHANGES

This section focuses on: current areas of CCH2000 functionality that will change in order to support the HCWP; details of those CCH2000 changes, whether they be system changes or process changes; NWIS responsibilities in relation to the CCH2000 change and/or business area; Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area; Health professional responsibilities in relation to the CCH2000 change and/or business area. All changes are detailed here for context purposes but health professionals may wish to focus on subsections: 5.1.2.1 Health professional sessions; 5.1.4.1 Preschool appointment – scheduled documentation; 5.1.4.2 Recording of scheduled results/outcomes; 5.1.5 Unscheduled contacts; 5.1.5.1 Unscheduled documentation; 5.1.5.2 Recording of unscheduled results/outcomes; 5.1.6 Local programme recalls; 5.2.1 Scheduled documentation for 1st, 2nd and 3rd primary immunisation appointments.

5.1 CCH2000 preschool module

The main functions of the preschool module on CCH2000 are: scheduling of preschool contact appointments for children with health professionals; recording of outcomes/results. Many elements of the module will involve change or will be impacted by change in order to support the HCWP, and whilst subsections of subsection 5.1 provide further detail, it is likely to be helpful to understand at this point of the document, that as a rule, the preschool appointment scheduling function relies on: a child being attached to a health professional's base; a health professional's base being attached to a schedule of contacts, which defines which contacts should be scheduled for appointments by CCH2000 and when; a health professional's base having sessions of contact defined.

5.1.1. Preschool schedules of contact

Current CCH2000 functionality: CCH2000 systems in Wales currently store a range of preschool contact schedules which are used to manage the scheduling of preschool contact appointments based on local Health Board programmes. They are essentially used to work out which contacts children are due during preschool age and at what age they should be called for each of the scheduled preschool contact appointments.

Detail of system or process change to CCH2000: The local preschool schedules of contact, along with their control functions, will be disabled in Wales, and a universal HCWP schedule will be created (appendices one and two of this document provide detail of the specific HCWP contacts that will be scheduled for appointments by CCH2000).

NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will disable the local schedules of contact and create the universal HCWP schedule of contacts. Control of the system's universal HCWP schedule will be reserved for NWIS only, Health Boards will not be permitted to make any changes to it.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: N/A

Health professional responsibilities in relation to the CCH2000 change and/or business area: N/A

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5.1.2. Health professionals and their bases of work

Current CCH2000 functionality: CCH2000 examination centre records, which represent work bases of health professionals (e.g. GP surgery) who carry out preschool contacts with children, are currently used to: control which local preschool schedule of contacts health professionals work to; manage preschool health professional sessions (see subsection 5.1.2.1 for details of preschool health professional sessions), to which the CCH2000 preschool appointment generation process appoints (see subsection 5.1.4 for details of preschool appointment generation); manage where preschool appointment documentation such as lists of children due appointments, medical forms and sometimes mailers are sent i.e. the base of work address of health professionals (see subsection 5.1.4.1 for details of preschool appointment documentation). For the remainder of this document, CCH2000 examination centre records, or work bases of health professionals, will be referred to as health professional bases.

Detail of system or process change to CCH2000: Active health professional bases will be linked to the universal HCWP schedule, so that all health professional bases are set up to work in line with the scheduling requirements of the universal HCWP schedule.

NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will break the link between active health professional bases and local preschool schedules of contact on CCH2000, and instead link the active health professional bases to the universal HCWP schedule.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: N/A

Health professional responsibilities in relation to the CCH2000 change and/or business area: N/A

5.1.2.1 Health professional sessions

Current CCH2000 functionality: CCH2000 examination centre sessions, which represent health professional sessions of contact with children, are currently used to control dates and timeframes to which the system can generate preschool appointments, along with which specific contacts should be appointed during those specific dates and timeframes. These health professional sessions would be set up by community child health clerical staff based on requests from health professionals. For the remainder of this document, CCH2000 examination centre sessions, or health professional sessions of contact with children, will be referred to as health professional sessions.

Example 1 (Specific day/time sessions): A health professional may want to see 18 children (1 child every 10 minutes) due 15 or 27 month contacts at his/her base every Monday between 9:00 and 12:00. If this were the case, the health professional would communicate this request to community child health clerical staff, and the clerical staff would set up a CCH2000 health professional session so that 18 children from the health professional's case load, who are due 15 or 27 month contacts, could be appointed to time slots within that 9:00 – 12:00 timeframe every Monday. CCH2000 would then generate appointments and appointment documentation in line with the specific timeframe available on Mondays.

Example 2 (Open sessions): A health professional may want to manage his/her own preschool contact appointments in line with children that CCH2000 calculates as being due any routine schedulable preschool contacts, and may want to carry out home visits with 50 children at his/her own convenience between Monday and Friday each week i.e. the health professional does not want CCH2000 to arrange specific appointment times or contact locations. In this case, the health professional would communicate his/her request to community child health clerical staff, and the clerical staff would set up a CCH2000 health professional session so that 50 children from the health professional's case load, who are due any routine schedulable preschool contact, could be appointed to an appointment with the health professional sometime between Monday and Friday each week, the day and time of which would be arranged by the health professional without that detail being specified by CCH2000. CCH2000 would then generate open appointments and appointment documentation for 50 children due appointments in line with the 50 appointment spaces available each week, and this documentation would be sent to the health professional's base so that the health professional could make specific arrangements around appointment days and times.

Detail of system or process change to CCH2000: Prior to the implementation of the HCWP, all health professional sessions will have been set up to cater for contacts in relation to local preschool programme schedules. As a result of the changeover to the universal HCWP schedule, the health professional sessions currently set up on CCH2000 will need to be reviewed and amended to accommodate contacts from the universal HCWP schedule.

NWIS responsibilities in relation to the CCH2000 change and/or business area: On request, the NWIS community applications support team will be available to provide support to community child health clerical staff.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Amendment of the health professional sessions will need to be carried out by community child health clerical staff. The health professional sessions on CCH2000 shouldn't be amended until Health Boards have received the CCH2000 software upgrade for the HCWP from NWIS.

Health professional responsibilities in relation to the CCH2000 change and/or business area: Health professionals who are going to be involved in scheduled preschool contacts with children as part of the HCWP should contact community child health clerical staff to discuss and arrange for health professional sessions to be set up or amended in line with their requirements before the CCH2000 system starts appointing to 1st October 2016 onwards. Health Boards will receive the CCH2000 software upgrade for the HCWP from NWIS sometime between 12th September 2016 and 1st October 2016 but health professionals should initiate contact with community child health clerical staff as soon as possible leading up to September 2016 so that they can discuss plans between them for new health professional sessions to be set up and/or existing ones amended in September.

5.1.2.2. Transfer of eligible children across to the universal HCWP schedule

Current CCH2000 functionality: As mentioned in previous subsections above, health professional bases are linked to a local Health Board programme schedule of contacts, and they have health professional sessions set up that the CCH2000 system appoints to. Children eligible for care from health professionals as part of a local Health Board preschool programme are allocated to a health professional base. The system's relationship between children and a health professional base, which has health professional sessions arranged, along with the system's relationship

between a health professional base and a schedule of contacts, enables children to be calculated as being due local health board programme contacts and to be scheduled for preschool appointments in line with a local Health board programme of contacts.

Detail of system or process change to CCH2000: Children who are already part way through a local preschool programme of contacts, and children who are eligible for care from health professionals as part of the HCWP but have not yet received any contacts as part of local preschool programmes, will be transferred across to the HCWP, and where scheduling is concerned, they will commence at the contact that they are eligible for based on age in line with the minimum/maximum age eligibility controls of the contacts on the universal HCWP schedule. Later HCWP contacts for the children will then be appointed based on age, in line with the minimum/maximum age eligibility controls on the schedule, along with the history of HCWP contacts that they have recorded i.e. if a child has received a 15 month contact as part of the HCWP, that child should not, as a matter of course, be appointed for the same contact again. Children who are already part way through a local preschool programme of contacts will already have details of received local preschool programme contacts recorded on CCH2000 that don't correspond to the contacts on the HCWP. These records will be left on CCH2000 for historical reference purposes but they will not be transferred to the HCWP, and they will not be considered as part of a child's HCWP history when calculating which contact a child is due as part of the HCWP.

This change will be controlled through linking health professional bases to the universal HCWP schedule as detailed in subsection 5.1.2 and ensuring that health professional sessions are available for the system to appoint to as detailed in subsection 5.1.2.1.

NWIS responsibilities in relation to the CCH2000 change and/or business area: The transfer of eligible children across to the universal schedule is dependent on the professional responsibilities in relation to the CCH2000 changes documented in subsections 5.1.1, 5.1.2 and 5.1.2.1 being completed. This will enable eligible children to be calculated as being due HCWP contacts and to be scheduled for HCWP contacts. As part of their CCH2000 software release package in September 2016, NWIS will ensure that eligible children are transferred across to the universal schedule by refreshing a status on their record which will determine which HCWP contact they will be due next and when.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: N/A

Health professional responsibilities in relation to the CCH2000 change and/or business area: N/A

5.1.3. Attaching eligible births and transfers/movements in to the universal HCWP schedule

Current CCH2000 functionality: As mentioned in previous subsections above, health professional bases are linked to a local Health Board programme schedule of contacts and have health professional sessions set up with schedulable contacts from the schedule. New born babies registered on CCH2000, and children who are registered on CCH2000 as a result of them having transferred/moved in from outside the district and who are eligible for care from health professionals as part of a local Health Board preschool programme, are allocated to a health professional base. The system's relationship between children and a health professional base, which has health professional sessions setup in line with schedulable contacts from a local programme schedule, along with the system's relationship between a health professional base and a schedule of contacts, enables the children to be scheduled for preschool appointments.

Detail of system or process change to CCH2000: New born babies registered on CCH2000, and children who are registered on CCH2000 as a result of them having transferred/moved in from outside the district and who are eligible for care from health professionals as part of the HCWP, must be assigned to an active health professional base which is linked to the universal HCWP schedule and has health professional sessions setup in line with the schedulable contacts from the universal schedule.

NWIS responsibilities in relation to the CCH2000 change and/or business area: On request, the NWIS community applications support team will be available to provide support to community child health clerical staff.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Community child health clerical staff will need to ensure that they assign new born babies and transfers/movements in to active health professional bases which are linked to the universal HCWP schedule and have health professional sessions setup in line with the schedulable contacts from the universal schedule. The ability of community child health clerical staff to do this will be fully dependent on the professional responsibilities in relation to the CCH2000 changes documented in subsections 5.1.1, 5.1.2 and 5.1.2.1 being completed.

Health professional responsibilities in relation to the CCH2000 change and/or business area: N/A

5.1.4. Preschool appointment generation and scheduled contacts

Current CCH2000 functionality: The preschool appointment generation process currently collects a list of children who are due local Health Board programme contacts during the period that the system is appointing to, and who are attached to active health professional bases that are linked to a local Health Board programme schedule of contacts and have health professional sessions setup in line with the schedulable contacts from the local schedule. Children are appointed to local Health Board programme contacts by being slotted into the health professional sessions available at health professional bases and appointment documentation is produced.

Detail of system or process change to CCH2000: The preschool appointment generation process will be aligned to the universal HCWP schedule. It will collect a list of children who are due HCWP contacts during the period that the system is appointing to, and who are attached to active health professional bases that are linked to the universal HCWP schedule of contacts and have health professional sessions setup in line with the schedulable contacts from the universal HCWP schedule (appendices one and two of this document provide detail of the specific HCWP contacts that will be scheduled for appointments by CCH2000). Children will be appointed to HCWP contacts by being slotted into the health professional sessions available at health professional bases and appointment documentation will be produced.

NWIS responsibilities in relation to the CCH2000 change and/or business area: On request, the NWIS community applications support team will be available to provide support to community child health clerical staff.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Community child health clerical staff will process appointment generation on CCH2000 once the preschool appointment generation process is aligned to the universal HCWP schedule.

Aligning the preschool appointment generation process to the universal HCWP schedule is dependent on the professional responsibilities in relation to the CCH2000 changes documented in subsections 5.1.1, 5.1.2 and 5.1.2.1 being completed.

Health professional responsibilities in relation to the CCH2000 change and/or business area: N/A

5.1.4.1. Preschool appointment - scheduled documentation

Current CCH2000 functionality: As part of local programme preschool appointment generation the system supports the production of: appointment lists (as seen in figure 1), which are lists of children due specific contacts with health professionals at health professional bases on specific dates/times or during an open period (these are sent to health professional bases); invitation mailers (as seen in figures 2 and 3) which, if specific appointment date/time and venues are controlled by CCH2000, can be sent direct to parents by community child health office teams, but are usually sent to health professional bases as open appointment mailers so that the health professionals can add dates/times and sometimes venue if contacts aren't being carried out at health professional bases e.g. child's home, before sending them to parents; two types of medical examination forms (as seen in figures 4 and 5), which contain CCH2000 printed appointment detail and demographic detail along with immunisation and preschool contact history of the children that they have been produced for, and are sent to health professional bases so that health professionals can write in the details of results/outcomes from the scheduled contacts that have taken place between them and children before returning the forms to the community child health offices for input into CCH2000.

Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

Line No.	Serial No	Date of Birth	Sex	Name	Address	Exam	Appointment Time
1	6000574627	01/07/2015	F	CERY S AP-WEBB	8 Planet Street CARDIFF 02552541	PS AUDIO	09:00
				NHS No:		G.P. 007 - DR BUMP	
2	6000574640	08/05/2015	M	MATTHEW AP-WEBB	9 Planet Street CARDIFF 02552542	PS AUDIO	09:00
				NHS No:		G.P. 000000 - ILIKE FISH	
3	6000573495	03/06/2015	F	WINNIE HAMPER	1 Bryn Terrace Mid Glam 02664216	PS AUDIO	09:00
				NHS No:		G.P. 209522 - DR. A. LLOYD	
4	6000573517	12/06/2015	M	GUSTAV HANN	33 Mill Road Lisvane CA 02649134	PS AUDIO	09:00
				NHS No:		G.P. 1001 - THEO WILLIAM	
5	6000573254	11/04/2015	F	EMILY HARDGE	77 MILL ROAD LISVANE C 21831244	PS AUDIO	09:00
				NHS No:		G.P. 007 - DR BUMP	
6	6000569998	16/01/2015	F	ELLA HARDWICK	7 KINGS ROAD YARDLEY BIRMINGHAM B25 8HR	PS AUDIO	09:00
				NHS No:		G.P. 000811 - DR S S A SALEH	
7	6000573071	13/03/2015	M	DANIEL HARVERN	71 High Street Suyo Haird 27779049	PS AUDIO	09:00
				NHS No:		G.P. 1001 - THEO WILLIAM	
8	6000572006	19/03/2015	M	JIMMY JIMBLE	14 High Street Coleshil 01640511	PS AUDIO	09:00
				NHS No:		G.P. 209522 - DR. A. LLOYD	
				Timing Details :-	Date of Clinic: 20/06/2016		

Figure 1: CCH2000 preschool appointment list used for preschool contacts scheduled for appointments by CCH2000.

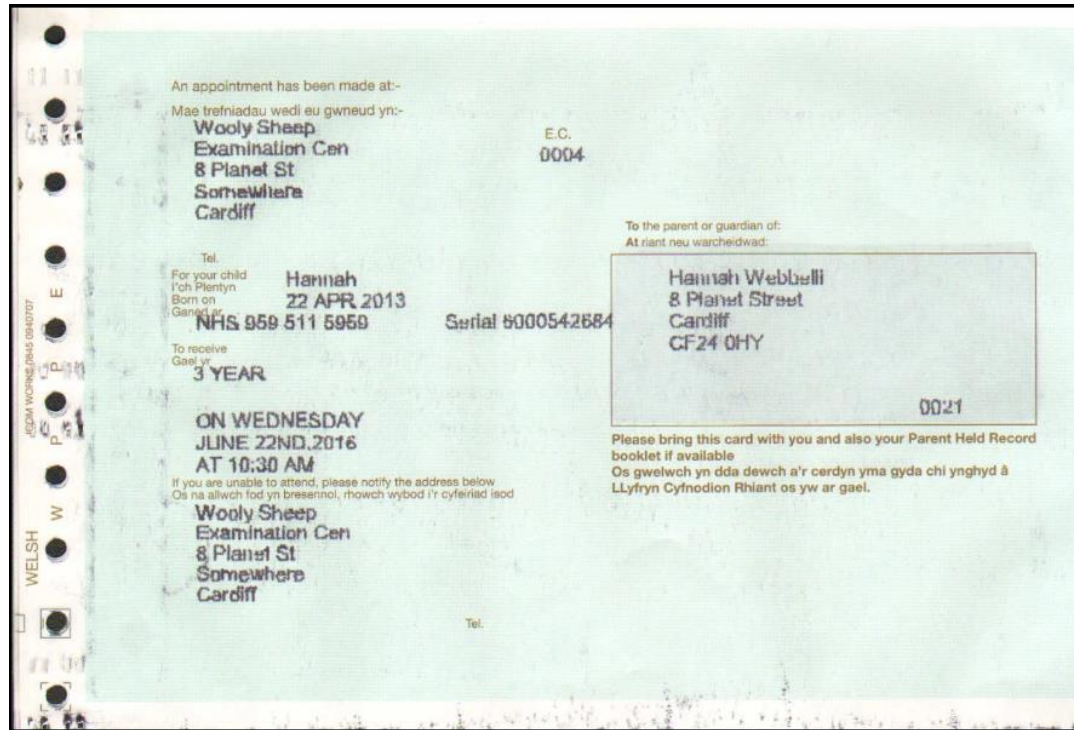


Figure 2: Inside page of CCH2000 invitation mailer used for preschool contacts scheduled for appointments by CCH2000. Appointment date/time specified by CCH2000.

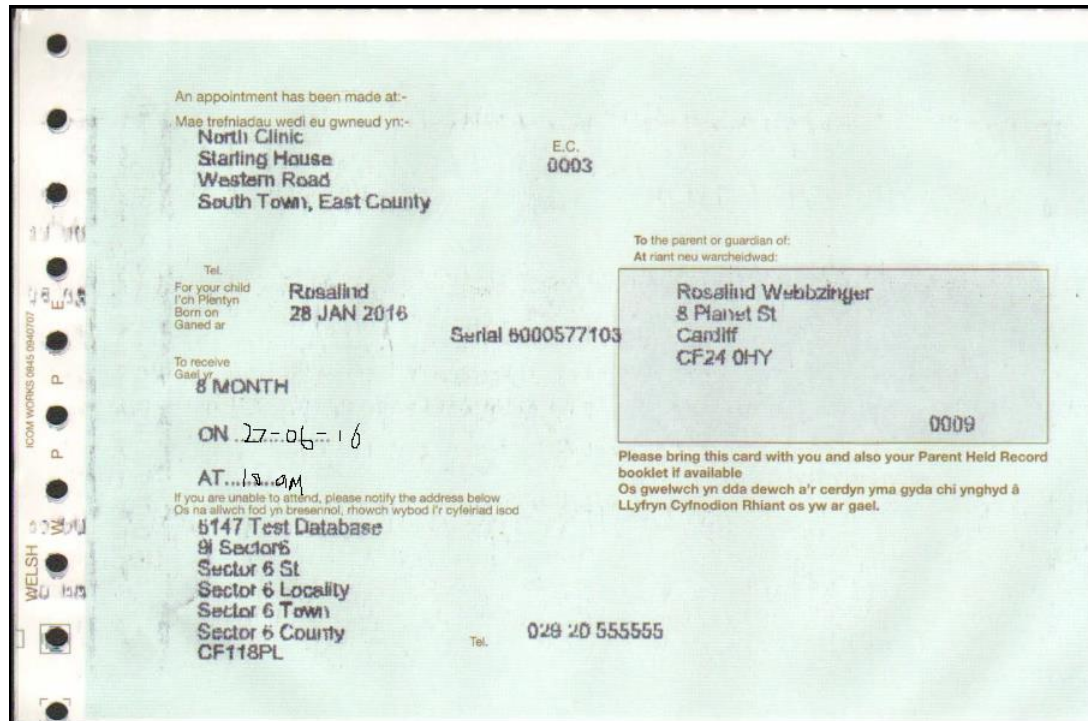


Figure 3: Inside page of CCH2000 invitation mailer used for preschool contacts scheduled for appointments by CCH2000. Appointment date/time written in manually by health professional.

MEDICAL / DEVELOPMENTAL FORM

5147 TEST DATABASE OF SECTOR6 D.H.A. 510

Child's Name & Address: WEBBA-SMYTH, DAN, 22, PLANET ST., CARDIFF. Date of Birth: 17/05/2016. Sex: MALE.

G.P.: 007 DR BUMP. NORTH CLINIC. H.V. 0000. MR BUMP CHILD CLINIC S. Page: 03/07/2016. Line: 9889328.

Birth Information: R.H.S. No. 007 550 5557. Special Educ. Needs: 0000. Handicap/Disability: 0000. Special File Location: 800079525.

Immunization History: NEXT DUE 3rd Diph, Tet, Apert, Polio, Hib & 2nd Pneumococci & 2nd Meas ON 15/07/2016.

Vaccine	Date	Notes
1st Meas C	17-JUN-2016	2nd 5 in 1
1st 5 in 1	17-MAY-2016	1st Meas B
Rotavirus1	17-MAY-2016	1st Pneumo
1st Hib	17-MAY-2016	1st Hib
2nd Hib	20-MAR-2016	1st Hib
3rd Hib	18-MAR-2016	1st Hib
4th Hib	18-MAR-2016	1st Hib
5th Hib	18-MAR-2016	1st Hib
6th Hib	18-MAR-2016	1st Hib
7th Hib	18-MAR-2016	1st Hib
8th Hib	18-MAR-2016	1st Hib
9th Hib	18-MAR-2016	1st Hib
10th Hib	18-MAR-2016	1st Hib
11th Hib	18-MAR-2016	1st Hib
12th Hib	18-MAR-2016	1st Hib
13th Hib	18-MAR-2016	1st Hib
14th Hib	18-MAR-2016	1st Hib
15th Hib	18-MAR-2016	1st Hib
16th Hib	18-MAR-2016	1st Hib
17th Hib	18-MAR-2016	1st Hib
18th Hib	18-MAR-2016	1st Hib
19th Hib	18-MAR-2016	1st Hib
20th Hib	18-MAR-2016	1st Hib
21st Hib	18-MAR-2016	1st Hib
22nd Hib	18-MAR-2016	1st Hib
23rd Hib	18-MAR-2016	1st Hib
24th Hib	18-MAR-2016	1st Hib
25th Hib	18-MAR-2016	1st Hib
26th Hib	18-MAR-2016	1st Hib
27th Hib	18-MAR-2016	1st Hib
28th Hib	18-MAR-2016	1st Hib
29th Hib	18-MAR-2016	1st Hib
30th Hib	18-MAR-2016	1st Hib
31st Hib	18-MAR-2016	1st Hib
32nd Hib	18-MAR-2016	1st Hib
33rd Hib	18-MAR-2016	1st Hib
34th Hib	18-MAR-2016	1st Hib
35th Hib	18-MAR-2016	1st Hib
36th Hib	18-MAR-2016	1st Hib
37th Hib	18-MAR-2016	1st Hib
38th Hib	18-MAR-2016	1st Hib
39th Hib	18-MAR-2016	1st Hib
40th Hib	18-MAR-2016	1st Hib
41st Hib	18-MAR-2016	1st Hib
42nd Hib	18-MAR-2016	1st Hib
43rd Hib	18-MAR-2016	1st Hib
44th Hib	18-MAR-2016	1st Hib
45th Hib	18-MAR-2016	1st Hib
46th Hib	18-MAR-2016	1st Hib
47th Hib	18-MAR-2016	1st Hib
48th Hib	18-MAR-2016	1st Hib
49th Hib	18-MAR-2016	1st Hib
50th Hib	18-MAR-2016	1st Hib

Examination Results:

Examination	Result
PHYSICAL EXAMINATION	REFERRED
VISION	SPOTRN
HEARING	SPOTRN
LOCOMOTION	SPOTRN
MANIPULATION	SPOTRN
SPEECH/LANGUAGE	SPOTRN
BEHAVIOUR	SPOTRN
HIP CHECK	SPOTRN
TESTICULAR DESCENT	SPOTRN
H.V. SUMMARY	SPOTRN
REASON FOR NON EXAM	REFERRED (see Reason)
REASON FOR NON EXAM	REFERRED (see Reason)
EXAMINER (See Reverse)	OK

Figure 4: CCH2000 medical form (type 1) used for local programme preschool contacts scheduled for appointments by CCH2000.

The form is a detailed medical record for a 5-month-old child. It includes a header with patient identification, a central section for clinical notes and examination findings, and a bottom section for vaccination and test results. The 'EXAMINATION FINDINGS' section is particularly detailed, covering physical examination, hearing, vision, and developmental milestones.

Figure 5: CCH2000 parent held medical form (type 2) used for local programme preschool contacts scheduled for appointments by CCH2000.

In addition to the CH2000 generated documentation, some health professionals use forms from the Red book (as seen in figure 7) to send details of results/outcomes from scheduled contacts to community child health offices.

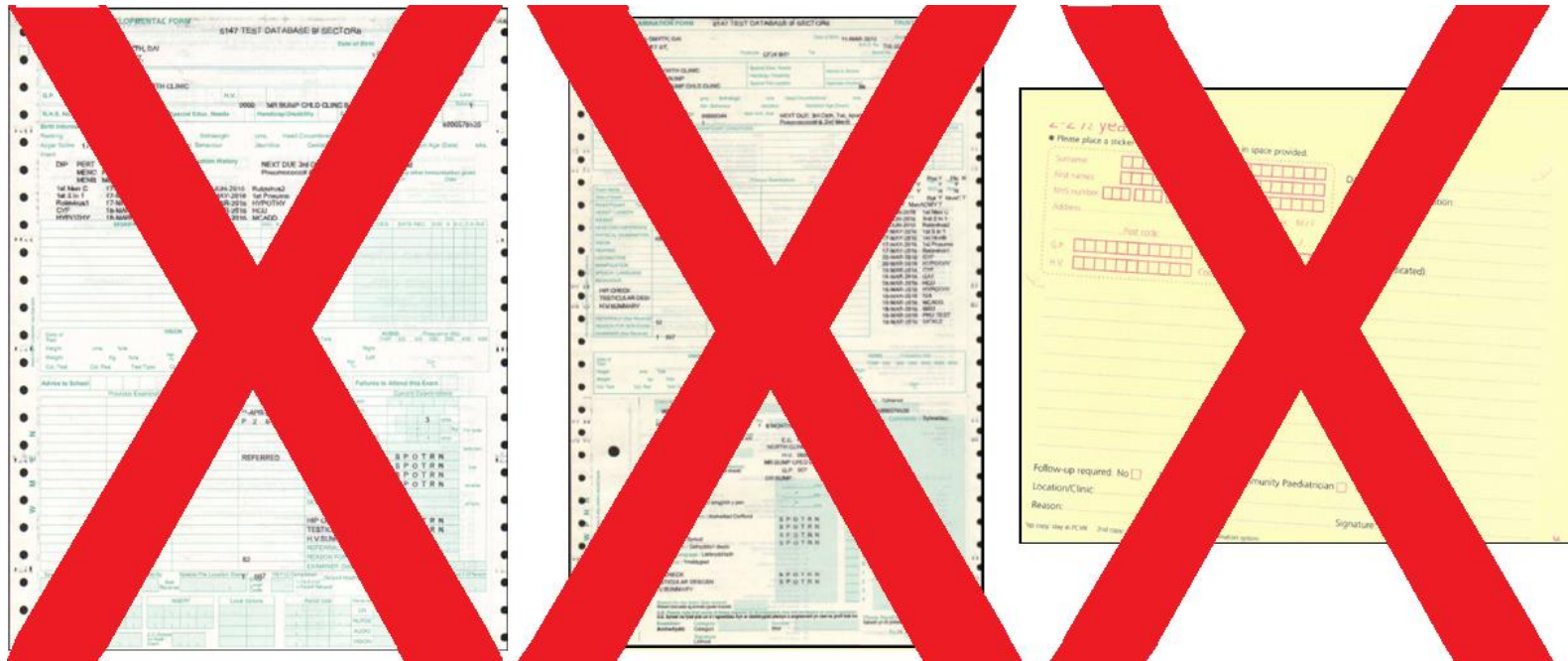


Figure 7: Redundant CCH2000 medical form (type 1), redundant CCH2000 parent held medical form (type 2), redundant red book page

As part of the preschool appointment generation process under the HCWP, CCH2000 will produce replacement HCWP data collection forms (as seen in figures 8 and 9) which will be printed on to blank A4 paper by a laser printer. One form will be produced per child appointed during the appointment generation process. All forms produced as part of this process will have demographic details, contact number and, where known, contact date printed by CCH2000 (as seen in figure 10), whilst forms for contacts scheduled at 6 months of age and onwards will also have immunisation history printed (as seen in figure 11)(see appendix three for full details). The form consists of two pages, designed with the intention that duplex printing be applied through a printer capable of duplex printing. These pre-printed HCWP data collection forms will be printed by community child health clerical staff.

Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION					
1. CHILD DETAILS			3a. GENERAL OUTCOMES		
Serial number	6000612873		Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE	
NHS number	752 966 9257		Postcode	SA14 7AW	Tel no. 01267 236784
Surname	SMITH		Weight and measurement		
First name	SAM		Height/Length (1 decimal place)	NN . NN CM	
DOB	05 / 05 / 2016		Weight (3 decimal places)	N . NNN KG	
Sex	MALE		Head circumference (1 decimal place)	NN . NN CM	
GP name	BORIS JOHNSON (05787999)		Evidence of FGM		
HV name	DAVID CAMERON (875698)		FGM observed	1	
			FGM disclosed	2	
			FGM not present	3	
			Not examined	4	
			Domestic violence concern		
			Domestic violence concern - assessment completed	1	
			Domestic violence concern - assessment not completed	2	
			No concern	3	
			Family resilience		
			Low resilience	1	
			Low medium resilience	2	
			Medium resilience	3	
			Medium high resilience	4	
			High resilience	5	
			Not assessed	6	
			Onward referrals made		
			Yes No		
2. CONTACT DETAILS			3b. PHYSICAL OUTCOMES		
Contact	Recall in (weeks)		Heart	Satisfactory 1	
Contact at 10 - 14 days	2			Concern 2	
Physical examination at 6 - 8 weeks	3 Enter here			Not assessed 3	
Weight and measurement at 8 weeks	4		Hips	Satisfactory 1	
Weight and measurement at 12 weeks	4			Concern 2	
Weight and measurement at 16 weeks	4			Not assessed 3	
Contact at 6 months	5 Enter here		Eyes	Satisfactory 1	
Health visitor contact at 15 months	6 Enter here			Concern 2	
Health visitor contact at 27 months	7 Enter here			Not assessed 3	
Contact at 3-5 years pre-school	8 Enter here		Testes (boys)	Satisfactory 1	
Schedule of Growing Skills (SoGS)	9			Concern 2	
				Not assessed 3	
Date of contact	23 / 06 / 2016		3c. DEVELOPMENT OUTCOMES		
Reason not examined			Development		
Was not brought	1		Development as expected 1		
Unwell or uncooperative child	2		Concern: requires additional support 2		
Examination refused	3		Development - further assessment required		
Parent / Carer not present	4		Yes No		
Consent *	Yes No				
Location					
GP Surgery	1				
Clinic	2				
School	3				
At home	4				
Hospital	5				
Telephone contact	6				
Examiner					
Doctor - paediatrician	1				
GP	2				
Health Visitor	3				
Audiometician	4				
Vision Screener	5				
School Nurse	6				
Practice Nurse	7				
Midwife	8				
Community Nursery Nurse	9				
Registered Nurse	10				
Other examiner	11				
Receiving Flying Start services **	Yes No Not known				
Looked after child **	Yes No Not known				
On the Child Protection Register **	Yes No Not known				
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES					
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)		Enter score 0-20		Not assessed	
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)		Enter score 0-28		Not assessed	
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)		Enter score 0-20		Not assessed	
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)		Enter score 0-21		Not assessed	
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)		Enter score 0-22		Not assessed	
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)		Enter score 0-24		Not assessed	
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)		Enter score 0-23		Not assessed	
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)		Enter score 0-34		Not assessed	
4. INFANT FEEDING					
Collection time			Feeding status		
10 days	3		Exclusive milk 1		
6 weeks	4		Combined milk feeding - predominantly breast 2		
6 months	5		Combined milk feeding - partially breast 3		
			Artificial milk feeding 4		

Figure 8: Pre-printed HCWP data collection form (front page)

- FINAL -

Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

HEALTHY CHILD WALES PROGRAMME – IMMUNISATION HISTORY

Immunisation history recorded on CCH2000 will be printed below only if this form was produced as part of a scheduled appointment run on CCH2000, and the child was over 6 months old at the time of the form being produced.

IMMUNISATION DESCRIPTION	DATE GIVEN	IMMUNISATION DESCRIPTION	DATE GIVEN

Guidance for completion of this form:

1. CHILD DETAILS Complete this section at all HCWP contacts, where data items are not pre-printed by the CCH2000 system.
2. CONTACT DETAILS Complete this section at all HCWP contacts.
 - Contact For routine HCWP contacts (numbers 2-8) circle one option only, and only do so if an option is not already pre-selected by the CCH2000 system. If a Schedule of Growing Skills (SoGS) assessment takes place at the HV contact at 15 months (number 6) or the HV contact at 27 months (number 7), then circle one routine contact (number 6 or 7), if an option is not already pre-selected by the CCH2000 system, and also circle the Schedule of Growing Skills (SoGS) contact (number 9).
 - Recall in (weeks) If a CCH2000 scheduled HCWP contact requires a recall, enter the number of weeks in which the recall contact should take place. This option is only available for the following contacts: Physical examination at 6-8 weeks (number 3); Contact at 6 months (number 5); Health visitor contact at 15 months (number 6); Health visitor contact at 27 months (number 7); Contact at 3.5 years pre-school (number 8).
 - Date of contact Enter date in the format DD/MM/YYYY, where date is not pre-printed by the CCH2000 system.
 - Reason not examined Circle one option only and only do so if examination does not take place.
 - Consent (provided by person with parental responsibility) Circle one option only.
 - Location Circle one option only.
 - Examiner Circle one option only.
 - Receiving Flying Start services (at this contact) Circle one option only.
 - Looked after child (at this contact) Circle one option only.
 - On the Child Protection Register (at this contact) Circle one option only.
- 3a. GENERAL OUTCOMES Complete this section at the HCWP contacts as specified below.
 - Weight and measurement Weight must be recorded at all HCWP contacts, except the Contact at 3.5 years pre-school (number 8) where record only if concerns; length/height at Weight and measurement at 8 weeks (number 4); Health visitor contact at 15 months (number 6) and Health visitor contact at 27 months (number 7); head circumference at Contact at 10-14 days (number 2) and Weight and measurement at 8 weeks (number 4); measurements at Contact at 3.5 years pre-school (number 8) should be recorded if HV or parental concerns. Data can be recorded at any HCWP contact if there is concern.
 - Evidence of FGM Complete at all HCWP contacts - circle one option only.
 - Domestic violence concern Complete at all HCWP contacts - circle one option only.
 - Family resilience Complete at all HCWP contacts - circle one option only.
 - Onward referrals made Complete at all HCWP contacts - circle one option only.
- 3b. PHYSICAL OUTCOMES Complete this section at the Physical examination at 6-8 weeks contact (number 3).
 - Heart Circle one option only.
 - Hips Circle one option only.
 - Eyes Circle one option only.
 - Testes (boys) Circle one option only.
 - General Circle one option only.
- 3c. DEVELOPMENT OUTCOMES Complete this section at the HV contact at 15 months (number 6) and the HV contact at 27 months (number 7).
 - Development Circle one option only.
 - Development – further assessment required Circle one option only.
- 3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES Complete this section at the Schedule of Growing Skills (SoGS) contact (number 9). This section should also be completed at the HV contact at 15 months (number 6) and the HV contact at 27 months (number 7) if the SoGS developmental assessment is carried out at these contacts.
 - Locomotor skills Enter numerical score in the range 0-20 or circle Not assessed.
 - Manipulative skills Enter numerical score in the range 0-28 or circle Not assessed.
 - Visual skills Enter numerical score in the range 0-20 or circle Not assessed.
 - Hearing and language skills Enter numerical score in the range 0-21 or circle Not assessed.
 - Speech and language skills Enter numerical score in the range 0-22 or circle Not assessed.
 - Interactive social skills Enter numerical score in the range 0-24 or circle Not assessed.
 - Self-care social skills Enter numerical score in the range 0-23 or circle Not assessed.
 - Cognitive skills Enter numerical score in the range 0-34 or circle Not assessed.
4. INFANT FEEDING Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary).
 - Collection time Circle one option only.
 - Feeding status Circle one option only.

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Figure 9: Pre-printed HCWP data collection form (back page)

- FINAL -

NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will remove the ability to produce medical examination forms for preschool contacts, and will introduce functionality for producing the pre-printed HCWP data collection forms.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Community child health clerical staff will be responsible for producing the pre-printed HCWP data collection forms, printing them and sending them out to health professional bases.

Health professional responsibilities in relation to the CCH2000 change and/or business area: Health professional bases will receive one pre-printed HCWP data collection form per child appointed to their health professional sessions by CCH2000. The forms must be completed by health professionals during or after the contacts and the completed forms must then be returned to the community child health office that they originated from. Instructions with regard to which sections should be completed by health professionals for each of the schedulable contacts on the HCWP schedule are available in appendix three of this document. To reiterate previous points, data collected from HCWP contacts must always be returned to community child health offices using the HCWP data collection forms and must not be sent in using CCH2000 medical forms, pages from the Red book or any other means. Health professionals who are going to be involved in scheduled preschool contacts with children under the HCWP should contact community child health clerical staff before the CCH2000 system starts appointing to 1st October 2016 onwards in order to ensure that the pre-printed HCWP data collection forms are sent to them for scheduled HCWP contacts. The pre-printed HCWP data collection forms will be available once Health Boards have received the CCH2000 software upgrade for the HCWP from NWIS, which will be sometime between 12th September 2016 and 1st October 2016, but health professionals should initiate contact with community child health clerical staff as soon as possible leading up to September 2016 so that they can discuss plans between them where CCH2000 preschool appointment documentation is concerned.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS			
Serial number	8000512873	Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE
NHS number	752 966 9257		
Surname	SMITH		
First name	SAM		
DOB	05 / 05 / 2016		
Sex	MALE	Postcode	SA14 7AW
GP name	BORIS JOHNSON (G5787999)	Tel no.	01267 238784
HV name	DAVID CAMERON (875698)		
2. CONTACT DETAILS			
Contact	Recall in (weeks)		
Contact at 10 - 14 days	2		
Physical examination at 6 - 8 weeks	3	Enter here	
Weight and measurement at 8 weeks	4		
Weight and measurement at 12 weeks	4		
Weight and measurement at 16 weeks	4		
Contact at 6 months	5	Enter here	
Health visitor contact at 15 months	6	Enter here	
Health visitor contact at 27 months	7	Enter here	
Contact at 3.5 years pre-school	8	Enter here	
Schedule of Growing Skills (SoGS)	9		
Date of contact	23 / 06 / 2016		
Reason not examined			
Was not brought	1		
Unwell or uncooperative child	2		
Examination refused	3		
Parent / Carer not present	4		
3a. GENERAL OUTCOMES			
Weight and measurement			
Height/Length (1 decimal place)			NN . N CM
Weight (3 decimal places)			N . NNN KG
Head circumference (1 decimal place)			NN . N CM
Evidence of FGM			
FGM observed			1
FGM disclosed			2
FGM not present			3
Not examined			4
Domestic violence concern			
Domestic violence concern - assessment completed			1
Domestic violence concern - assessment not completed			2
No concern			3
Family resilience			
Low resilience			1
Low medium resilience			2
Medium resilience			3
Medium high resilience			4
High resilience			5

Figure 10: Pre-printed HCWP data collection form (front page) – pre-printed sections highlighted

HEALTHY CHILD WALES PROGRAMME – IMMUNISATION HISTORY

Immunisation history recorded on CCH2000 will be printed below if the document was produced as part of a scheduled appointment run on CCH2000 and the child was over 6 months old at the time of the document being printed.

IMMUNISATION DESCRIPTION	DATE GIVEN	IMMUNISATION DESCRIPTION	DATE GIVEN
1 st Diphtheria Tetanus aPertussis Polio Hib	06/07/2016		
1 st Pneumococcal	06/07/2016		
1 st Rotavirus	06/07/2016		
1 st Meningitis B	06/07/2016		
2 nd Diphtheria Tetanus aPertussis Polio Hib	05/08/2016		
2 nd Rotavirus	05/08/2016		
3 rd Diphtheria Tetanus aPertussis Polio Hib	10/09/2016		
2 nd Pneumococcal	10/09/2016		
2 nd Meningitis B	10/09/2016		
HIB/Men C Booster	15/05/2017		
MMR 1	15/05/2017		
Pneumococcal Booster	15/05/2017		
Meningitis B Booster	15/05/2017		

Guidance for completion of document:

4. CHILD DETAILS - Complete this section for all HCWP contacts where section is not pre-populated by the CCH2000 system

Figure 11: Pre-printed HCWP data collection form (back page) – immunisation history populated

5.1.4.2. Recording of scheduled results/outcomes

Current CCH2000 functionality: When results/outcomes collected through scheduled preschool contacts appointed by CCH2000 are returned to community child health offices using appointment documentation detailed in subsection 5.1.4.1, the collected information is input into CCH2000 scheduled result screens which have been developed over many years to accommodate the recording of data captured through various local Health Board preschool programmes. The information input on to CCH2000 is then stored on the database and accessible through the front end screens and reporting functions on CCH2000.

Detail of system or process change to CCH2000: New scheduled result screens will be available on CCH2000 in line with the HCWP dataset and will be used to input results/outcomes collected through scheduled HCWP contacts appointed by CCH2000 and returned to community child health offices using the pre-printed HCWP data collection form referred to in subsection 5.1.4.1.

NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will provide new scheduled result screens for input of results/outcomes collected through scheduled HCWP contacts appointed by CCH2000.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Community child health clerical staff will need to ensure that all data captured on the pre-printed HCWP data collection forms received under the HCWP as a result of scheduled HCWP contacts appointed by CCH2000 is entered on to the new scheduled result screens on CCH2000.

Health professional responsibilities in relation to the CCH2000 change and/or business area: Health professionals who already have access to CCH2000 and specifically, local Health Board preschool programme results/outcomes recorded, will also have access to HCWP results/outcomes recorded on CCH2000 from 1st October 2016. The HCWP results/outcomes will be accessible in the same system area that local Health Board preschool programme results/outcomes are currently accessible at. Health professionals accessing CCH2000 should contact community child health offices on or after 1st October 2016 if they need support around accessing specific areas of the CCH2000 system.

5.1.5. Unscheduled contacts

Current CCH2000 functionality: N/A

Detail of system or process change to CCH2000: N/A

NWIS responsibilities in relation to the CCH2000 change and/or business area: N/A

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: N/A

Health professional responsibilities in relation to the CCH2000 change and/or business area: Health professionals currently arrange some routine contacts with children in line with local Health Board programmes but without any scheduling and appointing support from CCH2000; these would be referred to as unscheduled contacts. Health professionals currently document the results/outcomes from these local programme contacts and send them to community child health offices for input into CCH2000 by community child health clerical staff. Health professionals who are currently responsible for arranging routine contacts with children without any scheduling support from CCH2000 will continue to do so but they will need to ensure that they do this in line with contacts on the universal HCWP schedule, as opposed to local Health Board programme schedules, and they will need to ensure that they document HCWP results/outcomes, as opposed to local programme results/outcomes, before sending the documents to community child health offices for input into CCH2000.

5.1.5.1. Unscheduled documentation

Current CCH2000 functionality: N/A

Detail of system or process change to CCH2000: CCH2000 will provide functionality for producing blank HCWP data collection forms (as seen in figures 12 and 13) which community child health clerical staff will print, in large quantities if required, and make available to health professionals to complete as part of unscheduled HCWP contacts. The form consists of two pages, designed with the intention that duplex printing be applied through a printer capable of duplex printing.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS					
Serial number	N/A		Address	Enter here	
NHS number	Enter here				
Surname	Enter here				
First name	Enter here				
DOB	DD / MM / YYYY				
Sex	Enter here		Postcode	Enter here	
GP name	Enter here		Tel no.	Enter here	
HV name	Enter here				
2. CONTACT DETAILS					
Contact	Recall in (weeks)		Weight and measurement		
Contact at 10 - 14 days	2		Height/Length (1 decimal place)	NN . NN CM	
Physical examination at 6 - 8 weeks	3	Enter here	Weight (3 decimal places)	N . NNN KG	
Weight and measurement at 8 weeks	4		Head circumference (1 decimal place)	NN . NN CM	
Weight and measurement at 12 weeks	4		Evidence of FGM		
Weight and measurement at 16 weeks	4		FGM observed	1	
Contact at 6 months	5	Enter here	FGM disclosed	2	
Health visitor contact at 15 months	6	Enter here	FGM not present	3	
Health visitor contact at 27 months	7	Enter here	Not examined	4	
Contact at 3.5 years pre-school	8	Enter here	Domestic violence concern		
Schedule of Growing Skills (SoGS)	9		Domestic violence concern - assessment completed	1	
Date of contact	DD / MM / YYYY		Domestic violence concern - assessment not completed	2	
Reason not examined			No concern	3	
Was not brought	1		Family resilience		
Unwell or uncooperative child	2		Low resilience	1	
Examination refused	3		Low medium resilience	2	
Parent / Carer not present	4		Medium resilience	3	
Consent*	Yes	No	Medium high resilience	4	
			High resilience	5	
Location			Not assessed	6	
GP Surgery	1		Onward referrals made	Yes No	
Clinic	2				
School	3		3b. PHYSICAL OUTCOMES		
At home	4		Heart	Satisfactory 1	
Hospital	5			Concern 2	
Telephone contact	6			Not assessed 3	
Examiner			Hips	Satisfactory 1	
Doctor - paediatrician	1			Concern 2	
GP	2			Not assessed 3	
Health Visitor	3		Eyes	Satisfactory 1	
Audiometrist	4			Concern 2	
Vision Screener	5			Not assessed 3	
School Nurse	6		Testes (boys)	Satisfactory 1	
Practice Nurse	7			Concern 2	
Midwife	8			Not assessed 3	
Community Nurse	9		General	Satisfactory 1	
Registered Nurse	10			Concern 2	
Other examiner	11			Not assessed 3	
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES					
Receiving Flying Start services**	Yes	No	Not known	Development	
Looked after child**	Yes	No	Not known	Development as expected	1
On the Child Protection Register**	Yes	No	Not known	Concern: requires additional support	2
				Development - further assessment required	Yes No
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Not assessed		
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)	Enter score 0-28		Not assessed		
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Not assessed		
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)	Enter score 0-21		Not assessed		
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)	Enter score 0-22		Not assessed		
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)	Enter score 0-24		Not assessed		
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)	Enter score 0-23		Not assessed		
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)	Enter score 0-34		Not assessed		
4. INFANT FEEDING					
Collection time			Feeding status		
10 days	3		Exclusive milk	1	
6 weeks	4		Combined milk feeding - predominantly breast	2	
6 months	5		Combined milk feeding - partially breast	3	
			Artificial milk feeding	4	

* Consent provided by person with parental responsibility ** At this contact

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Figure 12: Blank HCWP data collection form (front page)

NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will provide functionality for producing blank HCWP data collection forms through CCH2000.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Community child health clerical staff will be expected to produce blank HCWP data collection forms, print them and make them available to health professionals on request.

Health professional responsibilities in relation to the CCH2000 change and/or business area: Health professionals will need to request blank HCWP data collection forms from community child health clerical staff for completion during unscheduled HCWP contacts. The forms must be completed by the health professional during or after the contact and the completed forms must then be sent to the relevant community child health office. Instructions with regard to which sections should be completed for each of the unscheduled contacts on the HCWP schedule are available in appendix three. Data collected during unscheduled HCWP contacts must always be returned to community child health offices using the HCWP data collection forms and must not be returned using other data collection forms produced locally or pages from the Red book. Health professionals who are going to be involved in unscheduled preschool contacts with children under the HCWP should contact community child health clerical staff before they carry out unscheduled HCWP contacts with children. The blank HCWP data collection forms will be available once Health Boards have received the CCH2000 software upgrade for the HCWP from NWIS, which will be sometime between 12th September 2016 and 1st October 2016.

5.1.5.2. Recording of unscheduled results/outcomes

Current CCH2000 functionality: When results/outcomes collected through unscheduled preschool contacts are returned to community child health offices using data collection forms produced locally or pages from the Red book, the collected information is input into CCH2000 unscheduled result screens which have been developed over many years to accommodate the recording of data captured through various local Health Board preschool programmes. The information input on to CCH2000 is then stored on the database and accessible through the front end screens and reporting functions on CCH2000.

Detail of system or process change to CCH2000: New unscheduled result screens will be developed on CCH2000 in line with the HCWP dataset and will be used to input results/outcomes collected through unscheduled HCWP contacts and returned to community child health offices using the blank HCWP data collection form referred to in subsection 5.1.5.1. Existing unscheduled result screens will remain for ongoing access to historic data that has been captured through local Health Board preschool programmes.

NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will provide new unscheduled result screens for input of results/outcomes collected through unscheduled HCWP contacts.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Community child health clerical staff will need to ensure that all data captured on the blank HCWP data collection forms received under the HCWP as a result of unscheduled HCWP contacts is entered on to the new unscheduled result screens on CCH2000.

Health professional responsibilities in relation to the CCH2000 change and/or business area: Health professionals who already have access to CCH2000 and specifically, local Health Board preschool programme results/outcomes recorded, will also have access to HCWP results/outcomes recorded on CCH2000 from 1st October 2016. The HCWP results/outcomes will be accessible in the same system area that local Health Board preschool programme results/outcomes are currently accessible at. Health professionals accessing CCH2000 should contact community child health offices on or after 1st October 2016 if they need support around accessing specific areas of the CCH2000 system.

5.1.6. Local programme recalls

Current CCH2000 functionality: Preschool recall functionality is currently used as a means of arranging for children to receive appointments for contacts available on local Health Board programme schedules of contact, as a priority over children being appointed as part of routine appointment scheduling. The recall appointment can be a repeat of a contact type that a child has previously been appointed for, or it can be a contact type that a child has not previously been called for. When a recall for a specific contact is requested on CCH2000, a place is essentially reserved in a future health professional session and the system will generate a priority appointment for the child when it comes to appointing for the week in which the recall appointment was requested for.

Detail of system or process change to CCH2000: Recalls already requested on CCH2000 for children to receive local programme recalls on or after 1st October 2016 will need to be removed before Health Boards start appointing to 1st October onwards as part of the HCWP.

NWIS responsibilities in relation to the CCH2000 change and/or business area: On request, the NWIS community applications support team will be available to provide support to community child health clerical staff.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Community child health clerical staff will need to liaise with health professionals responsible for the preschool care of children set up to receive local programme recalls on or after 1st October 2016 in order to decide on whether those local programme recalls requested before 1st October 2016 for priority appointments on or after 1st October 2016 should be: removed and replaced with HCWP recalls/priority appointments; or removed and not replaced with HCWP recalls/priority appointments. From 1st October 2016 onwards, HCWP recalls/priority appointments requested by health professionals as part of the HCWP will need to be requested on CCH2000 by community child health clerical staff.

Health professional responsibilities in relation to the CCH2000 change and/or business area: Health professionals responsible for preschool care of children set up to receive local programme recalls on or after 1st October 2016 will need to provide guidance to community child health clerical staff on whether those local programme recalls should be: removed and replaced with HCWP recalls/priority appointments; or removed and not replaced with HCWP recalls/priority appointments. HCWP recalls/priority appointments that require scheduling on CCH2000 by community child health clerical staff from 1st October onwards will need to be requested by health professionals through direct communication with community child health clerical staff or through completion of the relevant section of the HCWP data collection form (see appendix 3 for guidance on completion of the pre-printed HCWP data collection form and the blank HCWP data collection form). Community child health clerical staff will be able to arrange HCWP recalls once Health Boards have received the CCH2000 software upgrade for the HCWP from NWIS, which will be sometime between 12th September 2016 and 1st October 2016.

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5.1.7. Automatic movements

Current CCH2000 functionality: Child records are currently electronically moved from one CCH2000 system in Wales to another when community child health clerical staff instruct the system to do so as a result of children moving or transferring across organisational boundaries due to them: moving home; being born in a different area to the one that they live in; being treated in a different area to the one that they live in.

Detail of system or process change to CCH2000: The automatic movement process will need to include the HCWP data recorded for children on CCH2000 when the records of those children are electronically moved from one CCH2000 system in Wales to another.

NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will provide functionality that will enable HCWP data recorded for children on CCH2000 to be included in the automatic movement process when the records of those children are electronically moved from one CCH2000 system in Wales to another.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: N/A

Health professional responsibilities in relation to the CCH2000 change and/or business area: N/A

5.1.8. System reports

Current CCH2000 functionality: CCH2000 currently produces system reports, on demand, that contain data captured and recorded as part of local Health Board programmes of preschool contact.

Detail of system or process change to CCH2000: Data captured and recorded on CCH2000 as part of HCWP contacts will be available on the system reports that currently contain data captured and recorded as part of local Health Board programmes of preschool contact.

NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will provide functionality for system reports which currently contain data captured and recorded as part of local Health Board programmes of preschool contact to also include data captured and recorded as part of HCWP contacts.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: N/A

Health professional responsibilities in relation to the CCH2000 change and/or business area: N/A

5.1.9. Enabling data extraction for secondary use purposes

Current CCH2000 functionality: Database views are used as a means to present data in an extractable format for extraction to the National Community Child Health Database (NCCHD), which serves as a platform for the delivery of extracts/reports to WG and Public Health Wales for secondary use purposes. Data is currently extracted to the NCCHD as part of programmes such as: Child Measurements; Routine Immunisations.

Detail of system or process change to CCH2000: Data captured and recorded on CCH2000 as part of HCWP contacts will be available for extraction to the NCCHD.

NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will provide the means for data recorded on CCH2000 as part of HCWP contacts from 1st October onwards to be available for extraction to the NCCHD.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: N/A

Health professional responsibilities in relation to the CCH2000 change and/or business area: N/A

5.2. Immunisations and vaccination module

The main functions of the immunisation and vaccination module on CCH2000 are: scheduling of immunisation and vaccination appointments for children with health professionals; recording of immunisations and vaccinations given. No changes are being made to the scheduling of immunisation and vaccination appointments, but the production of additional data collection documents is being introduced in support of the HCWP.

5.2.1. Scheduled documentation for 1st, 2nd and 3rd primary immunisation appointments

Current CCH2000 functionality: As part of the immunisation and vaccination appointment generation process the system supports the production of: immunisation clinic lists (as seen in figure 14), which details children due specific immunisations at clinics on specific dates/times, or during an open period, and are sent to clinics for health professionals to use to write in the details of immunisations given during the scheduled contacts that have taken place between them and children, before returning the completed lists to the community child health offices for input into CCH2000; invitation mailers (as seen in figures 15 and 16), which, if specific appointment date/time and venues are controlled by CCH2000, can be sent direct to parents by community child health office teams, or can be sent to clinics as open appointment mailers so that the health professionals can add dates/times and venues before sending them to parents.

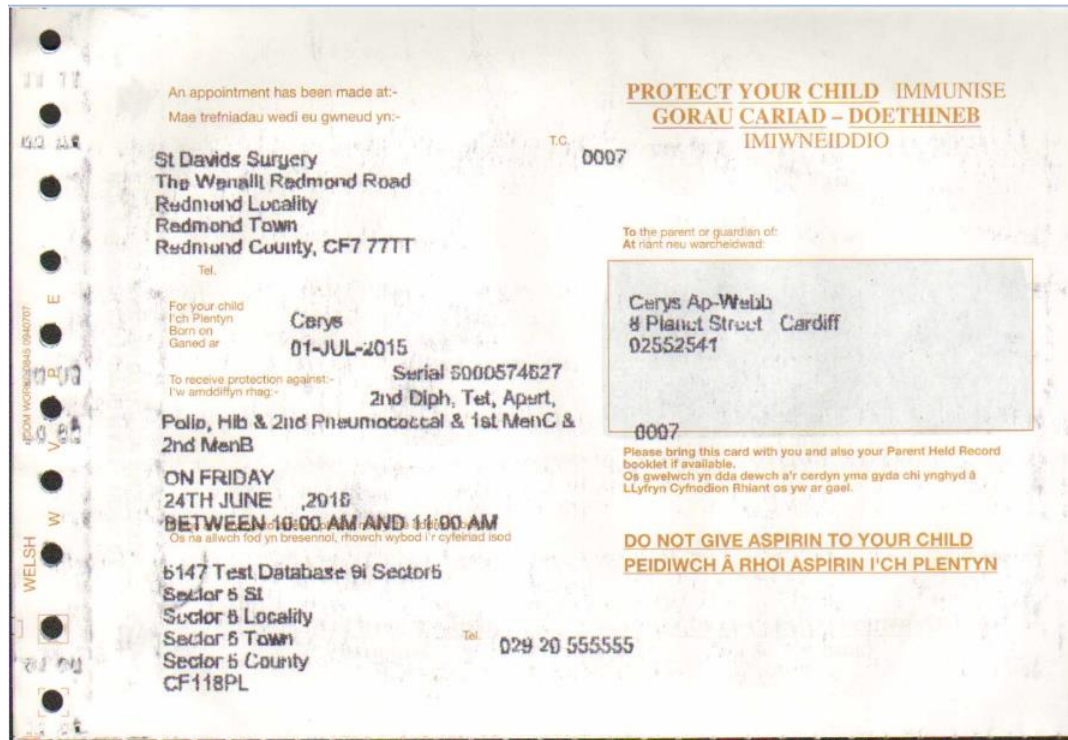


Figure 15: Inside page of CCH2000 invitation mailer used for immunisation contacts scheduled by CCH2000. Appointment date/time specified by CCH2000.

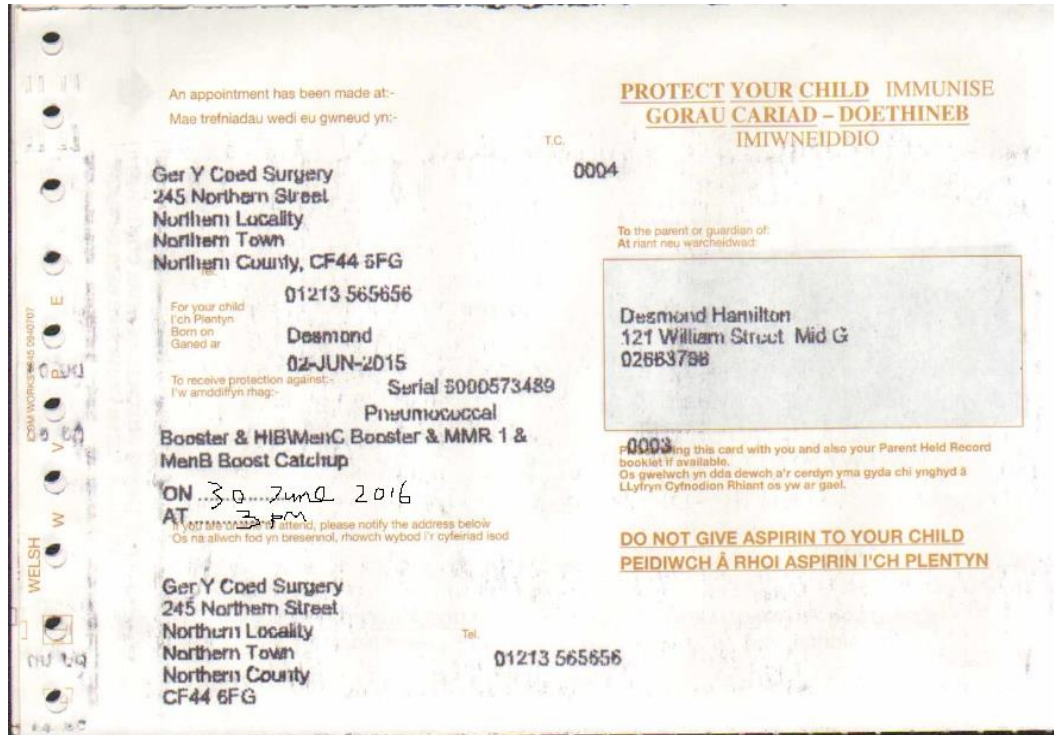


Figure 16: Inside page of CCH2000 invitation mailer used for immunisation contacts scheduled by CCH2000. Appointment date/time written in by health professional.

In addition to the CH2000 generated documentation, some health professionals use forms from the Red book as an alternative means of sending details to community child health offices of immunisations given during scheduled immunisation contacts.

Detail of system or process change to CCH2000: Health Boards should continue to use current documentation to send details to community child health offices of immunisations given during scheduled immunisation contacts. However, as part of the immunisation appointment generation process for 1st, 2nd and 3rd primary immunisation appointments at 8 weeks, 12 weeks and 16 weeks respectively, CCH2000 will produce HCWP data collection forms (as seen in figures 17 and 18), which will be printed on to blank A4 paper by a laser printer. One form will be produced per child appointed for 1st, 2nd and 3rd primary immunisation appointments during the immunisation appointment generation process. All HCWP data collection forms produced as part of this process will have demographic details, contact number and, where known, contact date printed by CCH2000 (as seen in figure 19).

Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION					
1. CHILD DETAILS					
Serial number	6000512873		Address	17 PLANET STREET	
NHS number	752 966 9257			FOELGASTELL	
Surname	SMITH			CARMARTHENSHIRE	
First name	SAM				
DOB	05 / 05 / 2016				
Sex	MALE		Postcode	SA14 7AW	
GP name	BORIS JOHNSON (G5787999)		Tel no.	01267 236784	
HV name	DAVID CAMERON (875698)				
2. CONTACT DETAILS			3a. GENERAL OUTCOMES		
Contact	Recall in (weeks)		Weight and measurement		
Contact at 10 - 14 days	2		Height/Length (1 decimal place)	NN . NN CM	
Physical examination at 6 - 8 weeks	3	Enter here	Weight (3 decimal places)	N . NNN KG	
Weight and measurement at 9 weeks	4		Head circumference (1 decimal place)	NN . NN CM	
Weight and measurement at 12 weeks	4		Evidence of FGM		
Weight and measurement at 16 weeks	4		FGM observed	1	
Contact at 6 months	5	Enter here	FGM disclosed	2	
Health visitor contact at 15 months	6	Enter here	FGM not present	3	
Health visitor contact at 27 months	7	Enter here	Not examined	4	
Contact at 3.5 years pre-school	8	Enter here	Domestic violence concern		
Schedule of Growing Skills (SoGS)	9		Domestic violence concern - assessment completed	1	
Date of contact	23 / 06 / 2016		Domestic violence concern - assessment not completed	2	
Reason not examined			No concern	3	
Was not brought	1		Family resilience		
Unwell or uncooperative child	2		Low resilience	1	
Examination refused	3		Low medium resilience	2	
Parent / Carer not present	4		Medium resilience	3	
Consent *	Yes	No	Medium high resilience	4	
			High resilience	5	
Location			Not assessed	6	
GP Surgery	1		Onward referrals made		
Clinic	2		Yes No		
School	3		3b. PHYSICAL OUTCOMES		
At home	4		Heart	Satisfactory 1	
Hospital	5			Concern 2	
Telephone contact	6			Not assessed 3	
Examiner			Hips	Satisfactory 1	
Doctor - paediatrician	1			Concern 2	
GP	2			Not assessed 3	
Health Visitor	3		Eyes	Satisfactory 1	
Audiometician	4			Concern 2	
Vision Screener	5			Not assessed 3	
School Nurse	6		Testes (boys)	Satisfactory 1	
Practice Nurse	7			Concern 2	
Midwife	8			Not assessed 3	
Community Nursery Nurse	9		General	Satisfactory 1	
Registered Nurse	10			Concern 2	
Other examiner	11			Not assessed 3	
Receiving Flying Start services **	Yes	No	3c. DEVELOPMENT OUTCOMES		
Looked after child **	Yes	No	Development		
On the Child Protection Register **	Yes	No	Development as expected 1		
			Concern: requires additional support 2		
			Development - further assessment required Yes No		
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES					
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Not assessed		
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)	Enter score 0-28		Not assessed		
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Not assessed		
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)	Enter score 0-21		Not assessed		
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)	Enter score 0-22		Not assessed		
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)	Enter score 0-24		Not assessed		
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)	Enter score 0-23		Not assessed		
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)	Enter score 0-34		Not assessed		
4. INFANT FEEDING					
Collection time			Feeding status		
10 days	3		Exclusive milk	1	
6 weeks	4		Combined milk feeding - predominantly breast	2	
6 months	5		Combined milk feeding - partially breast	3	
			Artificial milk feeding	4	

Figure 17: Pre-printed HCWP data collection form (front page)

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NWIS responsibilities in relation to the CCH2000 change and/or business area: As part of their CCH2000 software release package in September 2016, NWIS will introduce functionality for producing the pre-printed HCWP data collection forms for children being appointed for 1st, 2nd and 3rd primaries during the immunisation appointment generation process.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Community child health clerical staff will be responsible for producing the pre-printed HCWP data collection forms for children being appointed for 1st, 2nd and 3rd primaries during the immunisation appointment generation process and sending them out to health professionals at their clinic addresses.

Health professional responsibilities in relation to the CCH2000 change and/or business area: Health professionals will receive one pre-printed HCWP data collection form per child appointed to 1st, 2nd or 3rd primaries at their clinic sessions. The forms must be completed by health professionals during or after the contacts and the completed forms must then be returned to the community child health office that they originated from. Instructions with regard to which sections should be completed for each of the schedulable contacts on the HCWP schedule are available in appendix three of this document. To reiterate previous points, HCWP data collected from HCWP contacts must always be returned to community child health offices using the HCWP data collection forms and details of immunisations given at scheduled clinic sessions should continue to be returned using existing documentation i.e. CCH2000 generated clinic lists or pages from the Red book. Health professionals who are going to be involved in 1st, 2nd or 3rd primary immunisation appointments scheduled by the CCH2000 system should contact community child health clerical staff before the CCH2000 system starts appointing to 1st October 2016 onwards in order to ensure that the pre-printed HCWP data collection forms are sent to them for 1st, 2nd or 3rd primary immunisation appointments scheduled by CCH2000. The pre-printed HCWP data collection forms will be available once Health Boards have received the CCH2000 software upgrade for the HCWP from NWIS, which will be sometime between 12th September 2016 and 1st October 2016, but health professionals should initiate contact with community child health clerical staff as soon as possible leading up to September 2016 so that they can discuss plans between them where immunisation appointment documentation is concerned.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS			
Serial number	6000512873	Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE
NHS number	752 966 9257		
Surname	SMITH		
First name	SAM		
DOB	05 / 05 / 2016		
Sex	MALE		
GP name	BORIS JOHNSON (G5787999)	Postcode	SA14 7AW
HV name	DAVID CAMERON (875698)	Tel no.	01267 238784
3a. GENERAL OUTCOMES			
2. CONTACT DETAILS			
Contact		Weight and measurement	
	Recall in (weeks)	Height/Length (1 decimal place)	NV. N CM
Contact at 10 - 14 days	2	Weight (3 decimal places)	N. NNN KG
Physical examination at 6 - 8 weeks	3 <i>Enter here</i>	Head circumference (1 decimal place)	NN. N CM
Weight and measurement at 8 weeks	4	Evidence of FGM	
Weight and measurement at 12 weeks	4	FGM observed	1
Weight and measurement at 18 weeks	4	FGM disclosed	2
Contact at 6 months	5 <i>Enter here</i>	FGM not present	3
Health visitor contact at 15 months	6 <i>Enter here</i>	Not examined	4
Health visitor contact at 27 months	7 <i>Enter here</i>	Domestic violence concern	
Contact at 3.5 years pre-school	8 <i>Enter here</i>	Domestic violence concern - assessment completed	1
Schedule of Growing Skills (SoGS)	9	Domestic violence concern - assessment not completed	2
Date of contact	07 / 07 / 2016	No concern	3
Reason not examined		Family resilience	
Was not brought	1	Low resilience	1
Unwell or uncooperative child	2	Low medium resilience	2
Examination refused	3	Medium resilience	3
Parent / Carer not present	4	Medium high resilience	4
		High resilience	5

Figure 19: Pre-printed HCWP data collection form (front page) – pre-printed sections highlighted

6. APPENDIX ONE – HCWP SCHEDULE OF CONTACTS

The table below lists the HCWP enhanced functionality contacts that should be recorded on CCH2000 and provides a summary detail on: whether or not each of the HCWP contacts should be scheduled for appointments by the CCH2000 preschool module; the minimum and maximum age of children that CCH2000 will schedule appointments within, where applicable.

Contact Number	Contact description	Scheduled by CCH2000	Min Age (weeks)	Max age (weeks)
2	Contact at 10 - 14 days	No	0	0
3	Physical examination at 6 - 8 weeks	Yes	6	12
4	Weight and measurement at 8/12/16 weeks	No <i>(Immunisation and vaccination appointments are already scheduled at 8/12/16 weeks)</i>	0	0
5	Contact at 6 months	Yes	26	35
6	Health visitor contact at 15 months	Yes	65	78
7	Health visitor contact at 27 months	Yes	117	130
8	Contact at 3.5 years pre-school	Yes	185	208
9	Schedule of Growing Skills	No	0	0

Figure 20: HCWP schedule of contacts

7. APPENDIX TWO - HCWP SCHEDULING AND INFORMATION REQUIREMENTS

The tables in this appendix represent each of the HCWP contacts that should be recorded on CCH2000 and provides detail on: whether or not each of the HCWP contacts should be scheduled for appointments by CCH2000; the minimum and maximum age for scheduling the appointments, where applicable; the information items that should be available for recording.

7.1. Contact at 10 – 14 days

Contact at 10 - 14 days		
CCH2000 to Schedule	No	
Minimum age for CCH2000 Scheduling purposes	N/A	
Maximum age for CCH2000 Scheduling purposes	N/A	
Information items to be available for recording	Item name	Permitted values
	Contact	Contact at 10 - 14 days
	Date of Contact	<i>Valid date</i>
	Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present
	Consent (provided by person with parental responsibility)	Yes No
	Location	GP Surgery Clinic School At home Hospital Telephone contact
	Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner
	Height/Length	<i>Valid measurement</i>
	Weight	<i>Valid measurement</i>

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	Head circumference	<i>Valid measurement</i>
	Onward referrals made	Yes No
	Receiving Flying Start services (at this contact)	Yes No Not known
	Looked after child (at this contact)	Yes No Not known
	On the Child Protection Register (at this contact)	Yes No Not known
	Evidence of FGM	FGM observed FGM disclosed FGM not present Not examined
	Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern
	Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed

Note: Infant feeding should be entered on to CCH2000 if returned on the blank HCWP data collection form and not already recorded on CCH2000

Figure 21: Contact at 10-14 days

7.2. Physical examination at 6 - 8 weeks

Physical examination at 6 - 8 weeks		
CCH2000 to Schedule	Yes	
Minimum age for CCH2000 Scheduling purposes	6 weeks	
Maximum age for CCH2000 Scheduling purposes	12 weeks	
Information items to be available for recording	Item name	Permitted values
	Contact	Physical examination at 6 - 8 weeks
	Date of Contact	<i>Valid date</i>

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Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present
Consent (provided by person with parental responsibility)	Yes No
Location	GP Surgery Clinic School At home Hospital Telephone contact
Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner
Height/Length	<i>Valid measurement</i>
Weight	<i>Valid measurement</i>
Head circumference	<i>Valid measurement</i>
Onward referrals made	Yes No
Receiving Flying Start services (at this contact)	Yes No Not known
Looked after child (at this contact)	Yes No Not known
On the Child Protection Register (at this contact)	Yes No Not known
Evidence of FGM	FGM observed FGM disclosed FGM not present Not examined
Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern

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	Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed
	Heart	Satisfactory Concern Not assessed
	Hips	Satisfactory Concern Not assessed
	Eyes	Satisfactory Concern Not assessed
	Testes	Satisfactory Concern Not assessed
	General	Satisfactory Concern Not assessed

Note: Infant feeding should be entered on to CCH2000 if returned on the blank/pre-printed HCWP data collection form and not already recorded on CCH2000

Figure 22: Physical examination at 6-8 weeks

7.3. Weight and measurement at 8 weeks

Weight and measurement at 8 weeks		
CCH2000 to Schedule	No (this will be done with 1st primary immunisations at the 1st primaries clinic appointment)	
Minimum age for CCH2000 Scheduling purposes	N/A	
Maximum age for CCH2000 Scheduling purposes	N/A	
Information items to be available for recording	Item name	Permitted values
	Contact	Weight and measurement at 8 weeks
	Contact age	8 week 12 week 16 week
	Date of Contact	<i>Valid date</i>
	Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present

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Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

Consent (provided by person with parental responsibility)	Yes No
Location	GP Surgery Clinic School At home Hospital Telephone contact
Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner
Height/Length	<i>Valid measurement</i>
Weight	<i>Valid measurement</i>
Head circumference	<i>Valid measurement</i>
Onward referrals made	Yes No
Receiving Flying Start services (at this contact)	Yes No Not known
Looked after child (at this contact)	Yes No Not known
On the Child Protection Register (at this contact)	Yes No Not known
Evidence of FGM	FGM observed FGM disclosed FGM not present Not examined
Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern
Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed

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Note: Infant feeding should be entered on to CCH2000 if returned on the blank/pre-printed HCWP data collection form and not already recorded on CCH2000

Figure 23: Weight and measurement at 8 weeks

7.4. Weight and measurement at 12 weeks

Weight and measurement at 12 weeks		
CCH2000 to Schedule	No (this will be done with 2nd primary immunisations at the 2nd primaries clinic appointment)	
Minimum age for CCH2000 Scheduling purposes	N/A	
Maximum age for CCH2000 Scheduling purposes	N/A	
Information items to be available for recording	Item name	Permitted values
	Contact	Weight and measurement at 12 weeks
	Contact age	8 week 12 week 16 week
	Date of Contact	<i>Valid date</i>
	Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present
	Consent (provided by person with parental responsibility)	Yes No
	Location	GP Surgery Clinic School At home Hospital Telephone contact
	Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner

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Height/Length	Valid measurement
Weight	Valid measurement
Head circumference	Valid measurement
Onward referrals made	Yes No
Receiving Flying Start services (at this contact)	Yes No Not known
Looked after child (at this contact)	Yes No Not known
On the Child Protection Register (at this contact)	Yes No Not known
Evidence of FGM	FGM observed FGM disclosed FGM not present Not examined
Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern
Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed

Note: Infant feeding should be entered on to CCH2000 if returned on the blank/pre-printed HCWP data collection form and not already recorded on CCH2000

Figure 24: Weight and measurement at 12 weeks

7.5. Weight and measurement at 16 weeks

Weight and measurement at 16 weeks		
CCH2000 to Schedule	No (this will be done with 3rd primary immunisations at the 3rd primaries clinic appointment)	
Minimum age for CCH2000 Scheduling purposes	N/A	
Maximum age for CCH2000 Scheduling purposes	N/A	
Information items to be available for recording	Item name	Permitted values
	Contact	Weight and measurement at 16 weeks

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Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

Contact age	8 week 12 week 16 week
Date of Contact	<i>Valid date</i>
Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present
Consent (provided by person with parental responsibility)	Yes No
Location	GP Surgery Clinic School At home Hospital Telephone contact
Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner
Height/Length	<i>Valid measurement</i>
Weight	<i>Valid measurement</i>
Head circumference	<i>Valid measurement</i>
Onward referrals made	Yes No
Receiving Flying Start services (at this contact)	Yes No Not known
Looked after child (at this contact)	Yes No Not known
On the Child Protection Register (at this contact)	Yes No Not known
Evidence of FGM	FGM observed FGM disclosed FGM not present Not examined

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	Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern
	Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed
Note: Infant feeding should be entered on to CCH2000 if returned on the blank/pre-printed HCWP data collection form and not already recorded on CCH2000		

Figure 25: Weight and measurement at 16 weeks

7.6. Contact at 6 months

Contact at 6 months		
CCH2000 to Schedule	Yes	
Minimum age for CCH2000 Scheduling purposes	26 weeks	
Maximum age for CCH2000 Scheduling purposes	35 weeks	
Information items to be available for recording	Item name	Permitted values
	Contact	Contact at 6 months
	Date of Contact	<i>Valid date</i>
	Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present
	Consent (provided by person with parental responsibility)	Yes No
	Location	GP Surgery Clinic School At home Hospital Telephone contact
Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse	

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	Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner
Height/Length	Valid measurement
Weight	Valid measurement
Head circumference	Valid measurement
Onward referrals made	Yes No
Receiving Flying Start services (at this contact)	Yes No Not known
Looked after child (at this contact)	Yes No Not known
On the Child Protection Register (at this contact)	Yes No Not known
Evidence of FGM	FGM observed FGM disclosed FGM not present Not examined
Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern
Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed

Note: Infant feeding should be entered on to CCH2000 if returned on the blank/pre-printed HCWP data collection form and not already recorded on CCH2000

Figure 26: Contact at 6 months

7.7. Health visitor contact at 15 months

Health visitor contact at 15 months	
CCH2000 to Schedule	Yes
Minimum age for CCH2000 Scheduling purposes	65 weeks

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Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

Maximum age for CCH2000 Scheduling purposes		78 weeks
Information items to be available for recording	Item name	Permitted values
	Contact	Health visitor contact at 15 months
	Date of Contact	<i>Valid date</i>
	Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present
	Consent (provided by person with parental responsibility)	Yes No
	Location	GP Surgery Clinic School At home Hospital Telephone contact
	Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner
	Height/Length	<i>Valid measurement</i>
	Weight	<i>Valid measurement</i>
	Head circumference	<i>Valid measurement</i>
	Onward referrals made	Yes No
	Receiving Flying Start services (at this contact)	Yes No Not known
	Looked after child (at this contact)	Yes No Not known
	On the Child Protection Register (at this contact)	Yes No Not known
	Evidence of FGM	FGM observed FGM disclosed

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		FGM not present Not examined
	Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern
	Development	Development as expected Concern: requires additional support
	Development – further assessment required	Yes No
	Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed

Figure 27: Health visitor contact at 15 months

7.8. Health visitor contact at 27 months

Health visitor contact at 27 months		
CCH2000 to Schedule	Yes	
Minimum age for CCH2000 Scheduling purposes	117 weeks	
Maximum age for CCH2000 Scheduling purposes	130 weeks	
Information items to be available for recording	Item name	Permitted values
	Contact	Health visitor contact at 27 months
	Date of Contact	Valid date
	Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present
	Consent (provided by person with parental responsibility)	Yes No
	Location	GP Surgery Clinic School At home Hospital Telephone contact

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Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner
Height/Length	<i>Valid measurement</i>
Weight	<i>Valid measurement</i>
Head circumference	<i>Valid measurement</i>
Onward referrals made	Yes No
Receiving Flying Start services (at this contact)	Yes No Not known
Looked after child (at this contact)	Yes No Not known
On the Child Protection Register (at this contact)	Yes No Not known
Evidence of FGM	FGM observed FGM disclosed FGM not present Not examined
Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern
Development	Development as expected Concern: requires additional support
Development – further assessment required	Yes No
Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed

Figure 28: Health visitor contact at 27 months

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7.9. Contact at 3.5 years pre-school

Contact at 3.5 years pre-school		
CCH2000 to Schedule	Yes	
Minimum age for CCH2000 Scheduling purposes	185 weeks	
Maximum age for CCH2000 Scheduling purposes	208 weeks	
Information items to be available for recording	Item name	Permitted values
	Contact	Contact at 3.5 years pre-school
	Date of Contact	<i>Valid date</i>
	Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present
	Consent (provided by person with parental responsibility)	Yes No
	Location	GP Surgery Clinic School At home Hospital Telephone contact
	Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner
	Height/Length	<i>Valid measurement</i>
	Weight	<i>Valid measurement</i>
	Head circumference	<i>Valid measurement</i>
	Onward referrals made	Yes No
	Receiving Flying Start services (at this contact)	Yes No Not known

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	Looked after child (at this contact)	Yes No Not known
	On the Child Protection Register (at this contact)	Yes No Not known
	Evidence of FGM	FGM observed FGM disclosed FGM not present Not examined
	Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern
	Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed

Figure 29: Contact at 3.5 years pre-school

7.10. Schedule of Growing Skills (SoGS)

Schedule of Growing Skills (SoGS)		
CCH2000 to Schedule	No	
Minimum age for CCH2000 Scheduling purposes	N/A	
Maximum age for CCH2000 Scheduling purposes	N/A	
Information items to be available for recording	Item name	Permitted values
	Contact	Schedule of Growing Skills
	Date of Contact	<i>Valid date</i>
	Reason Not Examined	Was not brought Unwell or uncooperative child Examination refused Parent / Carer not present
	Consent (provided by person with parental responsibility)	Yes No

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Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

Location	GP Surgery Clinic School At home Hospital Telephone contact
Examiner	Doctor – paediatrician GP Health Visitor Audiometrician Vision Screener School Nurse Practice Nurse Midwife Community Nursery Nurse Registered Nurse Other examiner
Height/Length	<i>Valid measurement</i>
Weight	<i>Valid measurement</i>
Head circumference	<i>Valid measurement</i>
Onward referrals made	Yes No
Receiving Flying Start services (at this contact)	Yes No Not known
Looked after child (at this contact)	Yes No Not known
On the Child Protection Register (at this contact)	Yes No Not known
Evidence of FGM	FGM observed FGM disclosed FGM not present Not examined
Domestic violence concern	Domestic violence concern - assessment completed Domestic violence concern - assessment not completed No concern
Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed
Locomotor skills	<i>Number values ranging 0-20</i> Not assessed

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Support for health professionals - Community Child Health 2000 (Healthy Child Wales Programme)

	Manipulative skills	<i>Number values ranging 0-28</i> Not assessed
	Visual skills	<i>Number values ranging 0-20</i> Not assessed
	Hearing and language skills	<i>Number values ranging 0-21</i> Not assessed
	Speech and language skills	<i>Number values ranging 0-22</i> Not assessed
	Interactive social skills	<i>Number values ranging 0-24</i> Not assessed
	Self-care social skills	<i>Number values ranging 0-23</i> Not assessed
	Cognitive skills	<i>Number values ranging 0-34</i> Not assessed

Figure 30: Schedule of Growing Skills (SoGS)

8. APPENDIX THREE – INSTRUCTIONS FOR COMPLETION OF THE HCWP DATA COLLECTION FORM

This appendix provides instructions to health professionals for completion of the HCWP data collection form at each of the HCWP preschool contacts. Throughout this appendix the HCWP data collection forms will be referenced as:

- **Pre-printed HCWP data collection forms**, which are forms that will be produced through the appointment generation processes on CCH2000 for HCWP contacts and immunisation appointments scheduled by CCH2000. These forms will have demographic details, HCWP contact number and, where known, contact date pre-printed by CCH2000.
- **Blank HCWP data collection forms**, which are forms that will be produced, in large quantities if required, through an administration function on CCH2000 for use at HCWP contacts not scheduled through the appointment generation process on CCH2000. These blank HCWP data collection forms are exactly the same as the pre-printed HCWP data collection forms but they will not contain any pre-printed details such as demographic, HCWP contact number and contact date.

8.1. Contact at 10 – 14 days

- This contact will not be scheduled for appointments through the CCH2000 system. Health professionals will need to arrange this contact without any scheduling support from CCH2000.
- Health professionals must complete blank HCWP data collection forms for this contact, copies of which can be requested from the community child health offices. Once completed, the forms should be sent to the community child health office for input into CCH2000.
- The sections highlighted on the HCWP data collection form in figure 31 should be completed by health professionals at this contact.
- Sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Complete all data items in this section.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Circle option 2 (Contact at 10-14 days).
Recall in (weeks)	Not applicable to this HCWP contact.
Date of contact	Enter date in the format DD/MM/YYYY.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length can be recorded if there is concern. Weight must be recorded. Head circumference must be recorded.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.

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3d. SCHEDULE OF GROWING SKILLS (SoGS)	Not applicable to this contact.
OUTCOMES	
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.
Visual skills	Not applicable to this contact.
Hearing and language skills	Not applicable to this contact.
Speech and language skills	Not applicable to this contact.
Interactive social skills	Not applicable to this contact.
Self-care social skills	Not applicable to this contact.
Cognitive skills	Not applicable to this contact.
4. INFANT FEEDING	Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary)
Collection time	Circle one option only.
Feeding status	Circle one option only.

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1. CHILD DETAILS										
Serial number	N/A		Address	Enter here						
NHS number	Enter here		Postcode	Enter here						
Surname	Enter here			Tel no. Enter here						
First name	Enter here									
DOB	DD / MM / YYYY									
Sex	Enter here									
GP name	Enter here		3a. GENERAL OUTCOMES							
HV name	Enter here		Weight and measurement							
2. CONTACT DETAILS				Height/Length (1 decimal place)		NN . N CM				
Contact	Recall in (weeks)			Weight (3 decimal places)		N . NNN KG				
Contact at 10 - 14 days	2			Head circumference (1 decimal place)		NN . N CM				
Physical examination at 6 - 8 weeks	3 Enter here			Evidence of FGM						
Weight and measurement at 8 weeks	4			FGM observed				1		
Weight and measurement at 12 weeks	4			FGM disclosed				2		
Weight and measurement at 18 weeks	4			FGM not present				3		
Contact at 6 months	5 Enter here			Not examined				4		
Health visitor contact at 15 months	6 Enter here			Domestic violence concern						
Health visitor contact at 27 months	7 Enter here			Domestic violence concern - assessment completed				1		
Contact at 3.5 years pre-school	8 Enter here			Domestic violence concern - assessment not completed				2		
Schedule of Growing Skills (SoGS)	9			No concern				3		
Date of contact	DD / MM / YYYY			Family resilience						
Reason not examined				Low resilience				1		
Was not brought	1			Low medium resilience				2		
Unwell or uncooperative child	2			Medium resilience				3		
Examination refused	3			Medium high resilience				4		
Parent / Carer not present	4			High resilience				5		
Consent *	Yes		No		Not assessed				6	
Location				Onward referrals made				Yes No		
GP Surgery	1			3b. PHYSICAL OUTCOMES						
Clinic	2			Heart		Satisfactory		1		
School	3					Concern		2		
At home	4					Not assessed		3		
Hospital	5			Hips		Satisfactory		1		
Telephone contact	6					Concern		2		
Examiner						Not assessed		3		
Doctor – paediatrician	1			Eyes		Satisfactory		1		
GP	2					Concern		2		
Health Visitor	3					Not assessed		3		
Audiometician	4			Testes (boys)		Satisfactory		1		
Vision Screener	5					Concern		2		
School Nurse	6					Not assessed		3		
Practice Nurse	7			General		Satisfactory		1		
Midwife	8					Concern		2		
Community Nursery Nurse	9					Not assessed		3		
Registered Nurse	10			3c. DEVELOPMENT OUTCOMES						
Other examiner	11			Development						
Receiving Flying Start services **	Yes		No		Development as expected		1			
Looked after child **	Yes		No		Not known		2			
On the Child Protection Register **	Yes		No		Not known		Development – further assessment required		Yes No	
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES										
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20		Not assessed					
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)			Enter score 0-28		Not assessed					
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20		Not assessed					
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)			Enter score 0-21		Not assessed					
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)			Enter score 0-22		Not assessed					
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)			Enter score 0-24		Not assessed					
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)			Enter score 0-23		Not assessed					
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)			Enter score 0-34		Not assessed					
4. INFANT FEEDING										
Collection time			Feeding status							
10 days	3			Exclusive milk		1				
6 weeks	4			Combined milk feeding – predominantly breast		2				
6 months	5			Combined milk feeding – partially breast		3				
				Artificial milk feeding		4				

* Consent provided by person with parental responsibility ** At this contact

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Figure 31: Contact at 10-14 days (blank HCWP data collection form)

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8.2. Physical examination at 6 - 8 weeks

- This contact should be scheduled for appointments through the CCH2000 system and health professionals should therefore receive pre-printed HCWP data collection forms from community child health offices that contain: pre-printed child details; HCWP contact number; date of contact, if a date is specified by CCH2000.
- Health professionals must complete the pre-printed HCWP data collection forms for this contact and, once completed, return them to the community child health office for input into CCH2000.
- The sections highlighted on the HCWP data collection form in figure 32 should be completed by health professionals at this contact.
- Sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Data items in this section should be pre-printed by CCH2000. Enter details if not pre-printed.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Option 3 (Physical examination at 6 - 8 weeks) should already be pre-selected by CCH2000. Circle if not pre-selected.
Recall (in weeks)	If this HCWP contact requires a recall, enter the number of weeks in which the relevant recall contact should take place.
Date of contact	Enter date in the format DD/MM/YYYY, where not pre-printed by CCH2000.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length can be recorded if there is concern. Weight must be recorded. Head circumference can be recorded if there is concern.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Complete all data items in this section.
Heart	Circle one option only.
Hips	Circle one option only.
Eyes	Circle one option only.
Testes (boys)	Circle one option only.
General	Circle one option only.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Not applicable to this contact.
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.
Visual skills	Not applicable to this contact.
Hearing and language skills	Not applicable to this contact.
Speech and language skills	Not applicable to this contact.
Interactive social skills	Not applicable to this contact.
Self-care social skills	Not applicable to this contact.
Cognitive skills	Not applicable to this contact.
4. INFANT FEEDING	Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary)
Collection time	Circle one option only.
Feeding status	Circle one option only.

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1. CHILD DETAILS								
Serial number	8000512873			Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE			
NHS number	752 986 8257							
Surname	SMITH							
First name	SAM							
DOB	05 / 05 / 2016							
Sex	MALE			Postcode	SA14 7AW			
GP name	BORIS JOHNSON (G5787999)			Tel no.	01267 236784			
HV name	DAVID CAMERON (875698)							
2. CONTACT DETAILS								
Contact		Recall in (weeks)		3a. GENERAL OUTCOMES				
Contact at 10 - 14 days	2			Weight and measurement				
Physical examination at 6 - 8 weeks	3	Enter here		Height/Length (1 decimal place)	NN . N CM			
Weight and measurement at 8 weeks	4			Weight (3 decimal places)	N . NNN KG			
Weight and measurement at 12 weeks	4			Head circumference (1 decimal place)	NN . N CM			
Weight and measurement at 16 weeks	4			Evidence of FGM				
Contact at 6 months	5	Enter here		FGM observed	1			
Health visitor contact at 15 months	6	Enter here		FGM disclosed	2			
Health visitor contact at 27 months	7	Enter here		FGM not present	3			
Contact at 3.5 years pre-school	8	Enter here		Not examined	4			
Schedule of Growing Skills (SoGS)	9			Domestic violence concern				
Date of contact	01 / 07 / 2016				Domestic violence concern - assessment completed	1		
Reason not examined					Domestic violence concern - assessment not completed	2		
Was not brought	1				No concern	3		
Unwell or uncooperative child	2				Family resilience			
Examination refused	3				Low resilience	1		
Parent / Carer not present	4				Low medium resilience	2		
Consent *			Yes	No	Medium resilience	3		
Location					Medium high resilience	4		
GP Surgery	1				High resilience	5		
Clinic	2				Not assessed	6		
School	3				Onward referrals made			
At home	4				Yes	No		
Hospital	5				3b. PHYSICAL OUTCOMES			
Telephone contact	6				Heart	Satisfactory	1	
Examiner						Concern	2	
Doctor - paediatrician	1					Not assessed	3	
GP	2				Hips	Satisfactory	1	
Health Visitor	3					Concern	2	
Audiometician	4					Not assessed	3	
Vision Screener	5				Eyes	Satisfactory	1	
School Nurse	6					Concern	2	
Practice Nurse	7					Not assessed	3	
Midwife	8				Testes (boys)	Satisfactory	1	
Community Nursery Nurse	9					Concern	2	
Registered Nurse	10					Not assessed	3	
Other examiner	11				3c. DEVELOPMENT OUTCOMES			
Receiving Flying Start services **			Yes	No	Development			
Looked after child **			Yes	No	Development as expected		1	
On the Child Protection Register **			Yes	No	Concern: requires additional support		2	
			Yes	No	Development - further assessment required		Yes	No
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES								
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20		Not assessed			
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)			Enter score 0-28		Not assessed			
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20		Not assessed			
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)			Enter score 0-21		Not assessed			
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)			Enter score 0-22		Not assessed			
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)			Enter score 0-24		Not assessed			
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)			Enter score 0-23		Not assessed			
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)			Enter score 0-34		Not assessed			
4. INFANT FEEDING								
Collection time			Feeding status					
10 days	3		Exclusive milk		1			
6 weeks	4		Combined milk feeding - predominantly breast		2			
6 months	5		Combined milk feeding - partially breast		3			
			Artificial milk feeding		4			

* Consent provided by person with parental responsibility ** At this contact

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Figure 32: Physical examination at 6-8 weeks (pre-printed HCWP data collection form)

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8.3. Weight and measurement at 8 weeks

- This contact will either take place as part of the 1st primary immunisations appointment scheduled through the CCH2000 system or it will be managed separately as an unscheduled contact by health professionals, in which case health professionals will need to arrange this contact without any scheduling support from CCH2000.
- For those contacts that take place as part of the 1st primary immunisations appointment, health professionals should receive pre-printed HCWP data collection forms from community child health offices that contain: pre-printed child details; HCWP contact number; date of contact, if a date is specified by CCH2000. Once completed, the form should be returned to the community child health office for input into CCH2000.
- If health professionals are arranging this contact separately from the 1st primary immunisation appointment they must complete blank HCWP data collection forms for this contact, copies of which can be requested from the community child health offices. Once completed, the form should be sent to the community child health office for input into CCH2000.
- If health professionals are completing pre-printed HCWP data collection forms as part of the 1st primary immunisations appointment, the sections highlighted on the HCWP data collection form in figure 33 should be completed by health professionals at this contact.
- If health professionals are completing blank HCWP data collection forms separately from the 1st primary immunisation appointments, the sections highlighted on HCWP data collection form in figure 34 should be completed by health professionals at this contact.
- If completing a pre-printed HCWP data collection form for this contact, sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Data items in this section should be pre-printed by CCH2000. Enter details if not pre-printed.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Option 4 (Weight and measurement at 8 weeks) should already be pre-selected by CCH2000. Circle if not pre-selected.
Recall in (weeks)	Not applicable to this HCWP contact.
Date of contact	Enter date in the format DD/MM/YYYY, where not pre-printed by CCH2000.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length must be recorded. Weight must be recorded. Head circumference must be recorded.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Not applicable to this contact.
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.
Visual skills	Not applicable to this contact.

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Hearing and language skills Not applicable to this contact.
Speech and language skills Not applicable to this contact.
Interactive social skills Not applicable to this contact.
Self-care social skills Not applicable to this contact.
Cognitive skills Not applicable to this contact.

4. INFANT FEEDING Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary).

Collection time Circle one option only.

Feeding status Circle one option only.

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1. CHILD DETAILS							
Serial number	8000512873		Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE			
NHS number	752 986 9257						
Surname	SMITH						
First name	SAM						
DOB	05 / 05 / 2016						
Sex	MALE		Postcode	SA14 7AW	Tel no. 01267 238784		
GP name	BORIS JOHNSON (G5787999)		3a. GENERAL OUTCOMES				
HV name	DAVID CAMERON (875698)		Weight and measurement				
2. CONTACT DETAILS				Height/Length (1 decimal place)		NN . N CM	
Contact	Recall in (weeks)		Weight (3 decimal places)		N . NNN KG		
Contact at 10 - 14 days	2		Head circumference (1 decimal place)		NN . N CM		
Physical examination at 6 - 8 weeks	3	Enter here	Evidence of FGM				
Weight and measurement at 8 weeks	4		FGM observed				1
Weight and measurement at 12 weeks	4		FGM disclosed				2
Weight and measurement at 18 weeks	4		FGM not present				3
Contact at 6 months	5	Enter here	Not examined				4
Health visitor contact at 15 months	6	Enter here	Domestic violence concern				
Health visitor contact at 27 months	7	Enter here	Domestic violence concern - assessment completed				1
Contact at 3.5 years pre-school	8	Enter here	Domestic violence concern - assessment not completed				2
Schedule of Growing Skills (SoGS)	9		No concern				3
Date of contact	05 / 07 / 2016		Family resilience				
Reason not examined			Low resilience				1
Was not brought	1		Low medium resilience				2
Unwell or uncooperative child	2		Medium resilience				3
Examination refused	3		Medium high resilience				4
Parent / Carer not present	4		High resilience				5
Consent *	Yes	No	Not assessed				6
Location			Onward referrals made				Yes No
GP Surgery	1		3b. PHYSICAL OUTCOMES				
Clinic	2		Heart		Satisfactory	1	
School	3				Concern	2	
At home	4				Not assessed	3	
Hospital	5		Hips		Satisfactory	1	
Telephone contact	6				Concern	2	
Examiner					Not assessed	3	
Doctor – paediatrician	1		Eyes		Satisfactory	1	
GP	2				Concern	2	
Health Visitor	3				Not assessed	3	
Audiometician	4		Testes (boys)		Satisfactory	1	
Vision Screener	5				Concern	2	
School Nurse	6				Not assessed	3	
Practice Nurse	7		General		Satisfactory	1	
Midwife	8				Concern	2	
Community Nursery Nurse	9				Not assessed	3	
Registered Nurse	10		3c. DEVELOPMENT OUTCOMES				
Other examiner	11		Development				
Receiving Flying Start services **	Yes	No	Development as expected		1		
Looked after child **	Yes	No	Concern: requires additional support		2		
On the Child Protection Register **	Yes	No	Development – further assessment required		Yes	No	
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES							
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20	Not assessed			
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)			Enter score 0-28	Not assessed			
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20	Not assessed			
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)			Enter score 0-21	Not assessed			
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)			Enter score 0-22	Not assessed			
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)			Enter score 0-24	Not assessed			
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)			Enter score 0-23	Not assessed			
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)			Enter score 0-34	Not assessed			
4. INFANT FEEDING							
Collection time			Feeding status				
10 days	3		Exclusive milk		1		
8 weeks	4		Combined milk feeding – predominantly breast		2		
6 months	5		Combined milk feeding – partially breast		3		
			Artificial milk feeding		4		

* Consent provided by person with parental responsibility ** At this contact

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Figure 33: Weight and measurement at 8 weeks (pre-printed HCWP data collection form)

- If completing a blank HCWP data collection form for this contact, sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Complete all data items in this section.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Circle option 4 (Weight and measurement at 8 weeks).
Recall in (weeks)	Not applicable to this HCWP contact.
Date of contact	Enter date in the format DD/MM/YYYY.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length must be recorded. Weight must be recorded. Head circumference must be recorded.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Not applicable to this contact.
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.
Visual skills	Not applicable to this contact.
Hearing and language skills	Not applicable to this contact.
Speech and language skills	Not applicable to this contact.
Interactive social skills	Not applicable to this contact.
Self-care social skills	Not applicable to this contact.
Cognitive skills	Not applicable to this contact.
4. INFANT FEEDING	Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary).
Collection time	Circle one option only.
Feeding status	Circle one option only.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS						
Serial number	N/A		Address	Enter here		
NHS number	Enter here		Postcode	Enter here		
Surname	Enter here					
First name	Enter here					
DOB	DD / MM / YYYY					
Sex	Enter here				Tel no.	Enter here
GP name	Enter here					
HV name	Enter here					
2. CONTACT DETAILS						
Contact	Recall in (weeks)		3a. GENERAL OUTCOMES			
Contact at 10 - 14 days	2		Weight and measurement			
Physical examination at 6 - 8 weeks	3	Enter here	Height/Length (1 decimal place)	NN . N CM		
Weight and measurement at 8 weeks	4		Weight (3 decimal places)	N . NNN KG		
Weight and measurement at 12 weeks	4		Head circumference (1 decimal place)	NN . N CM		
Weight and measurement at 16 weeks	4		Evidence of FGM			
Contact at 6 months	5	Enter here	FGM observed	1		
Health visitor contact at 15 months	6	Enter here	FGM disclosed	2		
Health visitor contact at 27 months	7	Enter here	FGM not present	3		
Contact at 3.5 years pre-school	8	Enter here	Not examined	4		
Schedule of Growing Skills (SoGS)	9		Domestic violence concern			
Date of contact	DD / MM / YYYY		Domestic violence concern - assessment completed	1		
Reason not examined			Domestic violence concern - assessment not completed	2		
Was not brought	1		No concern	3		
Unwell or uncooperative child	2		Family resilience			
Examination refused	3		Low resilience	1		
Parent / Carer not present	4		Low medium resilience	2		
Consent *	Yes	No	Medium resilience	3		
Location			Medium high resilience	4		
GP Surgery	1		High resilience	5		
Clinic	2		Not assessed	6		
School	3		Onward referrals made	Yes No		
At home	4		3b. PHYSICAL OUTCOMES			
Hospital	5		Heart	Satisfactory 1 Concern 2 Not assessed 3		
Telephone contact	6		Hips	Satisfactory 1 Concern 2 Not assessed 3		
Examiner			Eyes	Satisfactory 1 Concern 2 Not assessed 3		
Doctor – paediatrician	1		Testes (boys)	Satisfactory 1 Concern 2 Not assessed 3		
GP	2		General	Satisfactory 1 Concern 2 Not assessed 3		
Health Visitor	3		3c. DEVELOPMENT OUTCOMES			
Audiometician	4		Development			
Vision Screener	5		Development as expected	1		
School Nurse	6		Concern: requires additional support	2		
Practice Nurse	7		Development – further assessment required	Yes No		
Midwife	8					
Community Nursery Nurse	9		3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES			
Registered Nurse	10		Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20 Not assessed		
Other examiner	11		Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)	Enter score 0-28 Not assessed		
Receiving Flying Start services **	Yes	No	Not known			
Looked after child **	Yes	No	Not known			
On the Child Protection Register **	Yes	No	Not known			
4. INFANT FEEDING						
Collection time			Feeding status			
10 days	3		Exclusive milk	1		
6 weeks	4		Combined milk feeding – predominantly breast	2		
6 months	5		Combined milk feeding – partially breast	3		
			Artificial milk feeding	4		

* Consent provided by person with parental responsibility ** At this contact

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Figure 34: Weight and measurement at 8 weeks (blank HCWP data collection form)

8.4. Weight and measurement at 12 weeks

- This contact will either take place as part of the 2nd primary immunisations appointment scheduled through the CCH2000 system or it will be managed separately as an unscheduled contact by health professionals, in which case health professionals will need to arrange this contact without any scheduling support from CCH2000.
- For those contacts that take place as part of the 2nd primary immunisations appointment, health professionals should receive pre-printed HCWP data collection forms from community child health offices that contain: pre-printed child details; HCWP contact number; date of contact, if a date is specified by CCH2000. Once completed, the document should be returned to the community child health office for input into CCH2000.
- If health professionals are arranging this contact separately from the 2nd primary immunisation appointment they must complete blank HCWP data collection forms for this contact, copies of which can be requested from the community child health offices. Once completed, the document should be sent to the community child health office for input into CCH2000.
- If health professionals are completing pre-printed HCWP data collection forms as part of the 2nd primary immunisations appointments, the sections highlighted on the HCWP data collection form in figure 35 should be completed by health professionals at this contact.
- If health professionals are completing blank HCWP data collection forms separately from the 2nd primary immunisation appointments, the sections highlighted on the HCWP data collection form in figure 36 should be completed by health professionals at this contact.
- If completing a pre-printed HCWP data collection form for this contact, sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Data items in this section should be pre-printed by CCH2000. Enter details if not pre-printed.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Option 4 (Weight and measurement at 12 weeks) should already be pre-selected by CCH2000. Circle if not pre-selected.
Recall in (weeks)	Not applicable to this HCWP contact.
Date of contact	Enter date in the format DD/MM/YYYY, where not pre-printed by CCH2000.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length can be recorded if there is concern. Weight must be recorded. Head circumference can be recorded if there is concern.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Not applicable to this contact.
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.
Visual skills	Not applicable to this contact.

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Hearing and language skills Not applicable to this contact.
Speech and language skills Not applicable to this contact.
Interactive social skills Not applicable to this contact.
Self-care social skills Not applicable to this contact.
Cognitive skills Not applicable to this contact.

4. INFANT FEEDING Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary).

Collection time Circle one option only.

Feeding status Circle one option only.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS						
Serial number	6000512873		Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE		
NHS number	752 966 8257					
Surname	SMITH					
First name	SAM					
DOB	05 / 05 / 2016					
Sex	MALE		Postcode	SA14 7AW	Tel no. 01267 238784	
GP name	BORIS JOHNSON (G5787999)					
HV name	DAVID CAMERON (875698)					
2. CONTACT DETAILS						
Contact		Recall in (weeks)				
Contact at 10 - 14 days	2			Height/Length (1 decimal place)	NN. N CM	
Physical examination at 6 - 8 weeks	3	Enter here		Weight (3 decimal places)	N. NNN KG	
Weight and measurement at 8 weeks	4			Head circumference (1 decimal place)	NN. N CM	
Weight and measurement at 12 weeks	4			Evidence of FGM		
Weight and measurement at 16 weeks	4			FGM observed	1	
Contact at 6 months	5	Enter here		FGM disclosed	2	
Health visitor contact at 15 months	6	Enter here		FGM not present	3	
Health visitor contact at 27 months	7	Enter here		Not examined	4	
Contact at 3.5 years pre-school	8	Enter here		Domestic violence concern		
Schedule of Growing Skills (SoGS)	9			Domestic violence concern - assessment completed	1	
Date of contact	05 / 08 / 2016			Domestic violence concern - assessment not completed	2	
Reason not examined				No concern	3	
Was not brought	1			Family resilience		
Unwell or uncooperative child	2			Low resilience	1	
Examination refused	3			Low medium resilience	2	
Parent / Carer not present	4			Medium resilience	3	
Consent *	Yes	No		Medium high resilience	4	
				High resilience	5	
				Not assessed	6	
Location				Onward referrals made	Yes No	
GP Surgery	1			3b. PHYSICAL OUTCOMES		
Clinic	2			Heart	Satisfactory	1
School	3				Concern	2
At home	4				Not assessed	3
Hospital	5			Hips	Satisfactory	1
Telephone contact	6				Concern	2
					Not assessed	3
Examiner				Eyes	Satisfactory	1
Doctor - paediatrician	1				Concern	2
GP	2				Not assessed	3
Health Visitor	3			Testes (boys)	Satisfactory	1
Audiometician	4				Concern	2
Vision Screener	5				Not assessed	3
School Nurse	6			General	Satisfactory	1
Practice Nurse	7				Concern	2
Midwife	8				Not assessed	3
Community Nursery Nurse	9			3c. DEVELOPMENT OUTCOMES		
Registered Nurse	10			Development		
Other examiner	11			Development as expected	1	
Receiving Flying Start services **	Yes	No	Not known	Concern: requires additional support	2	
Looked after child **	Yes	No	Not known	Development - further assessment required	Yes No	
On the Child Protection Register **	Yes	No	Not known	3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES		
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES						
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)				Enter score 0-20	Not assessed	
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)				Enter score 0-28	Not assessed	
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)				Enter score 0-20	Not assessed	
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)				Enter score 0-21	Not assessed	
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)				Enter score 0-22	Not assessed	
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)				Enter score 0-24	Not assessed	
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)				Enter score 0-23	Not assessed	
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)				Enter score 0-34	Not assessed	
4. INFANT FEEDING						
Collection time		Feeding status				
10 days	3	Exclusive milk	1			
6 weeks	4	Combined milk feeding - predominantly breast	2			
6 months	5	Combined milk feeding - partially breast	3			
		Artificial milk feeding	4			

* Consent provided by person with parental responsibility ** At this contact

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Figure 35: Weight and measurement at 12 weeks (pre-printed HCWP data collection form)

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- If completing a blank HCWP data collection form for this contact, sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Complete all data items in this section.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Circle option 4 (Weight and measurement at 12 weeks).
Recall in (weeks)	Not applicable to this HCWP contact.
Date of contact	Enter date in the format DD/MM/YYYY.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length can be recorded if there is concern. Weight must be recorded.
Evidence of FGM	Head circumference can be recorded if there is concern. Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Not applicable to this contact.
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.
Visual skills	Not applicable to this contact.
Hearing and language skills	Not applicable to this contact.
Speech and language skills	Not applicable to this contact.
Interactive social skills	Not applicable to this contact.
Self-care social skills	Not applicable to this contact.
Cognitive skills	Not applicable to this contact.
4. INFANT FEEDING	Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary).
Collection time	Circle one option only.
Feeding status	Circle one option only.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS						
Serial number	N/A		Address	Enter here		
NHS number	Enter here		Postcode	Enter here		
Surname	Enter here					
First name	Enter here					
DOB	DD / MM / YYYY					
Sex	Enter here				Tel no.	Enter here
GP name	Enter here		3a. GENERAL OUTCOMES			
HV name	Enter here		Weight and measurement			
2. CONTACT DETAILS						
Contact	Recall in (weeks)		Height/Length (1 decimal place)	NN. N CM		
Contact at 10 - 14 days	2		Weight (3 decimal places)	N. NNN KG		
Physical examination at 6 - 8 weeks	3	Enter here	Head circumference (1 decimal place)	NN. N CM		
Weight and measurement at 8 weeks	4		Evidence of FGM			
Weight and measurement at 12 weeks	4		FGM observed	1		
Weight and measurement at 18 weeks	4		FGM disclosed	2		
Contact at 6 months	5	Enter here	FGM not present	3		
Health visitor contact at 15 months	6	Enter here	Not examined	4		
Health visitor contact at 27 months	7	Enter here	Domestic violence concern			
Contact at 3.5 years pre-school	8	Enter here	Domestic violence concern - assessment completed	1		
Schedule of Growing Skills (SoGS)	9		Domestic violence concern - assessment not completed	2		
Date of contact	DD / MM / YYYY		No concern	3		
Reason not examined			Family resilience			
Was not brought	1		Low resilience	1		
Unwell or uncooperative child	2		Low medium resilience	2		
Examination refused	3		Medium resilience	3		
Parent / Carer not present	4		Medium high resilience	4		
Consent*	Yes	No	High resilience	5		
Location			Not assessed	6		
GP Surgery	1		Onward referrals made			
Clinic	2		Yes	No		
School	3		3b. PHYSICAL OUTCOMES			
At home	4		Heart	Satisfactory	1	
Hospital	5			Concern	2	
Telephone contact	6			Not assessed	3	
Examiner			Hips	Satisfactory	1	
Doctor – paediatrician	1			Concern	2	
GP	2			Not assessed	3	
Health Visitor	3		Eyes	Satisfactory	1	
Audiometician	4			Concern	2	
Vision Screener	5			Not assessed	3	
School Nurse	6		Testes (boys)	Satisfactory	1	
Practice Nurse	7			Concern	2	
Midwife	8			Not assessed	3	
Community Nursery Nurse	9		General	Satisfactory	1	
Registered Nurse	10			Concern	2	
Other examiner	11			Not assessed	3	
Receiving Flying Start services**	Yes	No	3c. DEVELOPMENT OUTCOMES			
Looked after child**	Yes	No	Development			
On the Child Protection Register**	Yes	No	Development as expected		1	
	Yes	No	Concern: requires additional support		2	
	Yes	No	Development – further assessment required		Yes	No
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES						
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Not assessed			
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)	Enter score 0-28		Not assessed			
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Not assessed			
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)	Enter score 0-21		Not assessed			
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)	Enter score 0-22		Not assessed			
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)	Enter score 0-24		Not assessed			
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)	Enter score 0-23		Not assessed			
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)	Enter score 0-34		Not assessed			
4. INFANT FEEDING						
Collection time	Feeding status					
10 days	3		Exclusive milk	1		
6 weeks	4		Combined milk feeding – predominantly breast	2		
6 months	5		Combined milk feeding – partially breast	3		
			Artificial milk feeding	4		

* Consent provided by person with parental responsibility ** At this contact

Figure 36: Weight and measurement at 12 weeks (blank HCWP data collection form)

8.5. Weight and measurement at 16 weeks

- This contact will either take place as part of the 3rd primary immunisations appointment scheduled through the CCH2000 system or it will be managed separately as an unscheduled contact by health professionals, in which case health professionals will need to arrange this contact without any scheduling support from CCH2000.
- For those contacts that take place as part of the 3rd primary immunisations appointment, health professionals should receive pre-printed HCWP data collection forms from community child health offices that contain: pre-printed child details; HCWP contact number; date of contact, if a date is specified by CCH2000. Once completed, the document should be returned to the community child health office for input into CCH2000.
- If health professionals are arranging this contact separately from the 3rd primary immunisation appointment they must complete blank HCWP data collection forms for this contact, copies of which can be requested from the community child health offices. Once completed, the document should be sent to the community child health office for input into CCH2000.
- If health professionals are completing pre-printed HCWP data collection forms as part of the 3rd primary immunisations appointment, the sections highlighted on the HCWP data collection form in figure 37 should be completed by health professionals at this contact.
- If health professionals are completing blank HCWP data collection forms separately from the 3rd primary immunisation appointment, the sections highlighted on the HCWP data collection form in figure 38 should be completed by health professionals at this contact.
- If completing a pre-printed HCWP data collection form for this contact, sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Data items in this section should be pre-printed by CCH2000. Enter details if not pre-printed.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Option 4 (Weight and measurement at 16 weeks) should already be pre-selected by CCH2000. Circle if not pre-selected.
Recall in (weeks)	Not applicable to this HCWP contact.
Date of contact	Enter date in the format DD/MM/YYYY, where not pre-printed by CCH2000.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length can be recorded if there is concern. Weight must be recorded. Head circumference can be recorded if there is concern.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Not applicable to this contact.
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.

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Visual skills	Not applicable to this contact.
Hearing and language skills	Not applicable to this contact.
Speech and language skills	Not applicable to this contact.
Interactive social skills	Not applicable to this contact.
Self-care social skills	Not applicable to this contact.
Cognitive skills	Not applicable to this contact
4. INFANT FEEDING	Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary).
Collection time	Circle one option only.
Feeding status	Circle one option only.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS				
Serial number	0000512873		Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE
NHS number	752 966 9257			
Surname	SMITH			
First name	SAM			
DOB	05 / 05 / 2016			
Sex	MALE		Postcode	SA14 7AW
GP name	BORIS JOHNSON (G5787999)		Tel no.	01267 236784
HV name	DAVID CAMERON (875698)			
2. CONTACT DETAILS				
Contact	Recall in (weeks)		3a. GENERAL OUTCOMES	
Contact at 10 - 14 days	2		Weight and measurement	
Physical examination at 6 - 8 weeks	3	Enter here	Height/Length (1 decimal place)	NN . N CM
Weight and measurement at 8 weeks	4		Weight (3 decimal places)	N . NNN KG
Weight and measurement at 12 weeks	4		Head circumference (1 decimal place)	NN . N CM
Weight and measurement at 16 weeks	4		Evidence of FGM	
Contact at 6 months	5	Enter here	FGM observed	1
Health visitor contact at 15 months	6	Enter here	FGM disclosed	2
Health visitor contact at 27 months	7	Enter here	FGM not present	3
Contact at 3.5 years pre-school	8	Enter here	Not examined	4
Schedule of Growing Skills (SoGS)	9		Domestic violence concern	
Date of contact	05 / 09 / 2016		Domestic violence concern - assessment completed	1
Reason not examined			Domestic violence concern - assessment not completed	2
Was not brought	1		No concern	3
Unwell or uncooperative child	2		Family resilience	
Examination refused	3		Low resilience	1
Parent / Carer not present	4		Low medium resilience	2
Consent *	Yes	No	Medium resilience	3
			Medium high resilience	4
Location			High resilience	5
GP Surgery	1		Not assessed	6
Clinic	2		Onward referrals made	Yes No
School	3			
At home	4		3b. PHYSICAL OUTCOMES	
Hospital	5		Heart	Satisfactory 1
Telephone contact	6			Concern 2
Examiner				Not assessed 3
Doctor - paediatrician	1		Hips	Satisfactory 1
GP	2			Concern 2
Health Visitor	3			Not assessed 3
Audiometician	4		Eyes	Satisfactory 1
Vision Screener	5			Concern 2
School Nurse	6			Not assessed 3
Practice Nurse	7		Testes (boys)	Satisfactory 1
Midwife	8			Concern 2
Community Nursery Nurse	9			Not assessed 3
Registered Nurse	10		General	Satisfactory 1
Other examiner	11			Concern 2
Receiving Flying Start services **	Yes	No	Not assessed	3
Looked after child **	Yes	No	Not assessed	3
On the Child Protection Register **	Yes	No	Not assessed	3
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES				
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Not assessed	
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)	Enter score 0-28		Not assessed	
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Not assessed	
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)	Enter score 0-21		Not assessed	
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)	Enter score 0-22		Not assessed	
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)	Enter score 0-24		Not assessed	
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)	Enter score 0-23		Not assessed	
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)	Enter score 0-34		Not assessed	
4. INFANT FEEDING				
Collection time	Feeding status			
10 days	3		Exclusive milk	1
6 weeks	4		Combined milk feeding - predominantly breast	2
6 months	5		Combined milk feeding - partially breast	3
			Artificial milk feeding	4

* Consent provided by person with parental responsibility ** At this contact

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Figure 37: Weight and measurement at 16 weeks (pre-printed HCWP data collection form)

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- If completing a blank HCWP data collection form for this contact, sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Complete all data items in this section.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Circle option 4 (Weight and measurement at 16 weeks).
Recall in (weeks)	Not applicable to this HCWP contact.
Date of contact	Enter date in the format DD/MM/YYYY.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length can be recorded if there is concern. Weight must be recorded. Head circumference can be recorded if there is concern.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Not applicable to this contact.
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.
Visual skills	Not applicable to this contact.
Hearing and language skills	Not applicable to this contact.
Speech and language skills	Not applicable to this contact.
Interactive social skills	Not applicable to this contact.
Self-care social skills	Not applicable to this contact.
Cognitive skills	Not applicable to this contact.
4. INFANT FEEDING	Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary).
Collection time	Circle one option only.
Feeding status	Circle one option only.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS						
Serial number	N/A		Address	Enter here		
NHS number	Enter here		Postcode	Enter here	Tel no. Enter here	
Surname	Enter here					
First name	Enter here					
DOB	DD / MM / YYYY					
Sex	Enter here					
GP name	Enter here		3a. GENERAL OUTCOMES			
HV name	Enter here		Weight and measurement			
2. CONTACT DETAILS				Height/Length (1 decimal place)	NN . N CM	
Contact	Recall in (weeks)		Weight (3 decimal places)	N . NNN KG		
Contact at 10 - 14 days	2		Head circumference (1 decimal place)	NN . N CM		
Physical examination at 6 - 8 weeks	3	Enter here	Evidence of FGM			
Weight and measurement at 8 weeks	4		FGM observed	1		
Weight and measurement at 12 weeks	4		FGM disclosed	2		
Weight and measurement at 18 weeks	4		FGM not present	3		
Contact at 6 months	5	Enter here	Not examined	4		
Health visitor contact at 15 months	6	Enter here	Domestic violence concern			
Health visitor contact at 27 months	7	Enter here	Domestic violence concern - assessment completed	1		
Contact at 3.5 years pre-school	8	Enter here	Domestic violence concern - assessment not completed	2		
Schedule of Growing Skills (SoGS)	9		No concern	3		
Date of contact	DD / MM / YYYY		Family resilience			
Reason not examined			Low resilience	1		
Was not brought	1		Low medium resilience	2		
Unwell or uncooperative child	2		Medium resilience	3		
Examination refused	3		Medium high resilience	4		
Parent / Carer not present	4		High resilience	5		
Consent*	Yes	No	Not assessed	6		
Location			Onward referrals made			
GP Surgery	1			Yes	No	
Clinic	2		3b. PHYSICAL OUTCOMES			
School	3		Heart	Satisfactory	1	
At home	4			Concern	2	
Hospital	5			Not assessed	3	
Telephone contact	6		Hips	Satisfactory	1	
Examiner				Concern	2	
Doctor - paediatrician	1			Not assessed	3	
GP	2		Eyes	Satisfactory	1	
Health Visitor	3			Concern	2	
Audiometrician	4			Not assessed	3	
Vision Screener	5		Testes (boys)	Satisfactory	1	
School Nurse	6			Concern	2	
Practice Nurse	7			Not assessed	3	
Midwife	8		General	Satisfactory	1	
Community Nursery Nurse	9			Concern	2	
Registered Nurse	10			Not assessed	3	
Other examiner	11		3c. DEVELOPMENT OUTCOMES			
Receiving Flying Start services**			Development			
Yes	No	Not known	Development as expected	1		
Looked after child**			Concern: requires additional support	2		
Yes	No	Not known	Development - further assessment required			
On the Child Protection Register**			Yes	No		
Yes	No	Not known	3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES			
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20	Not assessed		
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)			Enter score 0-28	Not assessed		
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20	Not assessed		
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)			Enter score 0-21	Not assessed		
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)			Enter score 0-22	Not assessed		
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)			Enter score 0-24	Not assessed		
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)			Enter score 0-23	Not assessed		
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)			Enter score 0-34	Not assessed		
4. INFANT FEEDING						
Collection time		Feeding status				
10 days	3		Exclusive milk	1		
6 weeks	4		Combined milk feeding - predominantly breast	2		
6 months	5		Combined milk feeding - partially breast	3		
			Artificial milk feeding	4		

* Consent provided by person with parental responsibility ** At this contact

Version 1.0

Figure 38: Weight and measurement at 16 weeks (blank HCWP data collection form)

8.6. Contact at 6 months

- This contact should be scheduled for appointments through the CCH2000 system and health professionals should therefore receive pre-printed HCWP data collection forms from community child health offices that contain: pre-printed child details; HCWP contact number; date of contact, if a date is specified by CCH2000; immunisations received.
- Health professionals must complete the pre-printed HCWP data collection forms for this contact and, once completed, return them to the community child health office for input into CCH2000.
- The sections highlighted on the HCWP data collection form in figure 39 should be completed by health professionals at this contact.
- Sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Data items in this section should be pre-printed by CCH2000. Enter details if not pre-printed.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Option 5 (Contact at 6 months) should already be pre-selected by CCH2000. Circle if not pre-selected.
Recall (in weeks)	If this HCWP contact requires a recall, enter the number of weeks in which the relevant recall contact should take place.
Date of contact	Enter date in the format DD/MM/YYYY, where not pre-printed by CCH2000.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length can be recorded if there is concern. Weight must be recorded. Head circumference can be recorded if there is concern.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Not applicable to this contact.
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.
Visual skills	Not applicable to this contact.
Hearing and language skills	Not applicable to this contact.
Speech and language skills	Not applicable to this contact.
Interactive social skills	Not applicable to this contact.
Self-care social skills	Not applicable to this contact.
Cognitive skills	Not applicable to this contact.
4. INFANT FEEDING	Continue to use current data collection methods for infant feeding (data as at 10 days, 6 weeks and 6 months can be entered on this form if necessary).
Collection time	Circle one option only.
Feeding status	Circle one option only.

- FINAL -

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS							
Serial number	8000512873		Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE			
NHS number	752 988 8257						
Surname	SMITH						
First name	SAM						
DOB	05 / 05 / 2016						
Sex	MALE		Postcode	SA14 7AW	Tel no. 01267 238784		
GP name	BORIS JOHNSON (G5787999)		3a. GENERAL OUTCOMES				
HV name	DAVID CAMERON (875898)		Weight and measurement				
2. CONTACT DETAILS				Height/Length (1 decimal place)		NN. N CM	
Contact	Recall in (weeks)		Weight (3 decimal places)		N. NNN KG		
Contact at 10 - 14 days	2		Head circumference (1 decimal place)		NN. N CM		
Physical examination at 6 - 8 weeks	3	Enter here	Evidence of FGM				
Weight and measurement at 8 weeks	4		FGM observed				1
Weight and measurement at 12 weeks	4		FGM disclosed				2
Weight and measurement at 18 weeks	4		FGM not present				3
Contact at 6 months	5	Enter here	Not examined				4
Health visitor contact at 15 months	6	Enter here	Domestic violence concern				
Health visitor contact at 27 months	7	Enter here	Domestic violence concern - assessment completed				1
Contact at 3.5 years pre-school	8	Enter here	Domestic violence concern - assessment not completed				2
Schedule of Growing Skills (SoGS)	9		No concern				3
Date of contact	10 / 11 / 2016		Family resilience				
Reason not examined			Low resilience				1
Was not brought	1		Low medium resilience				2
Unwell or uncooperative child	2		Medium resilience				3
Examination refused	3		Medium high resilience				4
Parent / Carer not present	4		High resilience				5
Consent*	Yes	No	Not assessed				6
Location			Onward referrals made				Yes No
GP Surgery	1		3b. PHYSICAL OUTCOMES				
Clinic	2		Heart		Satisfactory		1
School	3				Concern		2
At home	4				Not assessed		3
Hospital	5		Hips		Satisfactory		1
Telephone contact	6				Concern		2
Examiner					Not assessed		3
Doctor – paediatrician	1		Eyes		Satisfactory		1
GP	2				Concern		2
Health Visitor	3				Not assessed		3
Audiometician	4		Testes (boys)		Satisfactory		1
Vision Screener	5				Concern		2
School Nurse	6				Not assessed		3
Practice Nurse	7		General		Satisfactory		1
Midwife	8				Concern		2
Community Nursery Nurse	9				Not assessed		3
Registered Nurse	10		3c. DEVELOPMENT OUTCOMES				
Other examiner	11		Development				
Receiving Flying Start services**	Yes	No	Development as expected		1		
Looked after child**	Yes	No	Concern: requires additional support		2		
On the Child Protection Register**	Yes	No	Development – further assessment required		Yes No		
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES							
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)		Enter score 0-20		Not assessed			
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)		Enter score 0-28		Not assessed			
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)		Enter score 0-20		Not assessed			
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)		Enter score 0-21		Not assessed			
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)		Enter score 0-22		Not assessed			
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)		Enter score 0-24		Not assessed			
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)		Enter score 0-23		Not assessed			
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)		Enter score 0-34		Not assessed			
4. INFANT FEEDING							
Collection time		Feeding status					
10 days	3		Exclusive milk		1		
6 weeks	4		Combined milk feeding – predominantly breast		2		
6 months	5		Combined milk feeding – partially breast		3		
			Artificial milk feeding		4		

* Consent provided by person with parental responsibility ** At this contact

Figure 39: Contact at 6 months (pre-printed HCWP data collection form)

HEALTHY CHILD WALES PROGRAMME – IMMUNISATION HISTORY

Immunisation history recorded on CCH2000 will be printed below if the document was produced as part of a scheduled appointment run on CCH2000 and the child was over 6 months old at the time of the document being printed.

IMMUNISATION DESCRIPTION	DATE GIVEN	IMMUNISATION DESCRIPTION	DATE GIVEN
1 st Diphtheria Tetanus aPertussis Polio Hib	08/07/2018		
1 st Pneumococcal	08/07/2018		
1 st Rotavirus	08/07/2018		
1 st Meningitis B	08/07/2018		
2 nd Diphtheria Tetanus aPertussis Polio Hib	05/08/2018		
2 nd Rotavirus	05/08/2018		
3 rd Diphtheria Tetanus aPertussis Polio Hib	10/08/2018		
2 nd Pneumococcal	10/08/2018		
2 nd Meningitis B	10/08/2018		

Guidance for completion of document:

4. CHILD DETAILS Complete this section for all HCWP contacts where a date is not recorded by the CCH2000 system

Figure 40: Contact at 6 months (pre-printed HCWP data collection form – immunisations received)

8.7. Health visitor contact at 15 months

- This contact should be scheduled for appointments through the CCH2000 system and health professionals should therefore receive pre-printed HCWP data collection forms from community child health offices that contain: pre-printed child details; HCWP contact number; date of contact, if a date is specified by CCH2000; immunisations received.
- Health professionals must complete the pre-printed HCWP data collection forms for this contact and, once completed, return them to the community child health office for input into CCH2000.
- The sections highlighted on the HCWP data collection form in figure 41 should be completed by health professionals at this contact.
- Sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Data items in this section should be pre-printed by CCH2000. Enter details if not pre-printed.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Option 6 (Health visitor contact at 15 months) should already be pre-selected by CCH2000. Circle if not pre-selected. If a Schedule of Growing Skills (SoGS) assessment is carried out during this contact then also circle the Schedule of Growing Skills (SoGS) contact (number 9).
Recall (in weeks)	If this HCWP contact requires a recall, enter the number of weeks in which the relevant recall contact should take place.
Date of contact	Enter date in the format DD/MM/YYYY, where not pre-printed by CCH2000.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length must be recorded. Weight must be recorded. Head circumference can be recorded if there is concern.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Complete all data items in this section.
Development	Circle one option only.
Development – further assessment required	Circle one option only.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	This section should be completed only if the SoGS developmental assessment is carried out at this contact.
Locomotor skills	Enter numerical score in the range 0-20 or circle Not assessed.
Manipulative skills	Enter numerical score in the range 0-28 or circle Not assessed.
Visual skills	Enter numerical score in the range 0-20 or circle Not assessed.
Hearing and language skills	Enter numerical score in the range 0-21 or circle Not assessed.
Speech and language skills	Enter numerical score in the range 0-22 or circle Not assessed.
Interactive social skills	Enter numerical score in the range 0-24 or circle Not assessed.
Self-care social skills	Enter numerical score in the range 0-23 or circle Not assessed.
Cognitive skills	Enter numerical score in the range 0-34 or circle Not assessed.
4. INFANT FEEDING	Not applicable to this contact.
Collection time	Not applicable to this contact.
Feeding status	Not applicable to this contact.

- FINAL -

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS				
Serial number	0000512873		Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE
NHS number	752 986 9257			
Surname	SMITH			
First name	SAM			
DOB	05 / 05 / 2016			
Sex	MALE		Postcode	SA14 7AW
GP name	BORIS JOHNSON (G5787999)		Tel no.	01267 236784
HV name	DAVID CAMERON (875698)			
2. CONTACT DETAILS				
Contact	Recall in (weeks)		3a. GENERAL OUTCOMES	
Contact at 10 - 14 days	2		Weight and measurement	
Physical examination at 6 - 8 weeks	3	Enter here	Height/Length (1 decimal place)	NN . N CM
Weight and measurement at 8 weeks	4		Weight (3 decimal places)	N . NNN KG
Weight and measurement at 12 weeks	4		Head circumference (1 decimal place)	NN . N CM
Weight and measurement at 18 weeks	4		Evidence of FGM	
Contact at 6 months	5	Enter here	FGM observed	1
Health visitor contact at 15 months	6	Enter here	FGM disclosed	2
Health visitor contact at 27 months	7	Enter here	FGM not present	3
Contact at 3.5 years pre-school	8	Enter here	Not examined	4
Schedule of Growing Skills (SoGS)	9		Domestic violence concern	
Date of contact	20 / 08 / 2017		Domestic violence concern - assessment completed	1
Reason not examined			Domestic violence concern - assessment not completed	2
Was not brought	1		No concern	3
Unwell or uncooperative child	2		Family resilience	
Examination refused	3		Low resilience	1
Parent / Carer not present	4		Low medium resilience	2
Consent *	Yes	No	Medium resilience	3
			Medium high resilience	4
Location			High resilience	5
GP Surgery	1		Not assessed	6
Clinic	2		Onward referrals made	Yes No
School	3		3b. PHYSICAL OUTCOMES	
At home	4		Heart	Satisfactory 1 Concern 2 Not assessed 3
Hospital	5		Hips	Satisfactory 1 Concern 2 Not assessed 3
Telephone contact	6		Eyes	Satisfactory 1 Concern 2 Not assessed 3
Examiner			Testes (boys)	Satisfactory 1 Concern 2 Not assessed 3
Doctor - paediatrician	1		General	Satisfactory 1 Concern 2 Not assessed 3
GP	2		3c. DEVELOPMENT OUTCOMES	
Health Visitor	3		Development	
Audiometrist	4		Development as expected	1
Vision Screener	5		Concern: requires additional support	2
School Nurse	6		Development - further assessment required	Yes No
Practice Nurse	7		3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	
Midwife	8		Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20 Not assessed
Community Nursery Nurse	9		Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)	Enter score 0-28 Not assessed
Registered Nurse	10		Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20 Not assessed
Other examiner	11		Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)	Enter score 0-21 Not assessed
Receiving Flying Start services **	Yes	No	Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)	Enter score 0-22 Not assessed
Looked after child **	Yes	No	Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)	Enter score 0-24 Not assessed
On the Child Protection Register **	Yes	No	Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)	Enter score 0-23 Not assessed
			Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)	Enter score 0-34 Not assessed
4. INFANT FEEDING				
Collection time			Feeding status	
10 days	3		Exclusive milk	1
6 weeks	4		Combined milk feeding - predominantly breast	2
6 months	5		Combined milk feeding - partially breast	3
			Artificial milk feeding	4

* Consent provided by person with parental responsibility ** At this contact

Figure 41: Health visitor contact at 15 months (pre-printed HCWP data collection form)

HEALTHY CHILD WALES PROGRAMME – IMMUNISATION HISTORY

Immunisation history recorded on CCH2000 will be printed below if the document was produced as part of a scheduled appointment run on CCH2000 and the child was over 6 months old at the time of the document being printed.

IMMUNISATION DESCRIPTION	DATE GIVEN	IMMUNISATION DESCRIPTION	DATE GIVEN
1 st Diphtheria Tetanus aPertussis Polio Hib	08/07/2018		
1 st Pneumococcal	08/07/2018		
1 st Rotavirus	08/07/2018		
1 st Meningitis B	08/07/2018		
2 nd Diphtheria Tetanus aPertussis Polio Hib	05/08/2018		
2 nd Rotavirus	05/08/2018		
3 rd Diphtheria Tetanus aPertussis Polio Hib	10/08/2018		
2 nd Pneumococcal	10/08/2018		
2 nd Meningitis B	10/08/2018		
Hib/Men C Booster	15/05/2017		
MIMR 1	15/05/2017		
Pneumococcal Booster	15/05/2017		
Meningitis B Booster	15/05/2017		

Guidance for completion of document:

4. CHILD DETAILS: Complete this section for all HCWP contacts where a date is not provided by the CCH2000 system

Figure 42: Health visitor contact at 15 months (pre-printed HCWP data collection form – immunisations received)

8.8. Health visitor contact at 27 months

- This contact should be scheduled for appointments through the CCH2000 system and health professionals should therefore receive pre-printed HCWP data collection forms from community child health offices that contain: pre-printed child details; HCWP contact number; date of contact, if a date is specified by CCH2000; immunisations received.
- Health professionals must complete the pre-printed HCWP data collection forms for this contact and, once completed, return them to the community child health office for input into CCH2000.
- The sections highlighted on the pre-printed HCWP data collection form in figure 43 should be completed by health professionals at this contact.
- Sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Data items in this section should be pre-printed by CCH2000. Enter details if not pre-printed.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Option 7 (Health visitor contact at 27 months) should already be pre-selected by CCH2000. Circle if not pre-selected. If a Schedule of Growing Skills (SoGS) assessment is carried out during this contact then also circle the Schedule of Growing Skills (SoGS) contact (number 9).
Recall (in weeks)	If this HCWP contact requires a recall, enter the number of weeks in which the relevant recall contact should take place.
Date of contact	Enter date in the format DD/MM/YYYY, where not pre-printed by CCH2000.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length must be recorded. Weight must be recorded. Head circumference can be recorded if there is concern.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Complete all data items in this section.
Development	Circle one option only.
Development – further assessment required	Circle one option only.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	This section should be completed only if the SoGS developmental assessment is carried out at this contact.
Locomotor skills	Enter numerical score in the range 0-20 or circle Not assessed.
Manipulative skills	Enter numerical score in the range 0-28 or circle Not assessed.
Visual skills	Enter numerical score in the range 0-20 or circle Not assessed.
Hearing and language skills	Enter numerical score in the range 0-21 or circle Not assessed.
Speech and language skills	Enter numerical score in the range 0-22 or circle Not assessed.
Interactive social skills	Enter numerical score in the range 0-24 or circle Not assessed.
Self-care social skills	Enter numerical score in the range 0-23 or circle Not assessed.
Cognitive skills	Enter numerical score in the range 0-34 or circle Not assessed.
4. INFANT FEEDING	Not applicable to this contact.
Collection time	Not applicable to this contact.
Feeding status	Not applicable to this contact.

- FINAL -

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS						
Serial number	8000512873			Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE	
NHS number	752 986 8257					
Surname	SMITH					
First name	SAM					
DOB	05 / 05 / 2018					
Sex	MALE			Postcode	SA14 7AW	
GP name	BORIS JOHNSON (G5787999)			Tel no.	01287 236784	
HV name	DAVID CAMERON (875698)					
2. CONTACT DETAILS						
Contact		Recall in (weeks)		3a. GENERAL OUTCOMES		
Contact at 10 - 14 days	2			Weight and measurement		
Physical examination at 6 - 8 weeks	3	Enter here		Height/Length (1 decimal place)	NN . N CM	
Weight and measurement at 8 weeks	4			Weight (3 decimal places)	N . NNN KG	
Weight and measurement at 12 weeks	4			Head circumference (1 decimal place)	NN . N CM	
Weight and measurement at 18 weeks	4			Evidence of FGM		
Contact at 6 months	5	Enter here		FGM observed	1	
Health visitor contact at 15 months	6	Enter here		FGM disclosed	2	
Health visitor contact at 27 months	7	Enter here		FGM not present	3	
Contact at 3.5 years pre-school	8	Enter here		Not examined	4	
Schedule of Growing Skills (SoGS)	9			Domestic violence concern		
Date of contact	25 / 08 / 2018			Domestic violence concern - assessment completed	1	
Reason not examined				Domestic violence concern - assessment not completed	2	
Was not brought	1			No concern	3	
Unwell or uncooperative child	2			Family resilience		
Examination refused	3			Low resilience	1	
Parent / Carer not present	4			Low medium resilience	2	
Consent *	Yes	No		Medium resilience	3	
				Medium high resilience	4	
				High resilience	5	
				Not assessed	6	
Location				Onward referrals made	Yes No	
GP Surgery	1			3b. PHYSICAL OUTCOMES		
Clinic	2			Heart	Satisfactory	1
School	3				Concern	2
At home	4				Not assessed	3
Hospital	5			Hips	Satisfactory	1
Telephone contact	6				Concern	2
					Not assessed	3
Examiner				Eyes	Satisfactory	1
Doctor - paediatrician	1				Concern	2
GP	2				Not assessed	3
Health Visitor	3			Testes (boys)	Satisfactory	1
Audiometician	4				Concern	2
Vision Screener	5				Not assessed	3
School Nurse	6			General	Satisfactory	1
Practice Nurse	7				Concern	2
Midwife	8				Not assessed	3
Community Nursery Nurse	9			3c. DEVELOPMENT OUTCOMES		
Registered Nurse	10			Development		
Other examiner	11			Development as expected	1	
Receiving Flying Start services **	Yes	No	Not known	Concern: requires additional support	2	
Looked after child **	Yes	No	Not known	Development - further assessment required	Yes No	
On the Child Protection Register **	Yes	No	Not known	3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES		
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)					Enter score 0-20	Not assessed
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)					Enter score 0-28	Not assessed
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)					Enter score 0-20	Not assessed
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)					Enter score 0-21	Not assessed
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)					Enter score 0-22	Not assessed
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)					Enter score 0-24	Not assessed
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)					Enter score 0-23	Not assessed
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)					Enter score 0-34	Not assessed
4. INFANT FEEDING						
Collection time			Feeding status			
10 days	3		Exclusive milk	1		
6 weeks	4		Combined milk feeding - predominantly breast	2		
6 months	5		Combined milk feeding - partially breast	3		
			Artificial milk feeding	4		

* Consent provided by person with parental responsibility ** At this contact

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Figure 43: Health visitor contact at 27 months (pre-printed HCWP data collection form)

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HEALTHY CHILD WALES PROGRAMME – IMMUNISATION HISTORY

Immunisation history recorded on CCH2000 will be printed below if the document was produced as part of a scheduled appointment run on CCH2000 and the child was over 6 months old at the time of the document being printed.

IMMUNISATION DESCRIPTION	DATE GIVEN	IMMUNISATION DESCRIPTION	DATE GIVEN
1 st Diphtheria Tetanus aPertussis Polio Hib	08/07/2018		
1 st Pneumococcal	08/07/2018		
1 st Rotavirus	08/07/2018		
1 st Meningitis B	08/07/2018		
2 nd Diphtheria Tetanus aPertussis Polio Hib	05/08/2018		
2 nd Rotavirus	05/08/2018		
3 rd Diphtheria Tetanus aPertussis Polio Hib	10/08/2018		
2 nd Pneumococcal	10/08/2018		
2 nd Meningitis B	10/08/2018		
Hib/Men C Booster	15/05/2017		
MIMR 1	15/05/2017		
Pneumococcal Booster	15/05/2017		
Meningitis B Booster	15/05/2017		

Guidance for completion of document:

4. CHILD DETAILS: Complete this section for all UICMR contacts where a date is not provided by the CCH2000 system.

Figure 44: Health visitor contact at 27 months (pre-printed HCWP data collection form – immunisations received)

8.9. Contact at 3.5 years pre-school

- This contact should be scheduled for appointments through the CCH2000 system and health professionals should therefore receive pre-printed HCWP data collection forms from community child health offices that contain: pre-printed child details; HCWP contact number; date of contact, if a date is specified by CCH2000; immunisations received.
- Health professionals must complete the pre-printed HCWP data collection forms for this contact and, once completed, return them to the community child health office for input into CCH2000.
- The sections highlighted on the pre-printed HCWP data collection form in figure 45 should be completed by health professionals at this contact.
- Sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Data items in this section should be pre-printed by CCH2000. Enter details if not pre-printed.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Option 8 (Contact at 3.5 years pre-school) should already be pre-selected by CCH2000. Circle if not pre-selected.
Recall (in weeks)	If this HCWP contact requires a recall, enter the number of weeks in which the relevant recall contact should take place.
Date of contact	Enter date in the format DD/MM/YYYY, where not pre-printed by CCH2000.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length should be recorded if HV or parental concerns. Weight can be recorded if there is concern. Head circumference should be recorded if HV or parental concerns.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Not applicable to this contact.
Locomotor skills	Not applicable to this contact.
Manipulative skills	Not applicable to this contact.
Visual skills	Not applicable to this contact.
Hearing and language skills	Not applicable to this contact.
Speech and language skills	Not applicable to this contact.
Interactive social skills	Not applicable to this contact.
Self-care social skills	Not applicable to this contact.
Cognitive skills	Not applicable to this contact.
4. INFANT FEEDING	Not applicable to this contact.
Collection time	Not applicable to this contact.
Feeding status	Not applicable to this contact.

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HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS							
Serial number	0000512873		Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE			
NHS number	752 986 9257						
Surname	SMITH						
First name	SAM						
DOB	05 / 05 / 2016						
Sex	MALE		Postcode	SA14 7AW	Tel no. 01267 236784		
GP name	BORIS JOHNSON (G5787999)		3a. GENERAL OUTCOMES				
HV name	DAVID CAMERON (875698)		Weight and measurement				
2. CONTACT DETAILS				Height/Length (1 decimal place)		NN . N CM	
Contact	Recall in (weeks)		Weight (3 decimal places)		N . NNN KG		
Contact at 10 - 14 days	2		Head circumference (1 decimal place)		NN . N CM		
Physical examination at 6 - 8 weeks	3	Enter here	Evidence of FGM				
Weight and measurement at 8 weeks	4		FGM observed		1		
Weight and measurement at 12 weeks	4		FGM disclosed		2		
Weight and measurement at 18 weeks	4		FGM not present		3		
Contact at 6 months	5	Enter here	Not examined		4		
Health visitor contact at 15 months	6	Enter here	Domestic violence concern				
Health visitor contact at 27 months	7	Enter here	Domestic violence concern - assessment completed		1		
Contact at 3.5 years pre-school	8	Enter here	Domestic violence concern - assessment not completed		2		
Schedule of Growing Skills (SoGS)	9		No concern		3		
Date of contact	30 / 11 / 2019		Family resilience				
Reason not examined			Low resilience		1		
Was not brought	1		Low medium resilience		2		
Unwell or uncooperative child	2		Medium resilience		3		
Examination refused	3		Medium high resilience		4		
Parent / Carer not present	4		High resilience		5		
Consent *	Yes	No	Not assessed		6		
Location			Onward referrals made		Yes	No	
GP Surgery	1		3b. PHYSICAL OUTCOMES				
Clinic	2		Heart	Satisfactory	1		
School	3			Concern	2		
At home	4			Not assessed	3		
Hospital	5		Hips	Satisfactory	1		
Telephone contact	6			Concern	2		
				Not assessed	3		
Examiner			Eyes	Satisfactory	1		
Doctor - paediatrician	1			Concern	2		
GP	2			Not assessed	3		
Health Visitor	3		Testes (boys)	Satisfactory	1		
Audiometrist	4			Concern	2		
Vision Screener	5			Not assessed	3		
School Nurse	6		General	Satisfactory	1		
Practice Nurse	7			Concern	2		
Midwife	8			Not assessed	3		
Community Nursery Nurse	9		3c. DEVELOPMENT OUTCOMES				
Registered Nurse	10		Development				
Other examiner	11		Development as expected		1		
Receiving Flying Start services **	Yes	No	Concern: requires additional support		2		
Looked after child **	Yes	No	Development - further assessment required		Yes	No	
On the Child Protection Register **	Yes	No	3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES				
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20		Not assessed		
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)			Enter score 0-28		Not assessed		
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)			Enter score 0-20		Not assessed		
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)			Enter score 0-21		Not assessed		
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)			Enter score 0-22		Not assessed		
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)			Enter score 0-24		Not assessed		
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)			Enter score 0-23		Not assessed		
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)			Enter score 0-34		Not assessed		
4. INFANT FEEDING							
Collection time			Feeding status				
10 days	3		Exclusive milk		1		
6 weeks	4		Combined milk feeding - predominantly breast		2		
6 months	5		Combined milk feeding - partially breast		3		
			Artificial milk feeding		4		

* Consent provided by person with parental responsibility ** At this contact

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Figure 45: Contact at 3.5 years pre-school (pre-printed HCWP data collection form)

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HEALTHY CHILD WALES PROGRAMME – IMMUNISATION HISTORY

Immunisation history recorded on CCH2000 will be printed below if the document was produced as part of a scheduled appointment run on CCH2000 and the child was over 6 months old at the time of the document being printed.]

IMMUNISATION DESCRIPTION	DATE GIVEN	IMMUNISATION DESCRIPTION	DATE GIVEN
1 st Diphtheria Tetanus aPertussis Polio Hib	08/07/2018		
1 st Pneumococcal	08/07/2018		
1 st Rotavirus	08/07/2018		
1 st Meningitis B	08/07/2018		
2 nd Diphtheria Tetanus aPertussis Polio Hib	05/08/2018		
2 nd Rotavirus	05/08/2018		
3 rd Diphtheria Tetanus aPertussis Polio Hib	10/09/2018		
2 nd Pneumococcal	10/09/2018		
2 nd Meningitis B	10/09/2018		
Hib/Men C Booster	15/05/2017		
MMR 1	15/05/2017		
Pneumococcal Booster	15/05/2017		
Meningitis B Booster	15/05/2017		
Diphtheria Tetanus aPertussis Polio Booster	16/10/2019		
MMR 2	16/10/2019		

Figure 46: Contact at 3.5 years pre-school (pre-printed HCWP data collection form – immunisations received)

8.10. Schedule of Growing Skills (SoGS)

- This contact will not be scheduled for appointments through the CCH2000 system. Health professionals will need to arrange this contact without any scheduling support from CCH2000.
- Health professionals must complete blank HCWP data collection forms for this contact, copies of which can be requested from the community child health offices. Once completed, the forms should be sent to the community child health office for input into CCH2000.
- The sections highlighted on the HCWP data collection form in figure 47 should be completed by health professionals at this contact.
- Sections of the form relevant to this contact and the data items contained within those sections should be completed as follows:

1. CHILD DETAILS	Complete all data items in this section.
2. CONTACT DETAILS	Complete this section as specified below.
Contact	Circle option 9 (Schedule of Growing Skills (SoGS)).
Recall in (weeks)	Not applicable to this HCWP contact.
Date of contact	Enter date in the format DD/MM/YYYY.
Reason not examined	Circle one option only and only do so if examination does not take place.
Consent (provided by person with parental responsibility)	Circle one option only.
Location	Circle one option only.
Examiner	Circle one option only.
Receiving Flying Start services (at this contact)	Circle one option only.
Looked after child (at this contact)	Circle one option only.
On the Child Protection Register (at this contact)	Circle one option only.
3a. GENERAL OUTCOMES	Complete this section as specified below.
Weight and measurement	Height/length can be recorded if there is concern. Weight can be recorded if there is concern. Head circumference can be recorded if there is concern.
Evidence of FGM	Circle one option only.
Domestic violence concern	Circle one option only.
Family resilience	Circle one option only.
Onward referrals made	Circle one option only.
3b. PHYSICAL OUTCOMES	Not applicable to this contact.
Heart	Not applicable to this contact.
Hips	Not applicable to this contact.
Eyes	Not applicable to this contact.
Testes (boys)	Not applicable to this contact.
General	Not applicable to this contact.
3c. DEVELOPMENT OUTCOMES	Not applicable to this contact.
Development	Not applicable to this contact.
Development – further assessment required	Not applicable to this contact.
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES	Complete all data items in this section.
Locomotor skills	Enter numerical score in the range 0-20 or circle Not assessed.
Manipulative skills	Enter numerical score in the range 0-28 or circle Not assessed.
Visual skills	Enter numerical score in the range 0-20 or circle Not assessed.
Hearing and language skills	Enter numerical score in the range 0-21 or circle Not assessed.
Speech and language skills	Enter numerical score in the range 0-22 or circle Not assessed.
Interactive social skills	Enter numerical score in the range 0-24 or circle Not assessed.
Self-care social skills	Enter numerical score in the range 0-23 or circle Not assessed.
Cognitive skills	Enter numerical score in the range 0-34 or circle Not assessed.
4. INFANT FEEDING	Not applicable to this contact.
Collection time	Not applicable to this contact.
Feeding status	Not applicable to this contact.

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HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION

1. CHILD DETAILS							
Serial number	N/A			Address	Enter here		
NHS number	Enter here			Postcode	Enter here		
Surname	Enter here						
First name	Enter here						
DOB	DD / MM / YYYY						
Sex	Enter here			Tel no.	Enter here		
GP name	Enter here			3a. GENERAL OUTCOMES			
HV name	Enter here			Weight and measurement			
2. CONTACT DETAILS							
Contact	Recall in (weeks)			Height/Length (1 decimal place)	NN . N CM		
Contact at 10 - 14 days	2				Weight (3 decimal places)	N . NNN KG	
Physical examination at 6 - 8 weeks	3	Enter here			Head circumference (1 decimal place)	NN . N CM	
Weight and measurement at 8 weeks	4				Evidence of FGM		
Weight and measurement at 12 weeks	4				FGM observed	1	
Weight and measurement at 16 weeks	4				FGM disclosed	2	
Contact at 6 months	5	Enter here			FGM not present	3	
Health visitor contact at 15 months	6	Enter here			Not examined	4	
Health visitor contact at 27 months	7	Enter here			Domestic violence concern		
Contact at 3.5 years pre-school	8	Enter here			Domestic violence concern - assessment completed	1	
Schedule of Growing Skills (SoGS)	9				Domestic violence concern - assessment not completed	2	
Date of contact	DD / MM / YYYY			No concern	3		
Reason not examined				Family resilience			
Was not brought	1				Low resilience	1	
Unwell or uncooperative child	2				Low medium resilience	2	
Examination refused	3				Medium resilience	3	
Parent / Carer not present	4				Medium high resilience	4	
Consent *	Yes	No				High resilience	5
Location				Not assessed	6		
GP Surgery	1				Onward referrals made		
Clinic	2				Yes	No	
School	3				3b. PHYSICAL OUTCOMES		
At home	4				Heart	Satisfactory	1
Hospital	5					Concern	2
Telephone contact	6					Not assessed	3
Examiner				Hips	Satisfactory	1	
Doctor – paediatrician	1					Concern	2
GP	2					Not assessed	3
Health Visitor	3				Eyes	Satisfactory	1
Audiometrist	4					Concern	2
Vision Screener	5					Not assessed	3
School Nurse	6				Testes (boys)	Satisfactory	1
Practice Nurse	7					Concern	2
Midwife	8					Not assessed	3
Community Nursery Nurse	9				General	Satisfactory	1
Registered Nurse	10					Concern	2
Other examiner	11					Not assessed	3
Receiving Flying Start services **	Yes	No	Not known	3c. DEVELOPMENT OUTCOMES			
Looked after child **	Yes	No	Not known	Development			
On the Child Protection Register **	Yes	No	Not known	Development as expected	1		
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES				Concern: requires additional support	2		
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)				Development – further assessment required	Yes	No	
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)				Enter score 0-20	Not assessed		
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)				Enter score 0-28	Not assessed		
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)				Enter score 0-20	Not assessed		
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)				Enter score 0-21	Not assessed		
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)				Enter score 0-22	Not assessed		
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)				Enter score 0-24	Not assessed		
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)				Enter score 0-23	Not assessed		
				Enter score 0-34	Not assessed		
4. INFANT FEEDING							
Collection time				Feeding status			
10 days	3				Exclusive milk	1	
6 weeks	4				Combined milk feeding – predominantly breast	2	
6 months	5				Combined milk feeding – partially breast	3	
				Artificial milk feeding	4		

* Consent provided by person with parental responsibility ** At this contact

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Figure 47: Schedule of Growing Skills (blank HCWP data collection form)