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System user guidance

Community Child Health 2000 Healthy Child Wales Programme

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1. DOCUMENT HISTORY

1.1. Revision History

Date	Version	Author	Revision Summary
26/08/2016	0.1	Hywel Williams	Initial Draft.
01/09/2016	0.2	Hywel Williams	Amendments following initial review.
02/09/2016	1.0	Hywel Williams	Initial version for distribution to Health Boards.

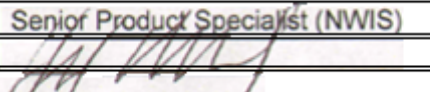
1.2. Reviewers

This document requires the following reviews:

Date	Version	Name	Position
01/09/2016	0.1	Tracey Gale	Directorate Support Manager, Women and Children's Services, Hywel Dda UHB.
01/09/2016	0.1	Deborah Harding	Senior Support & Business Analyst, NHS Wales Informatics Service.
01/09/2016	0.1	Dave Webb	Senior Support & Business Analyst, NHS Wales Informatics Service.
01/09/2016	0.1	Cerys Humphreys	Support & Business Analyst, NHS Wales Informatics Service.
01/09/2016	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.
01/09/2016	0.1	Gwyneth Thomas	Knowledge and Analytical Services, Welsh Government.

1.3. Authorisation

Signing of this document indicates acceptance of its contents.

Author's Name:	Hywel Williams		
Role:	Senior Product Specialist (NWIS)		
Signature:		Date:	02/09/2016

Approver's Name:			
Role:			
Signature:		Date:	

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2. BACKGROUND

The Community Child Health 2000 (CCH2000) system operates as a scheduling and data collection 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 has been 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. Each Health Board has effectively had 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 has been little standard practice, process 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 HCWP is a fundamental requirement for a successful and safe move to the universal programme of contacts, and they 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 provide CCH2000 system user guidance to clerical users within community child health teams, with regard to the changes that have been made to CH2000 in support of the HCWP, so that those users are able to use the changed functionality. It is assumed that all clerical users reading this document will already have experience of having used CCH2000; step by step guidance for system usage is only therefore included where changes have impacted on actual steps taken prior to the changes being implemented.

4. SCOPE

The full HCWP includes the following universal contacts:

- Health Visitor Antenatal contact
- Physical examination within 72 hours after birth
- Neonatal hearing screening (currently recorded on a stand-alone system)
- Blood Spot Screening (also currently recorded on 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 CCH2000 system has been enhanced to meet the data collection and scheduling requirements of the HCWP. The changes made to CCH2000 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:

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- 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

The changes made to CCH2000 also provides functionality for recording Schedule of Growing Skills (SoGS) development assessments, which will be provided to targeted children only, following initial 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 agreed did not require system changes are:

- Blood spot screening (also currently recorded on a stand-alone system)
- 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 agreed did 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 system)

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 of contacts. Community child health clerical teams across Wales must 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 early in September 2016 in order to arrange specific software release dates.

5. CCH2000 CHANGES

This section focuses on: pre-HCWP areas of CCH2000 functionality that have changed 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. It is essential that community child health clerical users read, and where needed, act upon the following subsections of this document prior to receiving the HCWP software release from NWIS and prior to HCWP appointments being generated for the first week of October 2016: 5.1.2.1 (CCH2000 examination centre sessions); 5.1.8 (CCH2000 preschool recalls).

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 have changed or have been 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 CCH2000 examination centre; a CCH2000 examination centre being attached to a schedule of contacts, which defines which contacts should be scheduled for appointments by CCH2000 and when; a CCH2000 examination centre having sessions of contact defined.

5.1.1.CCH2000 preschool schedules of contact

Pre-HCWP CCH2000 functionality: CCH2000 systems in Wales have stored a range of preschool contact schedules which have been used to manage the scheduling of preschool contact appointments in line with local Health Board programmes. They have essentially been used to work out which contacts children have been due during preschool age and at what age they should have been 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, found in the *SUPERVISOR/PRESCHOOL SCHEDULES* area of CCH2000, will be disabled, as seen in figure 1, and a universal HCWP schedule, assigned schedule number 9, will be created (appendices one and two of this document provide detail of the specific HCWP contacts that should be scheduled for appointments by CCH2000) with minimum and maximum ages for contacts that are to be schedulable by CCH2000 set in line with WG requirements. HCWP schedule number 9, as seen in figures 2 and 3, will not include the *Tests (Medical Exams Only)* section seen on local preschool schedules of contact; this will prevent any local option tests being introduced to HCWP contacts, which should remain universal across Wales. Also, a new *Category* list for the examiners, as seen in figure 4, will be introduced specifically to HCWP schedule number 9, which is different to the *Category* list for local schedules of contact.

Note: HCWP schedule number 9 will be set up with a PHYSICAL EXAMINATION WITHIN 72 HOURS AFTER BIRTH contact (contact number 1), but this contact should not be recorded on CCH2000 from 1st October 2016, and data relating to it will not be collected by health professionals; it will be included on HCWP schedule number 9 in case it becomes part of the HCWP requirements for CCH2000 in the future.

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PRE SCHOOL EXAMINATION SCHEDULES - ADMINISTRATION - Form EXAMSCH

Pre-School Schedule: 1 << >> Add Schedule Delete Schedule

Examinations Add Medical Add Audio Add Vision Stop Exam

Number	Description	Category	Tests (Medical Exams Only)
1	PRIMARY Minimum Age: 1 Maximum Age: 2 Minimum Interval: 0 Parent / Guardian Labels: <input checked="" type="checkbox"/>	1 - DOCTOR	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Local Option Tests: <input checked="" type="checkbox"/> 11 HIP CHECK <input checked="" type="checkbox"/> 12 TESTICULAR DESCENT <input type="checkbox"/> 13 H.V.SUMMARY <input type="checkbox"/> 14
2	6-8 WEEK Minimum Age: 6 Maximum Age: 12 Minimum Interval: 2 Parent / Guardian Labels: <input checked="" type="checkbox"/>	1 - DOCTOR	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Local Option Tests: <input checked="" type="checkbox"/> 11 HIP CHECK <input checked="" type="checkbox"/> 12 TESTICULAR DESCENT <input checked="" type="checkbox"/> 13 H.V.SUMMARY <input checked="" type="checkbox"/> 14 SOMETHING ELSE
3	8 MONTH Minimum Age: 15 Maximum Age: 44 Minimum Interval: 1 Parent / Guardian Labels: <input checked="" type="checkbox"/>	1 - DOCTOR	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Local Option Tests: <input checked="" type="checkbox"/> 11 HIP CHECK <input checked="" type="checkbox"/> 12 TESTICULAR DESCENT <input checked="" type="checkbox"/> 13 H.V.SUMMARY <input checked="" type="checkbox"/> 14 GP CHECK
4	HEARING Minimum Age: 43 Maximum Age: 56 Minimum Interval: 1 Parent / Guardian Labels: <input checked="" type="checkbox"/>	1 - DOCTOR	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Local Option Tests: <input type="checkbox"/> 11 HIP CHECK <input type="checkbox"/> 12 TESTICULAR DESCENT <input type="checkbox"/> 13 H.V.SUMMARY <input type="checkbox"/> 14
5	18 MONTH Minimum Age: 72 Maximum Age: 91 Minimum Interval: 1 Parent / Guardian Labels: <input checked="" type="checkbox"/>	3 - HEALTH VISITOR AT	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 Local Option Tests: <input checked="" type="checkbox"/> 11 HIP CHECK <input checked="" type="checkbox"/> 12 TESTICULAR DESCENT <input checked="" type="checkbox"/> 13 H.V.SUMMARY <input type="checkbox"/> 14

10% 20% 30% 40% 50% 60% 70% 80% 90%

Save Exit

Figure 1: CCH2000 preschool examination schedules screen (pre-HCWP local programme schedule).

PRE SCHOOL EXAMINATION SCHEDULES - ADMINISTRATION - Form EXAMSCH

Pre-School Schedule: 9 << >> Add Schedule Delete Schedule

Examinations Add Medical Add Audio Add Vision Stop Exam

Number	Description	Category
1	PHYSICAL EXAMINATION WITHIN 72 HOURS AFTER	11 - OTHER EXAMINER
	Minimum Age: 0 Maximum Age: 0 Minimum Interval: 0	Parent / Guardian Labels: <input type="checkbox"/>
2	CONTACT AT 10 - 14 DAYS	3 - HEALTH VISITOR
	Minimum Age: 0 Maximum Age: 0 Minimum Interval: 0	Parent / Guardian Labels: <input type="checkbox"/>
3	PHYSICAL EXAMINATION AT 6 - 8 WEEKS	2 - GP
	Minimum Age: 6 Maximum Age: 12 Minimum Interval: 0	Parent / Guardian Labels: <input type="checkbox"/>
4	WEIGHT AND MEASUREMENT AT 8/12/16 WEEKS	11 - OTHER EXAMINER
	Minimum Age: 0 Maximum Age: 0 Minimum Interval: 0	Parent / Guardian Labels: <input type="checkbox"/>
5	CONTACT AT 6 MONTHS	3 - HEALTH VISITOR
	Minimum Age: 26 Maximum Age: 35 Minimum Interval: 0	Parent / Guardian Labels: <input type="checkbox"/>

10% 20% 30% 40% 50% 60% 70% 80% 90%

Save Exit

Figure 2: CCH2000 preschool examination schedules screen (HCWP schedule number 9 – contacts 1 to 5).

PRE SCHOOL EXAMINATION SCHEDULES - ADMINISTRATION - Form EXAMSCH

Pre-School Schedule: 9 << >> Add Schedule Delete Schedule

Examinations Add Medical Add Audio Add Vision Stop Exam

Number	Description	Category
5	CONTACT AT 6 MONTHS Minimum Age: 26 Maximum Age: 35 Minimum Interval: 0 Parent / Guardian Labels: <input type="checkbox"/>	3 - HEALTH VISITOR
6	HEALTH VISITOR CONTACT AT 15 MONTHS Minimum Age: 65 Maximum Age: 78 Minimum Interval: 0 Parent / Guardian Labels: <input type="checkbox"/>	3 - HEALTH VISITOR
7	HEALTH VISITOR CONTACT AT 27 MONTHS Minimum Age: 117 Maximum Age: 130 Minimum Interval: 0 Parent / Guardian Labels: <input type="checkbox"/>	3 - HEALTH VISITOR
8	CONTACT AT 3.5 YEARS PRE-SCHOOL Minimum Age: 185 Maximum Age: 208 Minimum Interval: 0 Parent / Guardian Labels: <input type="checkbox"/>	3 - HEALTH VISITOR
9	SCHEDULE OF GROWING SKILLS Minimum Age: 0 Maximum Age: 0 Minimum Interval: 0 Parent / Guardian Labels: <input type="checkbox"/>	3 - HEALTH VISITOR

10% 20% 30% 40% 50% 60% 70% 80% 90%

Save Exit

Figure 3: CCH2000 preschool examination schedules screen (HCWP schedule number 9 – contacts 5 to 9).

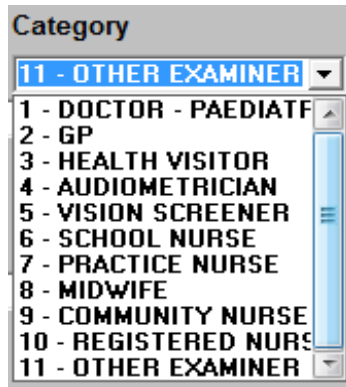


Figure 4: CCH2000 preschool examination schedules screen – Category for examiners (HCWP schedule number 9).

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 HCWP schedule number 9 along with its universal contacts. Control of HCWP schedule number 9 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

5.1.2. CCH2000 examination centre records

Pre-HCWP CCH2000 functionality: CCH2000 examination centre records, which more often than not represent work bases of health professionals (e.g. GP surgery) who carry out preschool contacts with children, have been used to: control which local preschool schedule of contacts examination centre records have worked to; manage examination centre sessions (see subsection 5.1.2.1 for details of CCH2000 examination centre sessions), to which the CCH2000 preschool appointment generation process has appointed (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 have needed to be sent i.e. the base of work address of health professionals (see subsection 5.1.4.1 for details of preschool appointment documentation).

Detail of system or process change to CCH2000: Active examination centre records will be detached from local preschool schedules and instead linked to HCWP schedule number 9, so that they are set up to work in line with the scheduling requirements of HCWP schedule number 9. This will be reflected on the *Schedule* data field of examination centre records within *ADMIN & HOUSEKEEPING\CLERICAL DUTIES\EXAM CENTRES* area of CCH2000, as shown in figure 5. Also, the *Schedule* data field will be disabled for all examination centre records so that the schedule cannot be changed, and on creation of new examination centre records, the *Schedule* field will be populated with HCWP schedule number 9 by default.

EXAMINATION CENTRES - ADMINISTRATION [ECENTRES]

View: Used Codes Unused Codes All Codes Sort By: Ex

Exam Centre Code: 0111111 Code Used

Schedule: 9 Define Examination ECs

Name: 01111111 EC

House Name/Number: TY GLAN YR AFON

Street: COWBRIDGE ROAD EAST

Locality:

Town: CARDIFF

County:

Postcode: CF11 9AD Tel:

Figure 5: CCH2000 examination centres administration screen.

Note: The steps involved in creating new examination centre records and amending existing examination centre records will not change as a result of the HCWP.

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 link between active examination centre records and local preschool schedules of contact on CCH2000, and instead link the active examination centre records to HCWP schedule number 9.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Once the CCH2000 software release package has been implemented, community child health clerical staff should check that examination centre records have the correct schedule assigned on CCH2000.

5.1.2.1 CCH2000 examination centre sessions

Pre-HCWP CCH2000 functionality: CCH2000 examination centre sessions, which represent health professional sessions of contact with children, have been used to control dates and timeframes to which the system has generated preschool appointments, along with which specific local HB programme contacts should have been appointed during those specific dates and timeframes. These examination centre sessions would have been set up by community child health clerical staff.

Detail of system or process change to CCH2000: The list of *Sessions For Examiner* categories for examination centres linked to HCWP schedule number 9 on the *EXAMINATION CENTRE* screen will be changed, as seen in figure 6, so that they match the examiner *Categories* list on HCWP schedule number 9, which is referred to in subsection 5.1.1. Prior to implementation of the HCWP, all examination centre sessions will have been set up to cater for contacts in relation to local preschool programme schedules. As a result of the changeover to HCWP schedule number 9, the examination centre sessions currently set up on CCH2000 will need to be removed and replaced with sessions that accommodate contacts from HCWP schedule number 9, and these will need to be created under *Sessions For Examiner* categories that match examiner *Categories* on HCWP schedule number 9.

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: Replacement of the examination centre sessions will need to be carried out by community child health clerical staff. The examination centre sessions on CCH2000 shouldn't be replaced until Health Boards have received the CCH2000 software upgrade for the HCWP from NWIS but they must be replaced before HCWP appointments are generated for the first week of October 2016. To replace examination centre sessions, community child health clerical staff will need to follow these steps:

- All pre-HCWP sessions for examination centre records attached to HCWP schedule number 9 should be deleted (examination centres will already be attached to schedule 9 at the point of needing to delete pre-HCWP sessions because of the change discussed in subsection 5.1.2 of this document).
- For each examination centre record attached to HCWP schedule number 9, the *Sessions For Examiner* category of *Health Visitor* (number 3) and *GP* (number 2) should be inserted. However, these *Session For Examiner* categories may already exist as a result of them having been carried over from pre-HCWP sessions, in which case they would not need to be inserted.
- Pre-existing *Sessions For Examiner* categories set up on the *EXAMINATION CENTRE* screen cannot be deleted, so those *Sessions For Examiner* categories that have no HCWP sessions created can be left as they are.
- The process of inserting new sessions has not changed; and on inserting a new session, contacts (examinations) to be appointed to a session should be selected from the *Examinations* list of values fields as seen in figure 7.

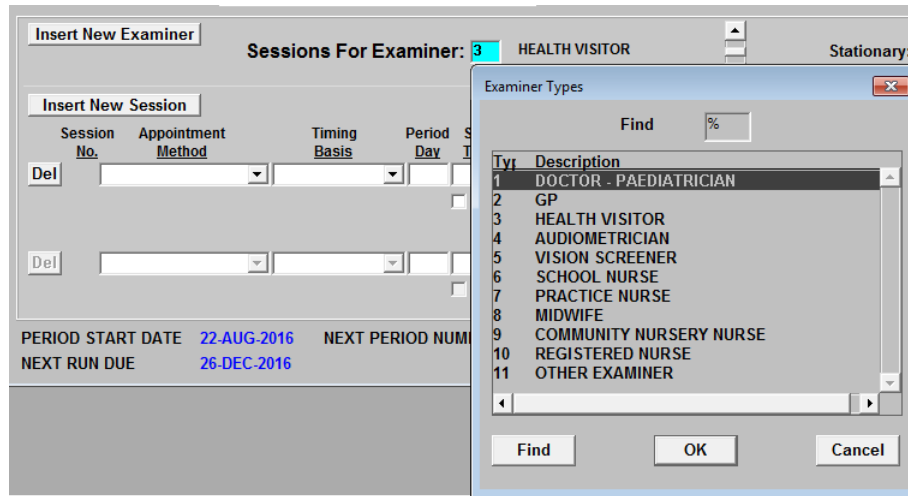


Figure 6: CCH2000 examination centres administration screen – sessions for examiner.

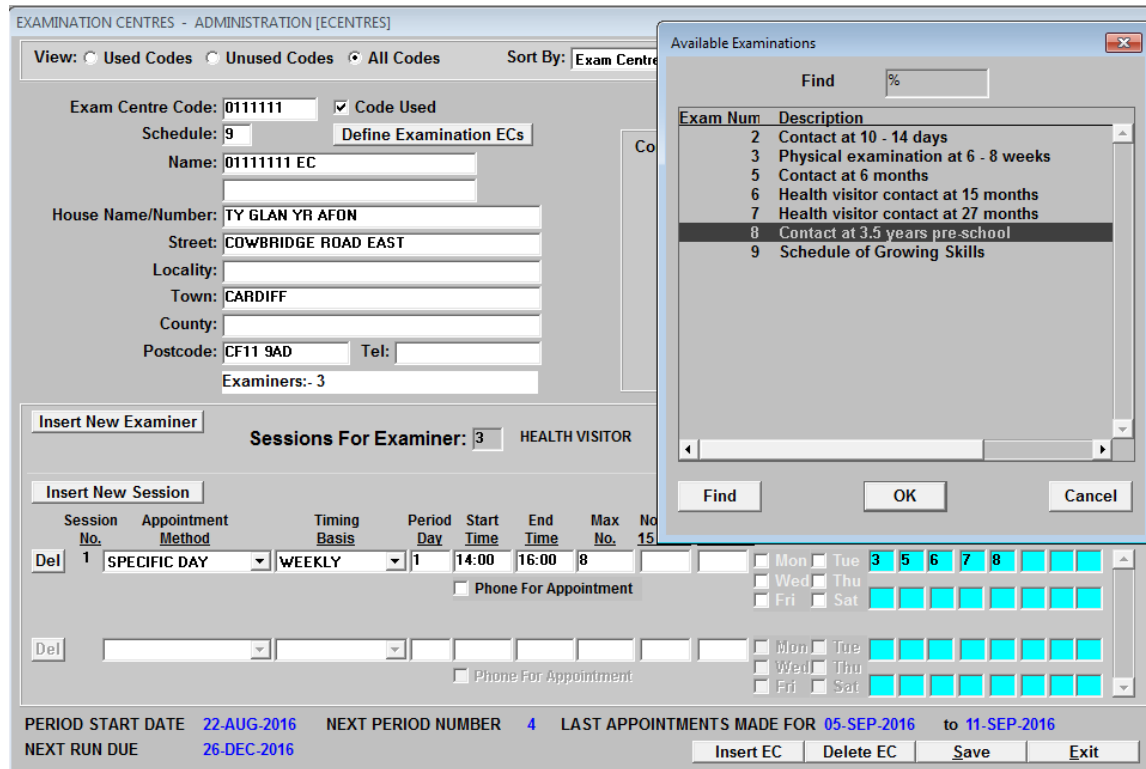


Figure 7: CCH2000 examination centres administration screen – assigning examinations to a session.

Note: A list of active examination centres and their related sessions can be produced via *REPORTS AND STATISTICAL TABLES\ADMINISTRATION REPORTS\EXAM CENTRES* on CCH2000; this could be used to aid community child health clerical staff in the process of replacing examination centre sessions and this should be done before NWIS deploy their software release package.

5.1.2.1.1 CCH2000 examination centre session temporary variations

Pre-HCWP CCH2000 functionality: The examiner centre temporary variations functionality, found in *ADMIN & HOUSEKEEPING\CLERICAL DUTIES\EC TEMPORARY VARIATIONS*, as seen in figure 8, has been used to manage variations to examination centre sessions.

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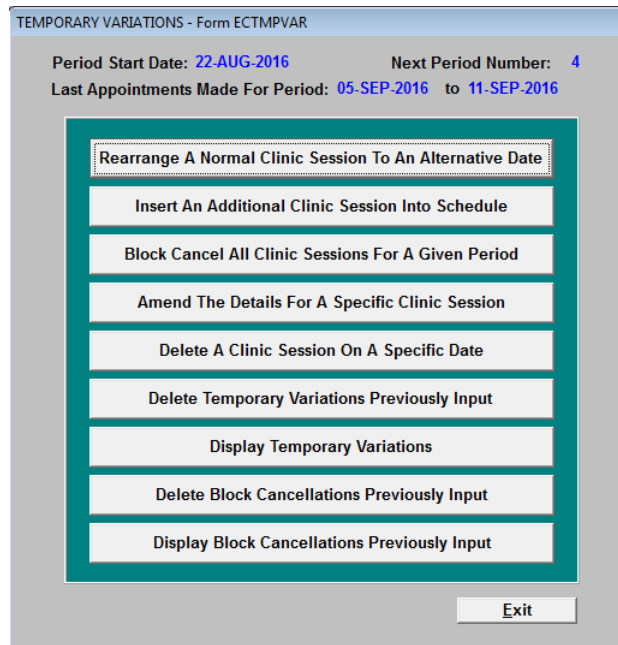


Figure 8: CCH2000 examination centre temporary variations menu screen.

Detail of system or process change to CCH2000: A new category list for the *Examiner Type*, as seen in figure 9, will be introduced to the following options within *ADMIN & HOUSEKEEPING\CLERICAL DUTIES\EC TEMPORARY VARIATIONS*: *Rearrange A Normal Clinic Session To An Alternative Date*; *Insert An Additional Clinic Session Into Schedule*; *Amend The Details For A Specific Clinic Session*; *Delete A Clinic Session On A Specific Date*; *Delete Temporary Variations Previously Input*; *Display Temporary Variations*. The list for the *Examiner Type* will be changed so that it matches the *Category* list for examiner type that has been introduced for HCWP schedule number 9, which is referred to in subsection 5.1.1. Prior to implementation of the HCWP, all examination centre temporary variations will have been set up in line with local preschool programme examination centre sessions. As a result of the recreation of the examination centre sessions that is necessary for the HCWP, as discussed in subsection 5.1.2.1, local programme examination centre temporary variations set up on CCH2000 for local programme sessions that would have been due to take place on or after 1st October 2016 will need to be removed and replaced with temporary variations that support examination centre sessions created for the HCWP, and these will need to be created under *Examiner Type* categories that match examiner categories on HCWP schedule number 9.

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Note: The process of removing and creating temporary variations on CCH2000 will not change as a result of the HCWP.

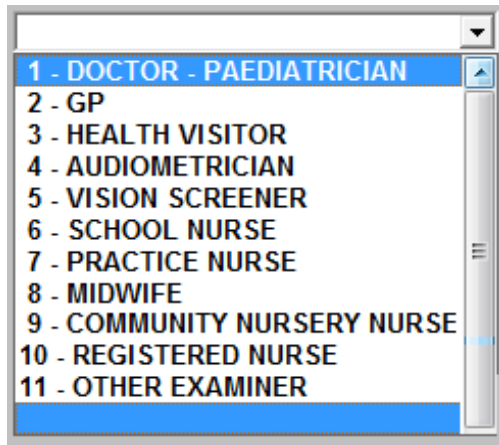


Figure 9: CCH2000 examination centre temporary variations – examiner type.

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 the new category list for the *Examiner Type* to the examination centre *TEMPORARY VARIATION* screens.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Replacement of the examination centre temporary variations will need to be carried out by community child health clerical staff. The examination centre temporary variations on CCH2000 shouldn't be replaced until Health Boards have received the CCH2000 software upgrade for the HCWP from NWIS but they must be replaced before HCWP appointments are generated for the first week of October 2016.

5.1.2.2. Transfer of eligible CCH2000 children across to the universal HCWP schedule and next examination due calculations

Pre-HCWP CCH2000 functionality: As mentioned in previous subsections above, CCH2000 examination centre records have been linked to a local Health Board programme schedule of contacts, and they have had examination centre sessions set up that the CCH2000 system has appointed to. Children who have been eligible for care from health professionals as part of a local Health Board preschool programme will have

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been allocated to a CCH2000 examination centre record. The system's relationship between children and a CCH2000 examination centre record, which has had examination centre sessions arranged, along with the system's relationship between a CCH2000 examination centre record and a schedule of contacts, has enabled 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, and this has been reflected through CCH2000 next examinations due calculations, the result of which has been shown as the next examination due on the *PRESCHOOL – GEN* tab page of the *CHILD RECORDS\IMMUNISATION/ASSESSMENT DETAILS* area of the system, along with the date period within which the examination has been due.

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 HCWP schedule number 9. 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 on CCH2000 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 CCH2000 examination centre records to HCWP schedule number 9 as detailed in subsection 5.1.2 and recalculating the next exam due calculations for all children of preschool age. Children who are due a HCWP contact will have the contact information, along with the date period within which the contact is due, shown on the *PRESCHOOL – GEN* tab page of the *CHILD RECORDS\IMMUNISATION/ASSESSMENT DETAILS* area of the system as shown in figure 10. Only contacts that are schedulable by CCH2000 will be shown as being due i.e. those that do not have minimum and maximum ages of zero on HCWP schedule number 9, as reflected in appendices one and two of this document.

Note: The triggers/areas of CCH2000 that recalculate next examination due will not change as a result of the HCWP.

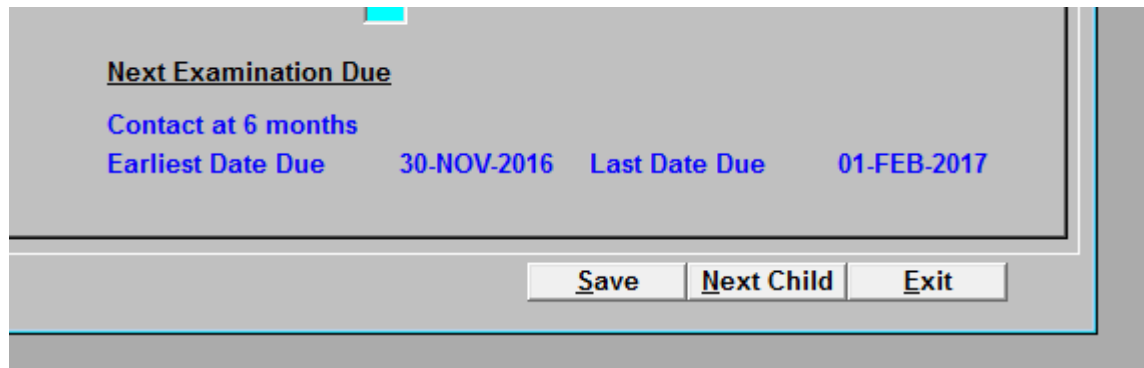


Figure 10: CCH2000 preschool general screen - next contact due detail along with date period within which the contact is due.

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 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 linking examination centre records to HCWP schedule number 9 and recalculating the next examination due calculations for all children of preschool age.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: Once the CCH2000 software release package has been implemented, community child health clerical staff should check a selection of child records to ensure that next examination due calculations have been calculated in line with the HCWP.

5.1.3. Attaching eligible CCH2000 births and transfers/movements in to the universal HCWP schedule

Pre-HCWP CCH2000 functionality: As mentioned in previous subsections above, CCH2000 examination centre records have been linked to a local Health Board programme schedule of contacts and have had sessions set up with schedulable contacts from the schedule. New born babies registered on CCH2000, and children who would have been registered on CCH2000 as a result of them having transferred/moved in from outside the district and who have been eligible for care from health professionals as part of a local Health Board preschool programme, would have been allocated to a CCH2000 examination centre record. The system's relationship between a child and a CCH2000 examination centre record, which has had examination centre sessions setup in line with schedulable contacts from a local programme schedule, along with the system's relationship between a CCH2000 examination centre record and a schedule of contacts, has enabled the child to be scheduled for preschool appointments.

Detail of system or process change to CCH2000: New born babies registered on CCH2000 after NWIS have released their software package, 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 CCH2000 examination centre record which is linked to HCWP schedule number 9 and has examination centre sessions setup in line with the schedulable contacts from HCWP schedule number 9.

Note: The steps involved in registering births and movements in on CCH2000, and assigning them to a CCH2000 examination centre will not change as a result 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: After NWIS have released their software package, community child health clerical staff will need to ensure that they assign new born babies and transfers/movements in to active CCH2000 examination centre records which are linked to HCWP schedule number 9 and have examination centre sessions setup in line with the schedulable contacts from HCWP schedule number 9. The ability of community child health clerical staff to do this will be fully dependent on the responsibilities in relation to the CCH2000 changes, documented in subsections 5.1.1, 5.1.2 and 5.1.2.1, being completed.

5.1.4. CCH2000 batch preschool appointment generation and scheduled contacts

Pre-HCWP CCH2000 functionality: The batch preschool appointment generation process has collected lists of children who have been due local Health Board programme contacts during the period that the system has been appointing to, and who have been attached to active CCH2000 examination centre records that have been linked to a local Health Board programme schedule of contacts and have had examination centre sessions setup in line with the schedulable contacts from the local schedule. Children would then have been appointed to local Health Board programme contacts by being slotted into the examination centre sessions available on CCH2000 examination centre records, and appointment documentation would have been produced.

Detail of system or process change to CCH2000: The preschool appointment generation process will be aligned to HCWP schedule number 9. 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 CCH2000 examination centre records that are linked to HCWP schedule number 9 and have examination centre sessions setup in line with the schedulable contacts from HCWP schedule number 9 (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 examination centre sessions available on CCH2000 examination centre records and appointment documentation will be produced.

Note: The steps involved in generating batch preschool appointments will not change as a result of the HCWP.

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 align the preschool appointment generation process to HCWP schedule number 9

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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 HCWP schedule number 9. Aligning the preschool appointment generation process to HCWP schedule number 9 is dependent on the responsibilities in relation to the CCH2000 changes documented in subsections 5.1.1, 5.1.2 and 5.1.2.1 being completed.

5.1.4.1. CCH2000 batch preschool appointment - scheduled documentation

Pre-HCWP CCH2000 functionality: As part of local programme preschool appointment generation the system has supported the production of: appointment lists (as seen in figure 11), which are lists of children that are due specific contacts with health professionals at CCH2000 examination centres on specific dates/times or during an open period (these would have been sent to CCH2000 examination centres); invitation mailers (as seen in figures 12 and 13) which, if specific appointment date/time and venues have been controlled by CCH2000, would have been sent direct to parents by community child health office teams, but would more often than not have been sent to CCH2000 examination centres as open appointment mailers so that the health professionals could add dates/times and sometimes venue if contacts weren't being carried out at CCH2000 examination centres e.g. child's home, before sending them to parents; two types of medical examination forms (as seen in figures 14 and 15), which would have contained CCH2000 printed appointment detail and demographic detail along with immunisation and preschool contact history of the children that they had been produced for, and would have been sent to CCH2000 examination centres so that health professionals could write in the details of results/outcomes from the scheduled contacts that had taken place between them and children before returning the forms to the community child health offices for input into CCH2000.

System user guidance - 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 Coeshil 01640511	PS AUDIO	09:00
				NHS No:		G.P. 209522 - DR. A. LLOYD	
				Timing Details :-	Date of Clinic: 20/06/2016		

Figure 11: CCH2000 preschool appointment list used for preschool contacts scheduled for appointments by CCH2000.

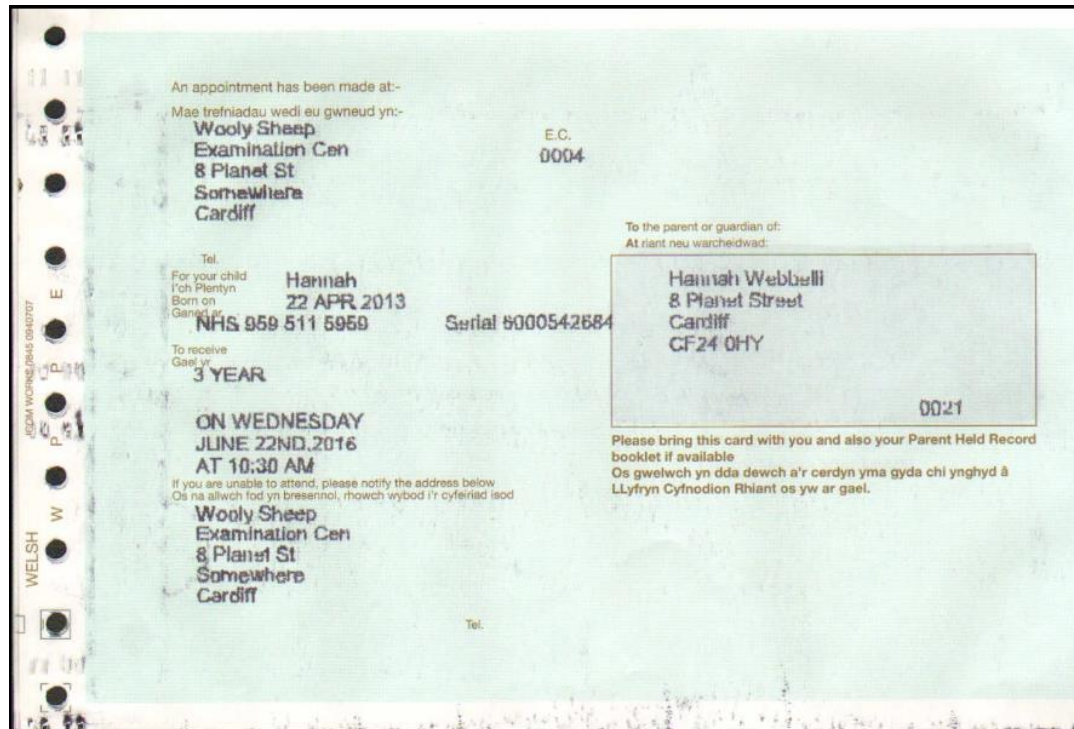


Figure 12: Inside page of CCH2000 invitation mailer used for preschool contacts scheduled for appointments by CCH2000. Appointment date/time specified by CCH2000.

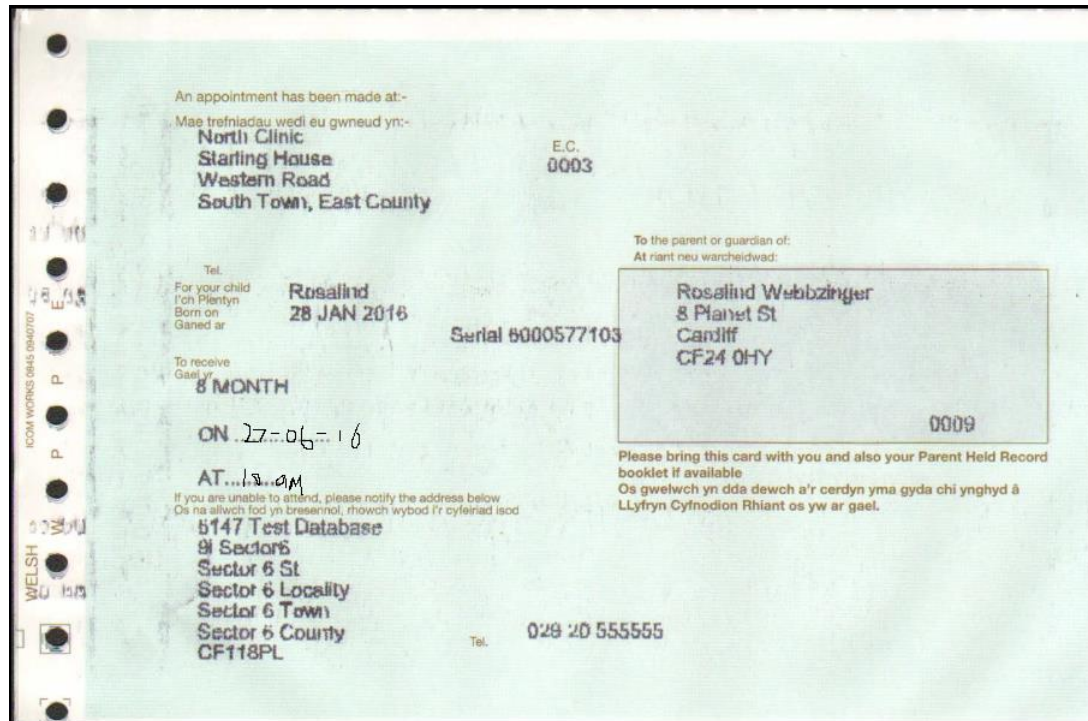


Figure 13: Inside page of CCH2000 invitation mailer used for preschool contacts scheduled for appointments by CCH2000. Appointment date/time written in manually by health professional.

MEDICAL / DEVELOPMENTAL FORM
5147 TEST DATABASE BY SECTOR6

Child's Name & Address: WEBBA-SMYTH, DAN, 22, PLANET ST., CARDIFF
Date of Birth: 17/05/2016, Sex: MALE
Exam Due on: 8 MONTH, CF24 0HY
G.P.: 007 DR BUMP, NORTH CLINIC, H.V. 0000, MR BUMP CHILD CLINIC S, Page: 03/07/2016, Line: 9889028
R.H.S. No.: 007 550 5557, Special Educ. Needs: 0000, Handicap/Disability: 0000, Special File Location: 800079525

Birth Information: 007 550 5557
Rearing: 007 550 5557
Age at Exam: 1/1

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

1st Name	2nd 5 in 1	17-JUN-2016	Rotavirus2	17-JUN-2016
1st MMR C	17-MAY-2016	1st MMR B	17-MAY-2016	1st Pneumo
1st 5 in 1	17-MAY-2016	CYT	20-MAR-2016	HYPOTHY
Rotavirus1	18-MAR-2016	QAT	18-MAR-2016	18-MAR-2016
CYT	18-MAR-2016	IVA	18-MAR-2016	MC ADD
HYPOTHY	18-MAR-2016		18-MAR-2016	

Current Examinations:

Date of Exam	Part	Exam	Result
21-APR-2016	P	2 - 6-8 WEEK	3
		HEIGHT/LENGTH	3
		WEIGHT	3
		HEAD CIRCUMFERENCE	3
		PHYSICAL EXAMINATION	S P O T R N
		VISION	S P O T R N
		HEARING	S P O T R N
		LOCOMOTION	S P O T R N
		MANIPULATION	S P O T R N
		SPEECH/LANGUAGE	S P O T R N
		BEHAVIOUR	S P O T R N
		HIP CHECK	S P O T R N
		TESTICULAR DESCENT	S P O T R N
		H.V. SUMMARY	S P O T R N
		REASON FOR NON EXAM	
		REASON FOR NON EXAM	
		EXAMINER (See Reverse)	

Figure 14: CCH2000 medical form (type 1) used for local programme preschool contacts scheduled for appointments by CCH2000.

Figure 15: 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 would have used forms from the Red book, as seen in figure 16, to send details of results/outcomes from scheduled contacts to community child health offices.

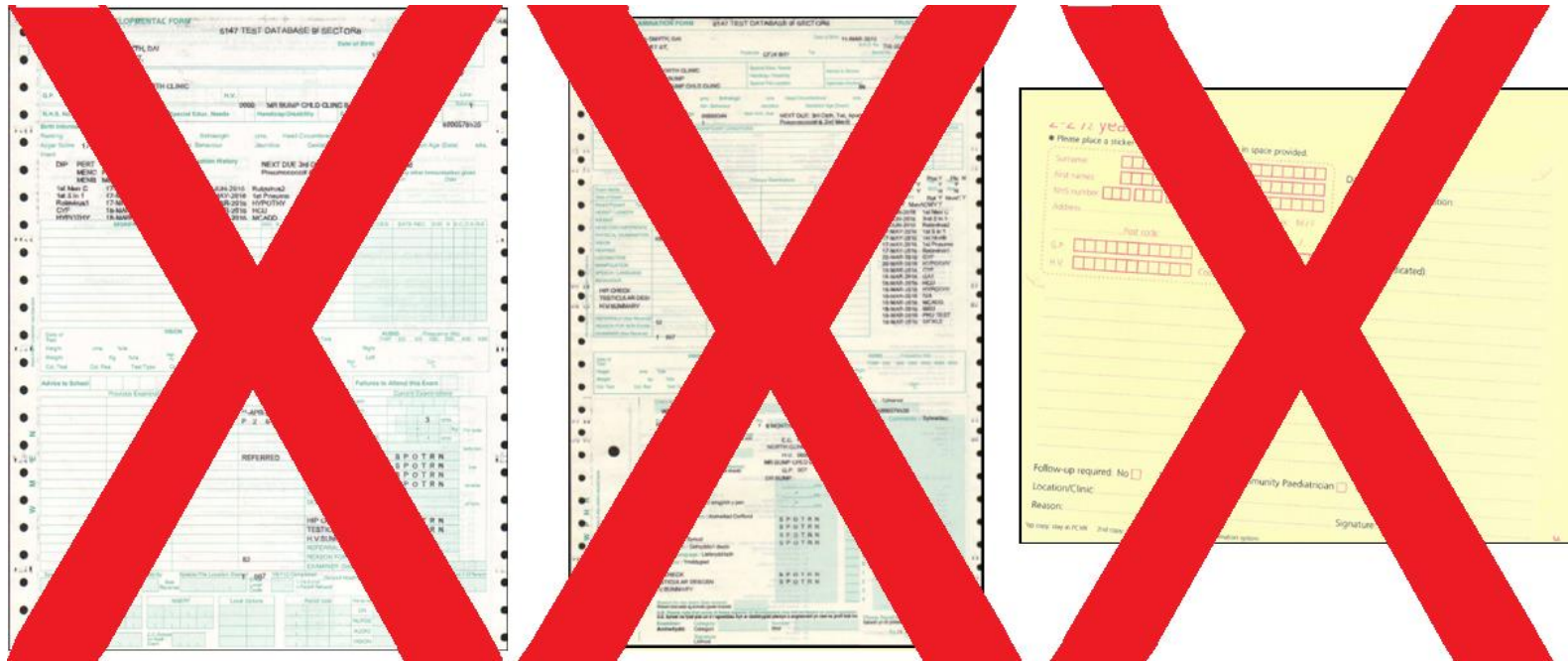


Figure 17: Redundant CCH2000 medical form (type 1), redundant CCH2000 parent held medical form (type 2), redundant red book page.

As part of the preschool appointment generation process under the HCWP, CCH2000 will produce replacement HCWP data collection forms (as seen in figures 18 and 19) 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 20), whilst forms produced for children that are 6 months of age and older on the date of the appointment generation process will also have immunisation history printed (as seen in figure 21)(see appendix three of this document for full details). The form will consist of two pages, designed with the intention that duplex printing be applied through a printer capable of duplex printing (Health Boards should set their printers up to support this). These pre-printed HCWP data collection forms will be printed by community child health clerical staff.

Note: If for any reason duplex printing does not take place, and the second page of a two page form gets separated from the first page and mixed with others, the second page will have the child's name, date of birth and NHS number noted in the footer section so that it can be matched to its first page.

Note: The way in which appointment documentation is produced and sent to the user's local reports folder will not change as a result of the HCWP.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION				
1. CHILD DETAILS				
Serial number	8000512873		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
GP name	BORIS JOHNSON (G5787999)		Tel no.	01267 236784
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 6 weeks	4			
Weight and measurement at 12 weeks	4			
Weight and measurement at 18 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			
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	
3a. GENERAL OUTCOMES				
Weight and measurement				
Height/Length (1 decimal place)			NN . NN CM	
Weight (3 decimal places)			N . NNN KG	
Head circumference (1 decimal place)			NN . NN 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	
Not assessed			6	
Onward referrals made				
Yes				
No				
3b. PHYSICAL OUTCOMES				
Heart	Satisfactory		1	
	Concern		2	
	Not assessed		3	
Hips	Satisfactory		1	
	Concern		2	
	Not assessed		3	
Eyes	Satisfactory		1	
	Concern		2	
	Not assessed		3	
Testes (boys)	Satisfactory		1	
	Concern		2	
	Not assessed		3	
General	Satisfactory		1	
	Concern		2	
	Not assessed		3	
3c. DEVELOPMENT OUTCOMES				
Development				
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	
6 weeks	4		Combined milk feeding - predominantly breast	
6 months	5		Combined milk feeding - partially breast	
			Artificial milk feeding	

Figure 18: CCH2000 pre-printed HCWP data collection form (front page).

System user guidance - 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 DETAIL 8 Complete this section at all HCWP contacts, where data items are not pre-printed by the CCH2000 system.

2. CONTACT DETAIL 8 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 OUTCOME 8 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 OUTCOME 8 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 OUTCOME 8 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) OUTCOME 8 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 0-20 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 0-23 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 (date 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.

8/MT/05/05/2016-752 966 9257

Version 1.0

Figure 19: CCH2000 pre-printed HCWP data collection form (back 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 remove the ability to produce medical examination forms for preschool contacts, and will introduce functionality for producing the pre-printed HCWP data collection forms through the preschool appointment generation process. Enabling and disabling production of the pre-printed HCWP data collection forms will be controllable through an option on the *APPOINTMENTS REPORT* tab page within the *SUPERVISOR\PRINT OPTIONS* section of CCH2000, as shown in figure 22, but this should not be disabled by community child health clerical staff because production and completion of this form is a requirement of the HCWP. By default, on release of the CCH2000 software, this option will be enabled.

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 through the preschool appointment generation process, printing them and sending them out to CCH2000 examination centres so that they can be completed by health professionals during or after the contacts and returned to the community child health office for input on to CCH2000. Instructions with regard to which sections should be completed by health professionals for each of the schedulable contacts on HCWP schedule number 9 are available in appendix three of this document

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION			
1. CHILD DETAILS			
Serial number	8000612873	Address	17 PLANET STREET FOELGASTELL CARMARTHENSHIRE
NHS number	752 988 9257		
Surname	SMITH		
First name	SAM		
DOB	05 / 05 / 2016		
Sex	MALE	Postcode	SA14 7AW
GP name	BORIS JOHNSON (G5787998)	Tel no.	01267 236784
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	<i>Enter here</i>	
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	<i>Enter here</i>	
Health visitor contact at 15 months	6	<i>Enter here</i>	
Health visitor contact at 27 months	7	<i>Enter here</i>	
Contact at 3.5 years pre-school	8	<i>Enter here</i>	
Schedule of Growing Skills (SoGS)	9		
Date of contact	23 / 08 / 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 . NNW	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 20: CCH2000 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 21: CCH2000 pre-printed HCWP data collection form (back page) – immunisation history populated.

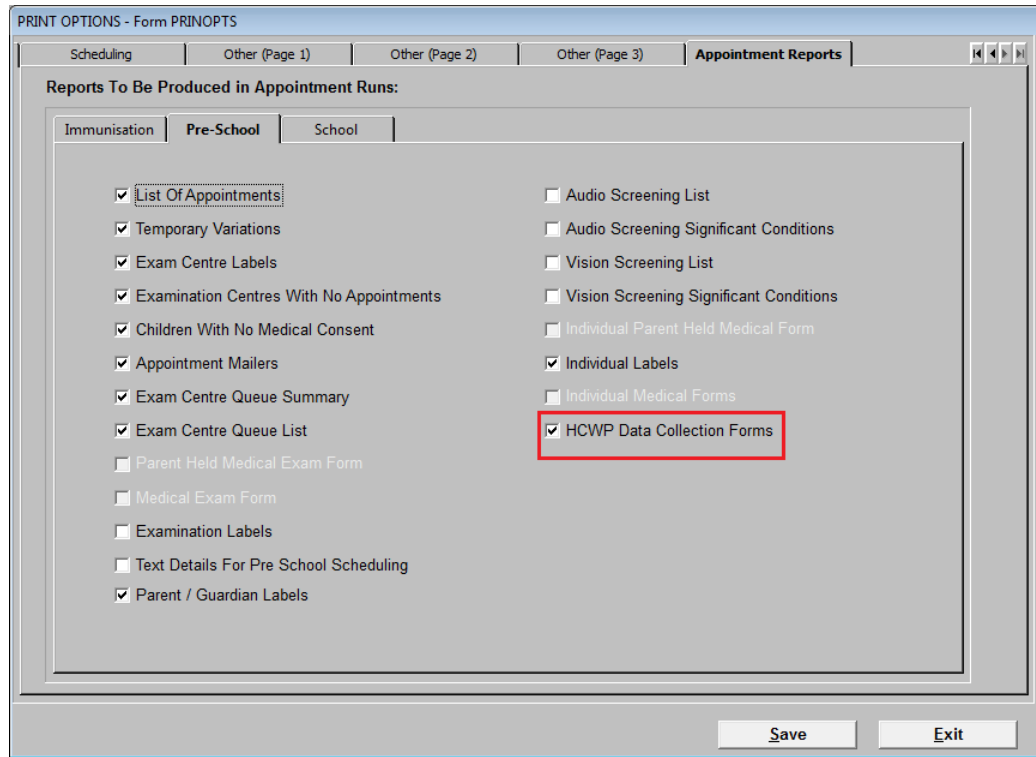


Figure 22: CCH2000 print options screen – preschool HCWP data collection form control.

5.1.4.2. Recording of scheduled preschool results/outcomes on CCH2000

Pre-HCWP CCH2000 functionality: When results/outcomes collected through scheduled preschool contacts appointed by CCH2000 have been returned to community child health offices using appointment documentation detailed in subsection 5.1.4.1, the collected information has been 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 has then been stored on the database and has been accessible through the front end screens and reporting functions on CCH2000.

Detail of system or process change to CCH2000: A new scheduled *HCWP CONTACTS* result screen will be available on CCH2000 in order to support the HCWP dataset, and will need to 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. The new scheduled *HCWP CONTACTS* result screen will be accessible in two ways:

- Firstly, via the scheduled *BLOCK HEALTHY CHILD WALES CONTACTS* button found on the *RESULTS* menu screen in the *RESULTS* area of CCH2000, as seen in figure 23, which will take users to the same *LIST* selection screen, seen in figure 24, as accessed via the pre-HCWP scheduled *BLOCK PRE SCHOOL EXAM RESULTS* button found on the same *RESULTS* menu screen. The *LIST* selection screen accessed via the scheduled *BLOCK HEALTHY CHILD WALES CONTACTS* button will only show lists associated with appointments generated as part of the HCWP. Whilst child records are accessed from the *LIST* selection screen in the same way as has been done pre-HCWP, on accessing a child record, the new scheduled *HCWP CONTACTS* screen will be shown, as seen in figure 27, with the *Contact* data item and *Date of contact* data item pre-populated in line with the outstanding HCWP appointment selected on the *LIST* selection screen. Previously inserted smoking data and breastfeeding records can be viewed, and new records inserted; and previously inserted HCWP contacts along with details of the next HCWP contact due can be viewed using the buttons at the bottom of the screen.

Note: Pre-HCWP contacts and contacts that do not form part of the HCWP should not be entered on the scheduled *HCWP CONTACTS* screen; pre-HCWP contacts can continue to be entered on to the pre-HCWP result screens.

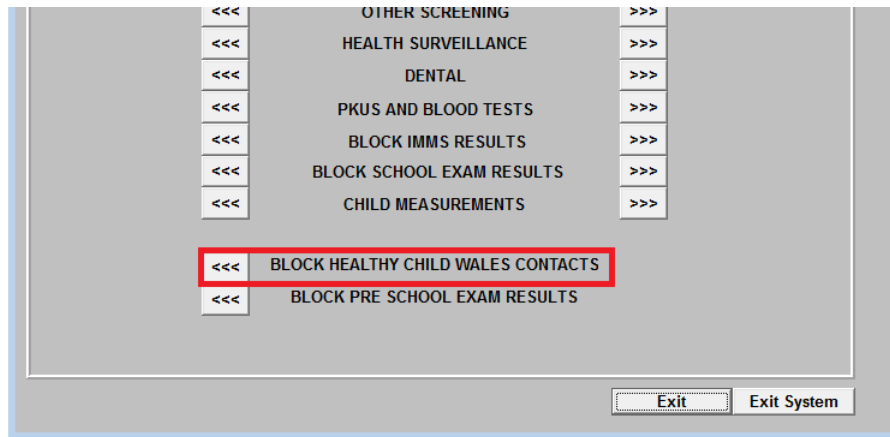


Figure 23: CCH2000 results menu screen – block Healthy Child Wales contacts.

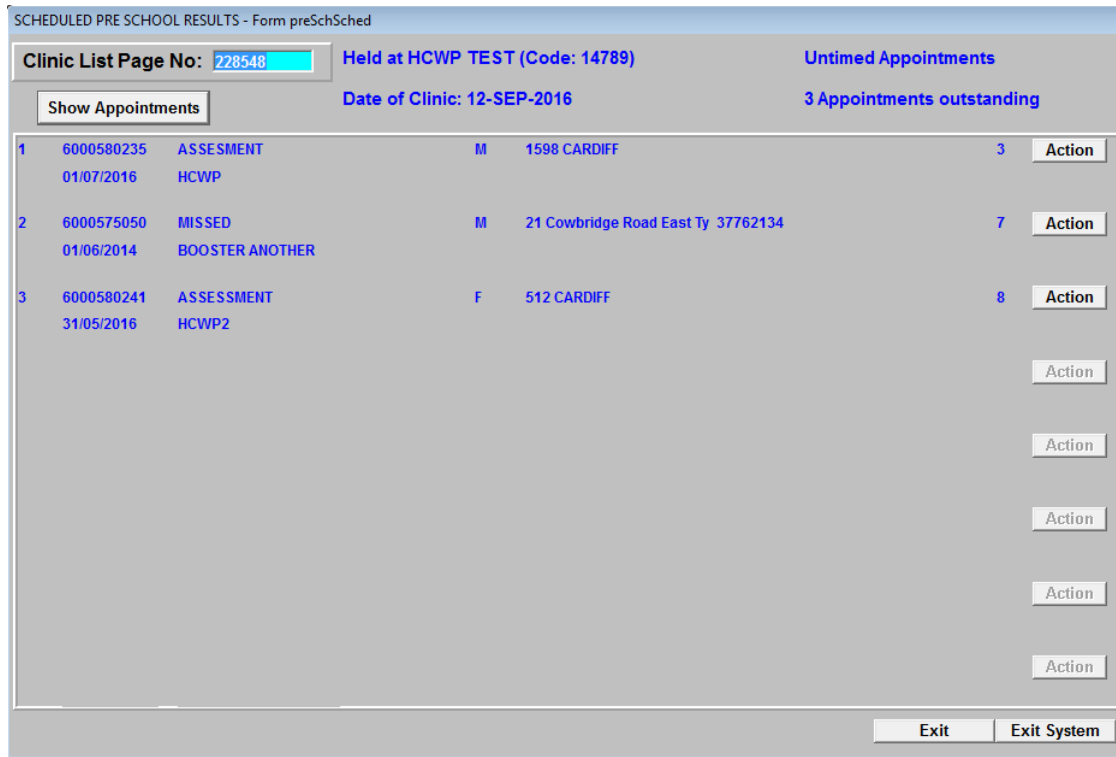


Figure 24: CCH2000 outstanding preschool appointments list selection screen.

- Secondly, via the scheduled *HEALTHY CHILD WALES CONTACTS* button, also found on the *RESULTS* menu screen in the *RESULTS* area of CCH2000, as seen in figure 25, which will take users to the same *CHILD SELECTION* screen, seen in figure 26, accessed via the pre-HCWP scheduled *MEDICAL* button on the same *RESULTS* menu screen. On the *CHILD SELECTION* screen, search details will need to be entered in order to access child records, in the same way as has been done pre-HCWP, and on accessing a child record, the new scheduled *HCWP CONTACTS* screen will be shown, as seen in figure 27, with the *Contact* data item and *Date of contact* data item pre-populated in line with an outstanding HCWP appointment being stored behind the *BLOCK HEALTHY CHILD WALES CONTACTS* button on the results menu. Previously inserted smoking data and breastfeeding records can be viewed, and new records inserted; and previously inserted HCWP contacts along with details of the next HCWP contact due can be viewed using the buttons at the bottom of the screen.

Note: Pre-HCWP contacts and contacts that do not form part of the HCWP should not be entered on the scheduled *HCWP CONTACTS* screen; pre-HCWP contacts can continue to be entered on to the pre-HCWP result screens.

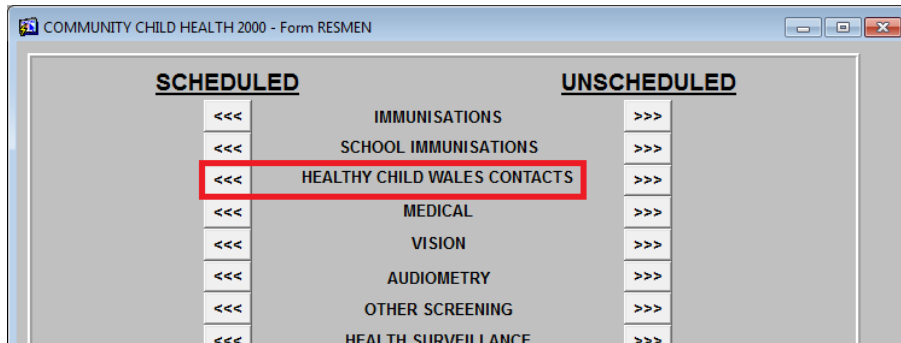


Figure 25: CCH2000 results menu screen – scheduled Healthy Child Wales contacts.

System user guidance - Community Child Health 2000 (Healthy Child Wales Programme)

--- CHILD SELECTION --- ENTER CLIENT IDENTIFYING DETAILS--- Form CLIENQ

NHS No: <input type="text"/>	DoB: <input type="text"/> to <input type="text"/>	Mothers Surname: <input type="text"/>	Output <input type="checkbox"/> Print Criteria
Serial No: 6000580235	House Name / Number: <input type="text"/>	DoB: <input type="text"/> to <input type="text"/>	<input type="checkbox"/> Delimited File
Surname: <input type="text"/>	Street: <input type="text"/>	NHS No: <input type="text"/>	<input type="button" value="Produce List"/>
Forename: <input type="text"/>	Historical Addresses? <input type="checkbox"/>	Mothers ID: <input type="text"/>	First Screen: <input type="text"/>
Initial: <input type="text"/> Historical Names? <input type="checkbox"/>	Postcode: <input type="text"/>	<input type="button" value="Show"/> Health Care Professionals	Sort: SURNAME
Sex: <input type="text"/>	Historical Postcodes? <input type="checkbox"/>	<input type="button" value="Show>>"/> Further Options	<input type="button" value="FIND"/> <input type="button" value="Fuzzy Search"/> <input type="button" value="Clear"/>
<input type="button" value="Show"/> Current Status Selection			

Search Results:

NHS Number	Serial No.	Name	Date of Birth	Sex	Address	Postcode
>	6000580235	ASSESSMENT,Hcwp	01/07/2016	MALE	1598, Cardiff	
District Birth						
>						
>						
>						
>						
>						
>						
>						

1 Children found

Figure 26: CCH2000 child selection screen.

MEDICAL RESULTS - Form MEDRES

Hcwp Assessment
1598, Cardiff

NHS No: 01-JUL-2016
Date Of Birth: 01-JUL-2016
Age: 7 weeks
Sex: Male
Status: District Birth (27-Jul-2016)
School:

Trace Required
Child Health Clinic: 14789
Treatment Centre: 4980
General Practitioner:
Health Visitor:
Lead HCP:
Primary Care Trust:

Serial No: 6000580235
Hcwp Test
Miss Sunshine

Demographic | **HCWP Contacts** | Immunisation | Sig. Cons. | Recalls | Narrative

Contact 3 Physical examination at 6 - 8 weeks

Contact age [dropdown]
Date of contact 12/09/2016
Origin Scheduled [dropdown]
Reason Not Examined [checkbox]
Reschedule [checkbox]
Withdraw Consent [checkbox]
Consent [dropdown]
Location [checkbox]
Examiner [checkbox]
Receiving Flying Start Services [dropdown]
Looked after child [dropdown]
On the Child Protection Register [dropdown]

Height/Length [input] CM
Weight [input] KG
Head circumference [input] CM
Evidence of FGM [dropdown]
Domestic violence concern [dropdown]
Family resilience [dropdown]
Onward referrals made [dropdown]

Heart [dropdown]
Hips [dropdown]
Eyes [dropdown]
Testes (boys) [dropdown]
General [dropdown]

Development [dropdown]
Development - further assessment required [dropdown]

Locomotor [checkbox] Visual [checkbox] Speech and language [checkbox] Self-care social [checkbox]
Manipulative [checkbox] Hearing and language [checkbox] Interactive social [checkbox] Cognitive [checkbox]

Smoking Data | Breastfeeding | Contacts summary | Next Contact Due

Exit System USE SAVE ONLY WHEN YOU HAVE COMPLETED ALL PARTS OF THE CONTACT Save Contact Next Child Exit

Figure 27: CCH2000 scheduled HCWP Contacts screen.

Further detail on which data items on the scheduled *HCWP CONTACTS* screen are available for completion at each of the HCWP contacts can be found in appendix four of this document.

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 the 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 *HCWP CONTACTS* screens on CCH2000.

5.1.4.3. CCH2000 failure to attend counts

Pre-HCWP CCH2000 functionality: When preschool appointments for local Health Board programme contacts have not been attended by a child and no reason has been given for non-attendance (this would have been recorded by value 3: *Did Not Attend – No Reason* in the *Reason Not Examined* field, where entering preschool contact appointment returns via the pre-HCWP scheduled *MEDICAL* or scheduled *BLOCK PRE SCHOOL EXAM RESULTS* routes in the *RESULTS* area of CCH2000), the failure to attend count for *Assessments*, found on the *PRE SCHOOL - GEN* page of CHILD RECORDS/IMMUNISATION/ASSESSMENT DETAILS on CCH2000, has incremented.

Detail of system or process change to CCH2000: The reason not examined options for contacts on the HCWP do not include non-attendance without reason; the failures to attend count will therefore no longer increment if a child is not examined as a result of a CCH2000 appointed HCWP contact, regardless of the reason recorded for non-examination.

Note: As a result of this change, the *MISSED 2 APPOINTMENTS* report, found in the *REPORTS AND STATISTICAL TABLES/PRE SCHOOL REPORTS* area of CCH2000, will have no use as part of the HCWP.

NWIS responsibilities in relation to the CCH2000 change and/or business area: On request from community child health clerical staff, NWIS could reset the failure to attend *Assessment* counts of all preschool aged children to zero for cosmetic purposes.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: If community child health clerical staff want the failures to attend *Assessment* counts of preschool aged children, that have been reached as part of local Health Board programmes, reset to zero for cosmetic purposes they can request that NWIS do this for them.

5.1.5. CCH2000 individual preschool appointment generation

Pre-HCWP CCH2000 functionality: The individual preschool appointment generation functionality, accessed via *ADMIN & HOUSEKEEPING/APPOINTMENTS* on CCH2000, has enabled the generation of additional local programme contacts that haven't been considered routine; this would have been used to schedule non-routine appointments for children on an individual child by child basis.

Detail of system or process change to CCH2000: As part of the HCWP, CCH2000 will no longer to be used to schedule preschool contacts that aren't on HCWP schedule number 9. The functionality for generating individual preschool appointments via *ADMIN & HOUSEKEEPING/APPOINTMENTS* on CCH2000 will therefore be disabled, as seen in figure 28.

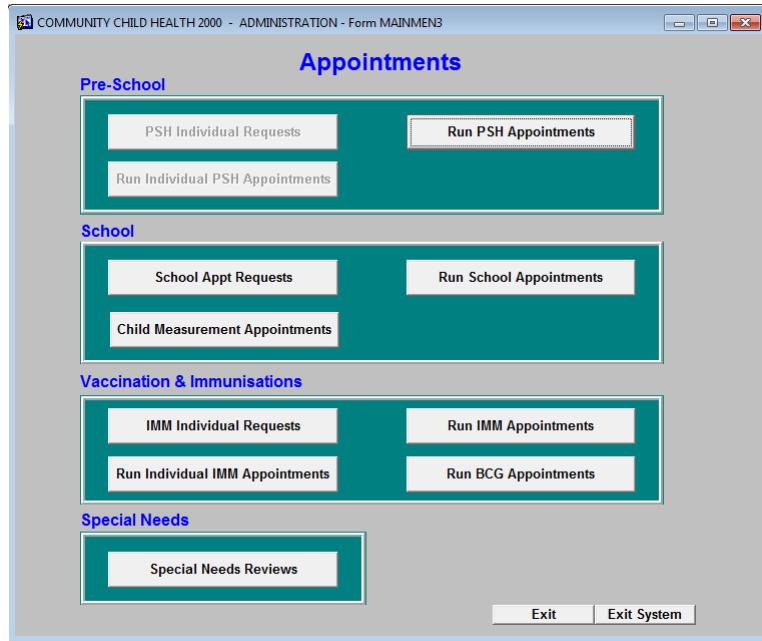


Figure 28: CCH2000 appointments menu screen.

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 updated software in which the functionality for generating individual preschool appointments is disabled.

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

5.1.6. Unscheduled contacts

Pre-HCWP CCH2000 functionality: Health professionals will have arranged some routine contacts with children in line with local Health Board programmes but without any scheduling and appointing support from CCH2000; these would have been referred to as unscheduled contacts. Health professionals would have documented the results/outcomes from these local programme contacts and sent them to community child health offices for input into CCH2000 by community child health clerical staff.

- FINAL -

Detail of system or process change to CCH2000: As part of the HCWP, health professionals who have been responsible for arranging routine contacts with children as part of local Health Board programmes without any scheduling support from CCH2000 will continue to do so for some contacts but they will need to ensure that they do this in line with contacts on HCWP schedule number 9, 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. Appendices one and two of this document provide detail of the specific HCWP contacts that will not be scheduled for appointments by CCH2000, and would therefore be considered unscheduled.

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

5.1.6.1. Unscheduled documentation

Pre-HCWP CCH2000 functionality: As mentioned in the previous subsection, health professionals will have arranged some routine contacts with children in line with local Health Board programmes but without any scheduling and appointing support from CCH2000; and these would have been referred to as unscheduled contacts. Health professionals would have documented the results/outcomes from these local programme contacts and sent them to community child health offices for input into CCH2000 by community child health clerical staff.

Detail of system or process change to CCH2000: As mentioned in the previous subsection, as part of the HCWP, health professionals who have been responsible for arranging routine contacts with children as part of local Health Board programmes 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 HCWP schedule number 9, 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 on to CCH2000. CCH2000 will therefore have functionality built in for producing blank HCWP data collection forms (as seen in figures 30 and 31) which community child health clerical staff can print, in large quantities if required, and make available to health professionals to complete as part of unscheduled HCWP contacts. The form will consist of two pages, designed with the intention that duplex printing be applied through a printer capable of duplex printing (Health Boards should set their printers up to support this). Appendices one and two of this document provide detail of the specific HCWP contacts that will not be scheduled for appointments by CCH2000, and would therefore be considered unscheduled. The forms will be produced through the *REPORTS AND STATISTICAL TABLES/ADMINISTRATION REPORTS* area of CCH2000, as shown in figure 29, where a number of forms between 1 and 999 should be entered, before they are produced by pressing the ok button (the file option will send the forms to a PDF document in the users usual local reports folder, whilst the printer option will send the forms direct to the local printer).

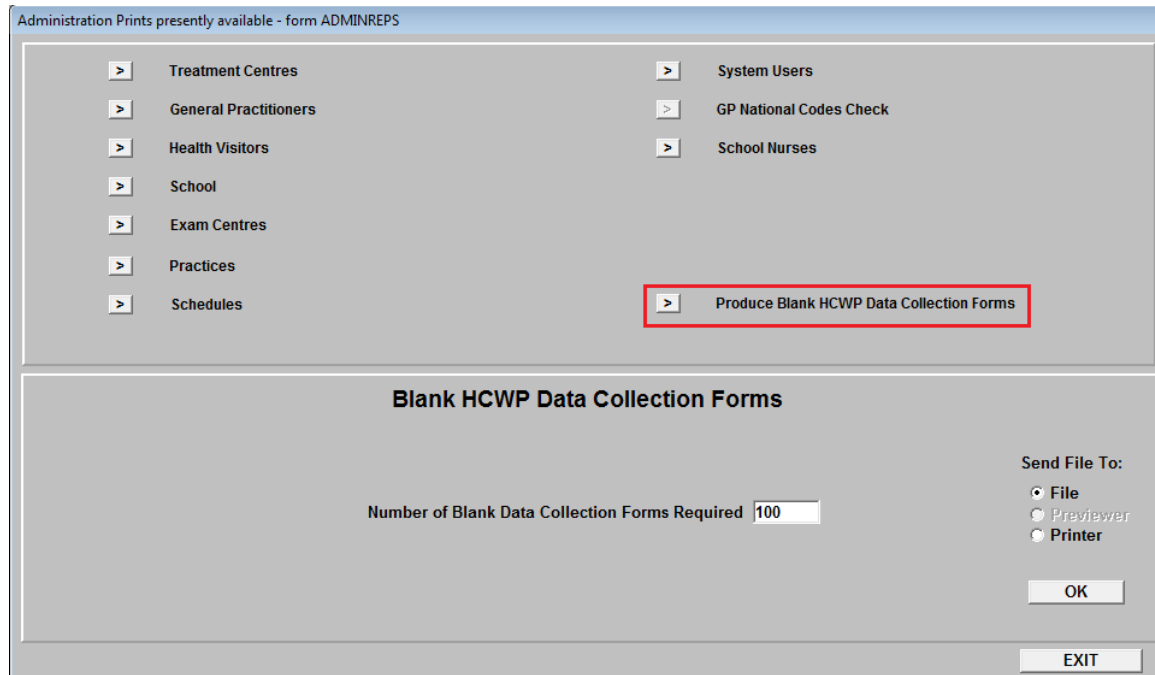


Figure 29: CCH2000 Administration reports screen.

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
			Domestic violence concern - assessment not completed	2
			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
At home	4			1
Hospital	5			Concern
Telephone contact	6			2
				Not assessed
				3
			Hips	Satisfactory
				1
				Concern
				2
				Not assessed
				3
			Eyes	Satisfactory
				1
				Concern
				2
				Not assessed
				3
			Testes (boys)	Satisfactory
				1
				Concern
				2
				Not assessed
				3
			General	Satisfactory
				1
				Concern
				2
				Not assessed
				3
			3c. DEVELOPMENT OUTCOMES	
			Development	
			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

* Consent provided by person with parental responsibility ** At this contact
 Figure 30: CCH2000 blank HCWP data collection form (front page).

System user guidance - 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
2. CONTACT DETAILS
 - Contact
 - Recall in (weeks)
 - Date of contact
 - Reason not examined
 - Consent (provided by person with parental responsibility)
 - Location
 - Examiner
 - Receiving Flying Start services (at this contact)
 - Looked after child (at this contact)
 - On the Child Protection Register (at this contact)
- 3a. GENERAL OUTCOMES
 - Weight and measurement
 - Evidence of FGM
 - Domestic violence concern
 - Family resilience
 - Onward referrals made
 - 3b. PHYSICAL OUTCOMES
 - Heart
 - Hips
 - Eyes
 - Testes (boys)
 - General
 - 3c. DEVELOPMENT OUTCOMES
 - Development
 - Development – further assessment required
 - 3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES
 - Locomotor skills
 - Manipulative skills
 - Visual skills
 - Hearing and language skills
 - Speech and language skills
 - Interactive social skills
 - Self-care social skills
 - Cognitive skills
 - 4. INFANT FEEDING
 - Collection time
 - Feeding status

Version 1.0

Figure 31: CCH2000 blank 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 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. The forms must be completed by the health professional during or after the contact and the completed forms must then be returned to the relevant community child health office for input of the results/outcomes on to CCH2000. Instructions with regard to which sections should be completed for each of the unscheduled contacts on HCWP schedule number 9 are available in appendix three of this document. 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.

5.1.6.2. Recording of unscheduled preschool results/outcomes on CCH2000

Pre-HCWP CCH2000 functionality: When results/outcomes collected through unscheduled preschool contacts have been returned to community child health offices using data collection forms produced locally or pages from the Red book, the collected information has been 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 would then have been stored on the database and would have been accessible through the front end screens and reporting functions on CCH2000.

Detail of system or process change to CCH2000: New unscheduled *HCWP CONTACTS* screens will be available on CCH2000 in order to support the HCWP dataset, and will need to 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 5.1.6.1. Two unscheduled *HCWP CONTACTS* screens will be available:

- The first unscheduled *HCWP CONTACTS* screen, will be available via the unscheduled *HEALTHY CHILD WALES CONTACTS* button, found on the *RESULTS* menu screen in the *RESULTS* area of CCH2000, as seen in figure 32, which will take users to the same *CHILD SELECTION* screen, seen in figure 33, accessed via the pre-HCWP unscheduled *MEDICAL* button on the same *RESULTS* menu screen. On the *CHILD SELECTION* screen, search details will need to be entered in order to access child records, in the same way as has been done pre-HCWP, and on accessing a child record, the new unscheduled *HCWP CONTACTS* screen will be shown, as seen in figure 34. Previously inserted smoking data and breastfeeding records can be viewed, and new records inserted; and previously inserted HCWP contacts along with details of the next HCWP contact due can be viewed using the buttons at the bottom of the screen.

Note: Pre-HCWP contacts and contacts that do not form part of the HCWP should not be entered on the unscheduled *HCWP CONTACTS* screen; pre-HCWP contacts can continue to be entered on to the pre-HCWP result screens.

System user guidance - Community Child Health 2000 (Healthy Child Wales Programme)

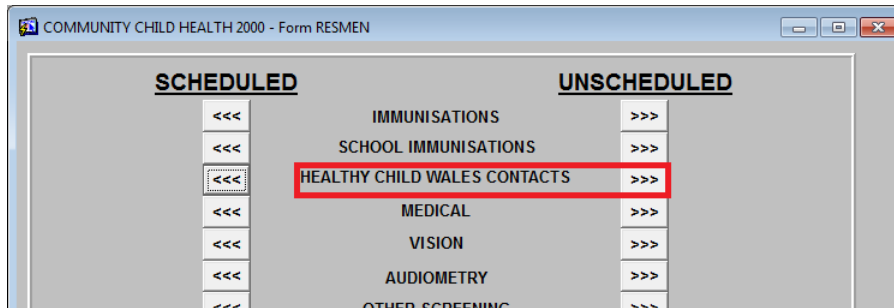


Figure 32: CCH2000 results menu screen – scheduled Healthy Child Wales contacts.

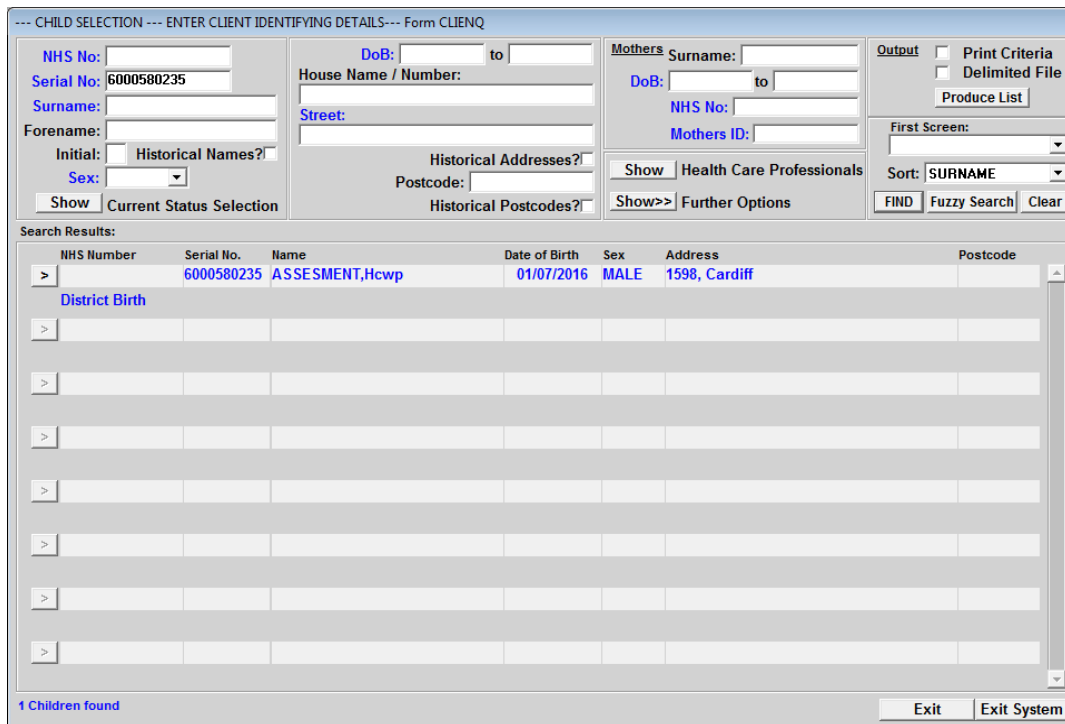


Figure 33: CCH2000 child selection screen.

- FINAL -

MEDICAL RESULTS - Form MEDRES

Hcwp Assessment
1598, Cardiff

NHS No: Trace Required
Date Of Birth: 01-JUL-2016
Age: 7 weeks
Sex: Male
Status: District Birth (27-Jul-2016)
School:

Child Health Clinic: 14789
Treatment Centre: 4980
General Practitioner:
Health Visitor:
Lead HCP:
Primary Care Trust:

Serial No: 6000580235
Hcwp Test
Miss Sunshine

Demographic | **HCWP Contacts** | Immunisation | Sig. Cons. | Recalls | Narrative

Contact

Contact age

Date of contact

Origin

Reason Not Examined Reschedule
 Withdraw Consent

Consent

Location

Examiner

Receiving Flying Start Services

Looked after child

On the Child Protection Register

Height/Length CM

Weight KG

Head circumference CM

Evidence of FGM

Domestic violence concern

Family resilience

Onward referrals made

Heart

Hips

Eyes

Testes (boys)

General

Development

Development - further assessment required

Locomotor Visual Speech and language Self-care social
Manipulative Hearing and language Interactive social Cognitive

Smoking Data | Breastfeeding | Contacts summary | Next Contact Due

Exit System USE SAVE ONLY WHEN YOU HAVE COMPLETED ALL PARTS OF THE CONTACT Save Contact Next Child Exit

Figure 34: CCH2000 unscheduled HCWP Contacts screen.

Further detail on which data items on the unscheduled *HCWP CONTACTS* screen are available for completion at each of the HCWP contacts can be found in appendix four of this document.

- The second unscheduled *HCWP CONTACTS* screen, shown in figure 35, will be available in the existing pre-HCWP CHILD RECORDS\ASSESSMENTS\AUDIOS\VISIONS section of CCH2000 i.e. the option shown on the *CHILD RECORD* menu screen in figure 36. This *HCWP CONTACTS* screen will enable previously recorded HCWP contacts to be viewed by scrolling.

Note: Pre-HCWP contacts and contacts that do not form part of the HCWP should not be entered on this screen; pre-HCWP contacts can continue to be entered on to the pre-HCWP result screens.

System user guidance - Community Child Health 2000 (Healthy Child Wales Programme)

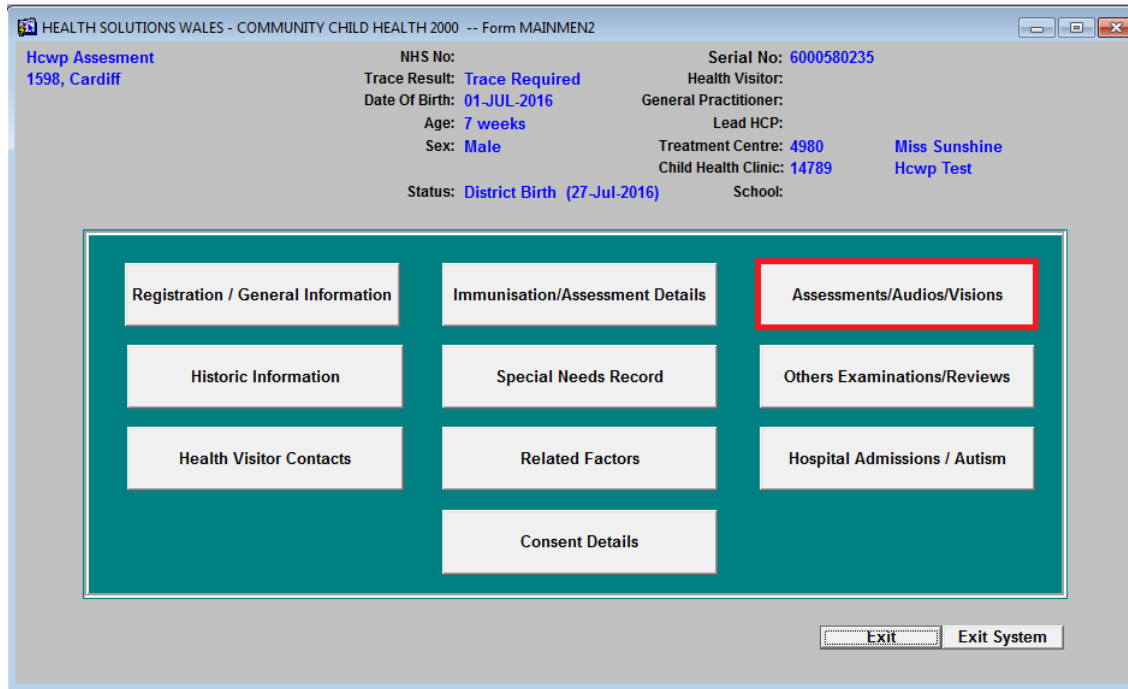


Figure 35: CCH2000 child record – menu screen

Figure 36: CCH2000 child record - HCWP Contacts screen.

Further detail on which data items on the child record - *HCWP CONTACTS* screen are available for completion at each of the HCWP contacts can be found in appendix four of this document.

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 *HCWP CONTACTS* 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 one of the new unscheduled *HCWP CONTACTS* screens on CCH2000.

5.1.7. CCH2000 summary of contacts recorded

Pre-HCWP CCH2000 functionality: *SUMMARY* screens have been available to view a summary of contacts recorded on CCH2000 as part of local Health Board programmes; these have been available on the *Summary* tab pages in the following system areas: *CHILD RECORDS\IMMUNISATION\ASSESSMENT DETAILS*; *CHILD RECORDS\ASSESSMENTS\AUDIOS\VISIONS*; *CHILD RECORDS\OTHER EXAMINATIONS\REVIEWS*.

Detail of system or process change to CCH2000: The *Summary* tab pages will display a summary of contacts recorded on CCH2000 as part of the HCWP, as seen in figures 37, 38 and 39. A summary of contacts recorded on CCH2000 as part of local Health Board programmes will continue to be shown.

System user guidance - Community Child Health 2000 (Healthy Child Wales Programme)

GENERAL IMMUNISATION/MEDICAL INFORMATION - Form IMMSEDS

Matthew Ping
14, Parc Y Gelli
Foelgastell
Llanelli
Carmarthenshire

NHS No: Trace Required Serial No: 8771613370
Date Of Birth: 01-JUN-2016 Child Health Clinic: 0111111 01111111 Ec
Age: 12 weeks Treatment Centre:
Sex: Male General Practitioner:
Status: District Birth (18-Jul-2016) Health Visitor:
School: Lead HCP:
Primary Care Trust:

Demographic | Imms - Gen | Imms - Results | Pre School - Gen | School - Gen | **Summary** | Measurements | Sig. Cons. | Narrative

HCWP CONTACTS				VISIONS			
Examination	Date	Given		Examination	Date	Given	
3	Physical examination at 6 - 8 weeks	20-JUL-2016	<input checked="" type="checkbox"/>				
2	Contact at 10 - 14 days	14-JUN-2016	<input checked="" type="checkbox"/>				

ASSESSMENTS				IMMUNISATIONS				AUDIOMETRY			
Examination	Date	Given		Course	Date	Given		Examination	Date	Given	
2	6-8 Week	17-JUL-2016	<input checked="" type="checkbox"/>								
5	18 Month	08-JUL-2016	<input checked="" type="checkbox"/>								
1	Primary	16-JUL-2015	<input checked="" type="checkbox"/>								

CMP RESULTS				OTHER SCREENINGS			
Examination	Date	Given		Examination	Date	Given	

Dental Screenings Health Surveillance

Exit System | REG | IMM | EX1 | HIS | SPN | EX2 | HCP | SR | HOS | CON | Save Next Child Exit

Figure 37: CCH2000 child record - assessments/audios/visions (summary tab page).

System user guidance - Community Child Health 2000 (Healthy Child Wales Programme)

EXAMINATION DETAILS - Form EXAM1DET

Matthew Ping
14, Parc Y Gelli
Foelgastell
Llanelli
Carmarthenshire

NHS No: Trace Required
Date Of Birth: 01-JUN-2016 Child Health Clinic:
Age: 12 weeks Treatment Centre:
Sex: Male General Practitioner:
Status: District Birth (18-Jul-2016) Health Visitor:
School: Lead HCP:
Primary Care Trust:

Demographic | **Summary** | HCWP Contacts | Assessments | Audio Screenings | Vision Screenings | Sig. Co

HCWP CONTACTS				2 Results	
Examination		Date	Given	Exami	
3	Physical examination at 6 - 8 weeks	20-JUL-2016	<input checked="" type="checkbox"/>		
2	Contact at 10 - 14 days	14-JUN-2016	<input checked="" type="checkbox"/>		

ASSESSMENTS			3 Results		
Examination	Date	Given	Course	IMMUNISATIONS	0 Results
2	6-8 Week	17-JUL-2016	<input checked="" type="checkbox"/>		
5	18 Month	08-JUL-2016	<input checked="" type="checkbox"/>		
1	Primary	16-JUL-2015	<input checked="" type="checkbox"/>		

Figure 38: CCH2000 child record - assessments/audios/visions (summary tab page).

EXAMINATION DETAILS - Form EXAM2DET

Matthew Ping
14, Parc Y Gelli
Foelgastell
Llanelli
Carmarthenshire

NHS No: Trace Required
Date Of Birth: 01-JUN-2016 Child Health Clinic: 0
Age: 12 weeks Treatment Centre:
Sex: Male General Practitioner:
Status: District Birth (18-Jul-2016) Health Visitor:
School: Lead HCP:
Primary Care Trust:

Demographic | **Summary** | Health Surveillance | Other Screenings | Dental Screenings | CMP Results | Sig.

HCWP CONTACTS				2 Results	
Examination		Date	Given	Exami	
3	Physical examination at 6 - 8 weeks	20-JUL-2016	<input checked="" type="checkbox"/>		
2	Contact at 10 - 14 days	14-JUN-2016	<input checked="" type="checkbox"/>		

ASSESSMENTS			3 Results		
Examination	Date	Given	Course	IMMUNISATIONS	0 Results
2	6-8 Week	17-JUL-2016	<input checked="" type="checkbox"/>		
5	18 Month	08-JUL-2016	<input checked="" type="checkbox"/>		
1	Primary	16-JUL-2015	<input checked="" type="checkbox"/>		

Figure 39: CCH2000 child record - other examinations/reviews (summary tab 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 provide updated *SUMMARY* screens which will display a summary of HCWP contacts recorded on CCH2000.

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

5.1.8. CCH2000 preschool recalls

Pre-HCWP CCH2000 functionality: Preschool recall functionality has been 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 would have been a repeat of a contact type that a child had previously been appointed for, or it would have been a contact type that a child had not previously been called for. When a recall for a specific contact has been requested on CCH2000, a place would essentially have been reserved in a future examination centre session and the system would then have generated a priority appointment for the child when it came 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 the first week of October 2016 and onwards as part of the HCWP. Also, a new category list for the *Examination Type*, as seen in figure 40, will be available to the preschool *RECALLS* request screen, accessed via the recalls tab page within the *CHILD RECORDS\ASSESSMENTS/AUDIOS/VISIONS* or *CHILD RECORDS\OTHER EXAMINATIONS/REVIEWS* areas of CCH2000, in order to match the *Category* list for examiner type that has been introduced for HCWP schedule number 9, referred to in subsection 5.1.1.

Note: The steps involved in requesting recalls on CCH2000 will not change as a result of the HCWP.

Pre School Recalls - Form PSH_RECALLS

Recall the Child For Further Pre School Examination

Please Note That The Recall Will Not Be Appointed Until The Next Appropriate Appointments Run

Examination Type: [Dropdown Menu]

Examination: DOCTOR - PAEDIATRICIAN
GP
HEALTH VISITOR
AUDIOMETRICIAN
VISION SCREENER
SCHOOL NURSE
PRACTICE NURSE
MIDWIFE
COMMUNITY NURSERY NURSE
REGISTERED NURSE
OTHER EXAMINER
AUDIO
VISION

Recall Due ...

Delete Recall Save Recall Exit

Figure 40: CCH2000 preschool recalls request screen.

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 most likely 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. Local programme recalls will need to be removed before Health Boards start appointing to 1st October 2016 onwards, and ideally before a Health Board receives the HCWP software release from NWIS. 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. HCWP recalls/priority appointments that require scheduling on CCH2000 by community child health clerical staff from 1st October 2016 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 three of this document for guidance provided to health professionals regard completion of the HCWP data collection form).

Note: A list of outstanding recalls can be produced through the *List Of Children With Recalls Due* report found in the *REPORTS AND STATISTICAL TABLES\PRE SCHOOL REPORTS* area on CCH2000. This could be used to aid community child health clerical staff in: the process of identifying local programme recalls that would need removing; handing responsibility over to health professionals, who will need to manage the appointing of any outstanding local programme recalls themselves without scheduling support from CCH2000.

5.1.9. CCH2000 automatic movements

Pre-HCWP CCH2000 functionality: Child records have been electronically moved from one CCH2000 system in Wales to another when community child health clerical staff have instructed the system to do so as a result of children having moved or transferred across organisational boundaries due to them having: moved home; been born in a different area to the one that they have lived in; been treated in a different area to the one that they have lived in.

Detail of system or process change to CCH2000: The automatic movement process will 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

5.1.10. CCH2000 system reports

Pre-HCWP CCH2000 functionality: CCH2000 has produced system reports, on demand, that have contained 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 have, in the past, only contained 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, in the past, have only contained 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: When running reports that contain preschool data, community child health clerical staff will need to ensure that they do not enter date parameters which cross the 1st October 2016 HCWP implementation date. If community child health clerical staff want to report on data captured and recorded as part of local Health Board

programmes of preschool contact they should enter parameter dates ending 30th September 2016 at the latest, and for HCWP data they should enter parameter dates commencing 1st October 2016 at the earliest.

5.1.11. Enabling data extraction from CCH2000 for secondary use purposes

Pre-HCWP CCH2000 functionality: Database views have been used as a means of presenting data in an extractable format for extraction to the National Community Child Health Database (NCCHD), which has served as a platform for the delivery of extracts/reports to WG and Public Health Wales for secondary use purposes. Data has been extracted to the NCCHD as part of programmes such as: Child Measurements; Routine Immunisations; Infant feeding.

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 2016 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

5.2. CCH2000 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 at immunisation clinic settings, which are mostly provided by Primary Care, but in some areas by Health Visiting; 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. CCH2000 scheduled documentation for 1st, 2nd and 3rd primary batch immunisation appointments

Pre-HCWP CCH2000 functionality: As part of the batch immunisation and vaccination appointment generation process the system has supported the production of: immunisation clinic lists (as seen in figure 41), which hold details of children due specific immunisations at clinics on specific dates/times, or during an open period, and have been 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 being returned to the community child health offices for input into CCH2000; invitation mailers (as seen in figures 42 and 43), which, if specific appointment date/time and venues have been controlled by CCH2000, have been sent direct to parents by community child health office teams, or have otherwise been sent to clinics as open appointment mailers so that the health professionals could add dates/times and venues before sending them to parents.

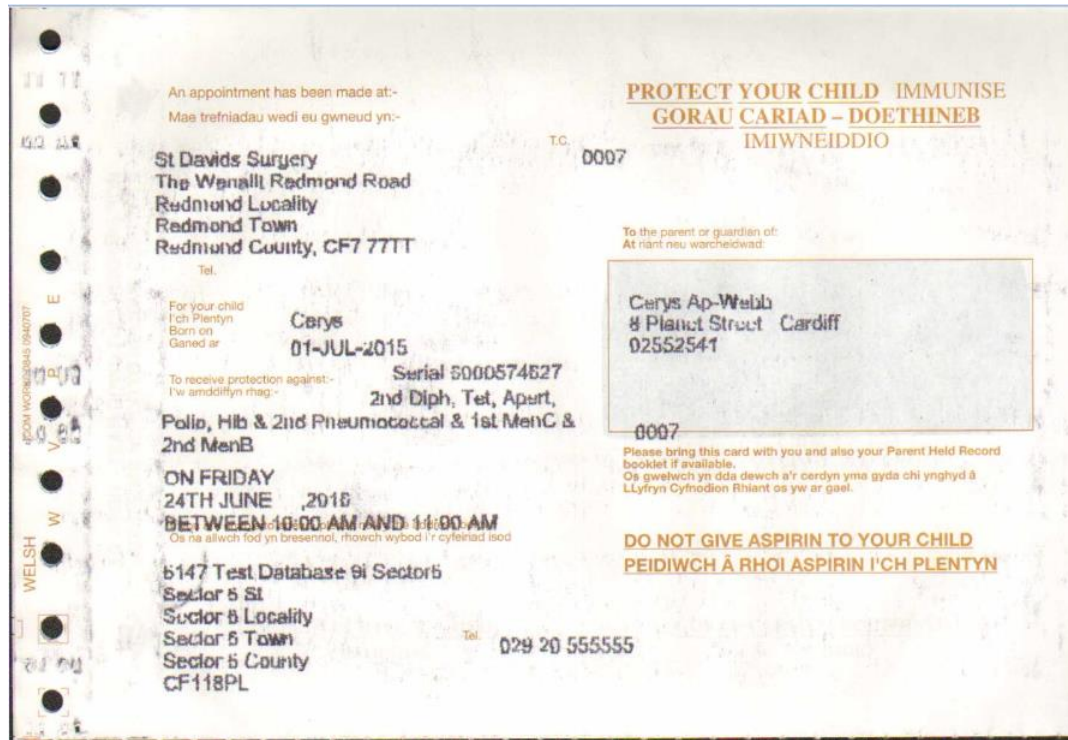


Figure 42: Inside page of CCH2000 invitation mailer used for immunisation contacts scheduled by CCH2000. Appointment date/time specified by CCH2000.

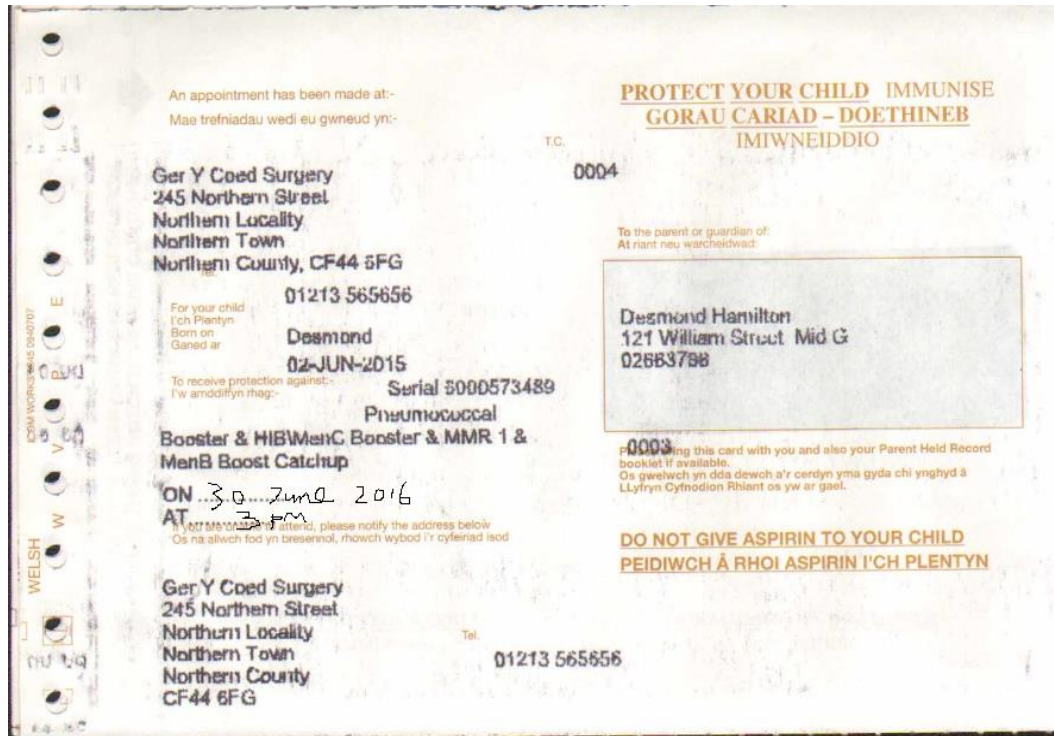


Figure 43: Inside page of CCH2000 invitation mailer used for immunisation contacts scheduled by CCH2000. Appointment date/time written in by health professional.

Detail of system or process change to CCH2000: Health Boards will continue to use current CCH2000 documentation to send details to community child health offices of immunisations given during scheduled immunisation contacts. However, as part of the batch immunisation appointment generation process for 1st, 2nd and 3rd primary immunisation appointments at 8 weeks, 12 weeks and 16 weeks respectively; for those appointments that include the 5 in 1 (Diphtheria Tetanus aPertussis Polio Hib) immunisations, CCH2000 will also produce HCWP data collection forms (as seen in figures 44 and 45), 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 batch 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 46). The form will consist of two pages, designed with the intention that duplex printing be applied through a printer capable of duplex printing (Health Boards should set their printers up to support this). These pre-printed HCWP data collection forms will be printed by community child health clerical staff. This functionality will mean that in areas where Health Visiting are present at the 1st, 2nd and 3rd primary immunisation appointments, the data that requires collecting on the pre-printed HCWP data collection forms can be collected during the same visits, hence the benefit of the pre-printed HCWP data collection forms being

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produced as part of the batch immunisation appointment generation process. However, in areas where the 1st, 2nd and 3rd primary immunisations are provided by Primary Care, and Health Visitors are not present, Health Visitors will be expected to arrange 8, 12 and 16 week contacts with children separately from the CCH2000 scheduled immunisation contacts, without scheduling support from CCH2000, and they will then complete the blank HCWP data collection forms referred to in subsection 5.1.6.1 of this document. CCH2000 scheduling of 8, 12 and 16 week immunisation contacts in these areas will continue as normal.

In order to support areas where the pre-printed HCWP data collection forms do not need to be produced as part of the batch immunisation appointment generation process, production of the forms can be disabled through an option on the *APPOINTMENT REPORTS* tab page within the *SUPERVISOR\PRINT OPTIONS* section of CCH2000, as shown in figure 47. By default, on release of the CCH2000 software, this option will be enabled.

Note: The way in which appointment documentation is produced and sent to the user's local reports folder will not change as a result of the HCWP.

Note: If for any reason, duplex printing does not take place, and the second page of a two page form gets separated from the first page and mixed with others, the second page will have the child's name, date of birth and NHS number noted in the footer section so that it can be matched to its first page.

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION					
1. CHILD DETAILS					
Serial number	8000512873		Address	17 PLANET STREET	
NIN number	T52 966 9257			FOELGABELL	
Surname	SMITH			CARMARTHENSHIRE	
First name	SAM				
DOB	05 / 05 / 2016				
Sex	MALE		Postcode	BA14 7AW	
GP name	BORIS JOHNSON (05787999)		Tel no.	01267 236784	
HV name	DAVID CAMERON (875955)				
2. CONTACT DETAILS			3a. GENERAL OUTCOMES		
Contact	Recall in (weeks)		Weight and measurement		
Contact at 10 - 14 days	2		Height/Length (1 decimal place)	NW / N CM	
Physical examination at 6 - 8 weeks	3 Enter here		Weight (3 decimal places)	N / NNW KG	
Weight and measurement at 8 weeks	4		Head circumference (1 decimal place)	NW / 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 / 07 / 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	
Hospital	5			1	
Telephone contact	6			Concern	
Examiner				2	
Doctor - paediatrician	1			Not assessed	
GP	2		Hips	Satisfactory	
Health Visitor	3			1	
Audiometrist	4			Concern	
Vision Screener	5			2	
School Nurse	6			Not assessed	
Practice Nurse	7		Eye	Satisfactory	
Midwife	8			1	
Community Nursery Nurse	9			Concern	
Registered Nurse	10			2	
Other examiner	11			Not assessed	
Receiving Flying Start services **	Yes	No	Testes (boys)	Satisfactory	
Not known				1	
Looked after child **	Yes	No		Concern	
Not known				2	
On the Child Protection Register **	Yes	No	General	Satisfactory	
Not known				1	
				Concern	
				2	
				Not assessed	
				3	
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES			3c. DEVELOPMENT OUTCOMES		
Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Development		
Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)	Enter score 0-28		Development as expected		
Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20		Concern - requires additional support		
Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)	Enter score 0-21		Development - further assessment required		
Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)	Enter score 0-22		Yes	No	
Interactive social skills (please enter numerical score in the range 0-24 or circle Not assessed)	Enter score 0-24				
Self-care social skills (please enter numerical score in the range 0-23 or circle Not assessed)	Enter score 0-23				
Cognitive skills (please enter numerical score in the range 0-34 or circle Not assessed)	Enter score 0-34				
4. INFANT FEEDING					
Collection time			Feeding status		
10 days	3		Exclusive milk		
6 weeks	4		1		
6 months	5		Combined milk feeding - predominantly breast		
			2		
			Combined milk feeding - partially breast		
			3		
			Artificial milk feeding		
			4		

Figure 44: CCH2000 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 provide functionality for producing the pre-printed HCWP data collection forms for children being appointed for 1st, 2nd and 3rd primaries during the batch immunisation appointment generation process and will switch this functionality on by default via the *APPOINTMENT REPORTS* tab page within the *SUPERVISOR\PRINT OPTIONS* section of CCH2000.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: In areas where Health Visitors will be present at scheduled 1st, 2nd and 3rd primary immunisation appointments, 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 batch immunisation appointment generation process and sending them out to health professionals at their clinic addresses. The forms should 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 of the form should be completed for each of the contacts on HCWP schedule number 9 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 CCH2000 documentation. In areas where Health Visitors will not be present at scheduled 1st, 2nd and 3rd primary immunisation appointments, and there is no requirement for producing the pre-printed HCWP data collection forms for children being appointed for 1st, 2nd and 3rd primaries during the batch immunisation appointment generation process, community child health clerical staff will be responsible for disabling the control option on the *APPOINTMENT REPORTS* tab page within the *SUPERVISOR\PRINT OPTIONS* section of CCH2000.

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 46: CCH2000 pre-printed HCWP data collection form (front page) – pre-printed sections highlighted.

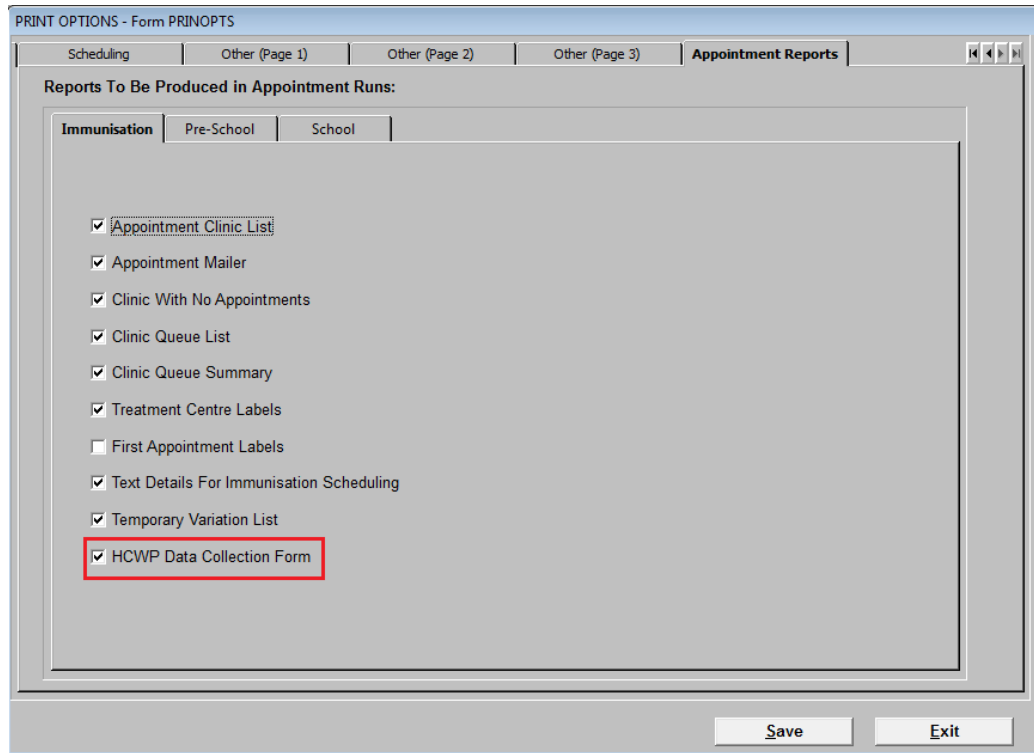


Figure 47: CCH2000 print options screen – immunisation HCWP data collection form control.

5.2.2.CCH2000 scheduled documentation for 1st, 2nd and 3rd primary individual immunisation appointments

Pre-HCWP CCH2000 functionality: As part of the individual immunisation and vaccination appointment generation process the system has supported the production of: appointment lists (as seen in figure 48), which are lists of children due specific immunisations by specific dates, and would have been 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 being returned to the community child health offices for input into CCH2000; invitation mailers, as seen in figure 49, which would have been sent to clinics as open appointment mailers so that the health professionals could add times and venues before sending them to parents.

System user guidance - Community Child Health 2000 (Healthy Child Wales Programme)

Trust: 621 DAFSDB TEST 6155 91 **INDIVIDUAL IMMUNISATION REQUESTS - LIST OF CHILDREN** Date Of Run: 25 AUG 2016 Page 2

T.C. - 0002		SOUTH HEALTH CENTRE		HAMILTON HOUSE		SOUTH STREET		SOUTH LOCALITY		SOUTH TOWN		SOUTH COUNTY		CF45 5TT	
Tel: 02920369874															
PING MATTHEW															
14 PARC Y GELU FOELGASTELL LLANELLI CARMARTHENSHIRE															
NHS No: Serial No: 8771613370 G.P. -															
Sex: MALE DoB: 01-JUN-2016 H.V. -															
Date Course(s) Required: 01-SEP-2016															
Course		Date of Course		Location		Batch		Dilutant		Manuf.					
0131															
Description: 1st Diph Tet Pert Pol Hib															
0101															
Description: 1st Diphtheria															
PODILA MRUDULA															
6 A BIRCHGROVE ROAD CARDIFF SOUTH GLAMORGAN CF14 1RS Tel: 02920844365															
NHS No: 999 999 9999 Serial No: 6000487033 G.P. - 000007 Dr John Cundy And Aa Westwood															
Sex: FEMALE DoB: 27-JUL-2005 H.V. - 2300 Master/Radyr															
Date Course(s) Required: 01-SEP-2016															
Course		Date of Course		Location		Batch		Dilutant		Manuf.					
0131															
Description: 1st Diph Tet Pert Pol Hib															
0101															
Description: 1st Diphtheria															

Figure 48: CCH2000 appointment list used for individual immunisation appointments scheduled by CCH2000.

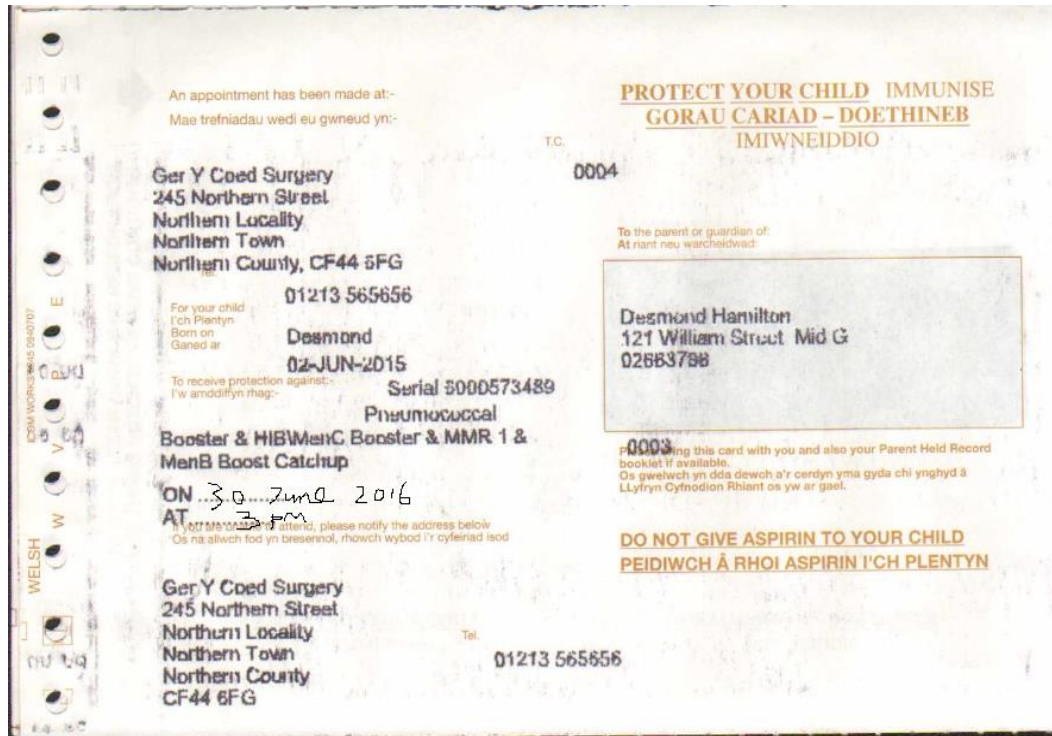


Figure 49: Inside page of CCH2000 invitation mailer used for individual immunisation contacts scheduled by CCH2000. Appointment date/time written in by health professional.

Detail of system or process change to CCH2000: Health Boards should continue to use current CCH2000 documentation to send details to community child health offices of immunisations given during scheduled immunisation contacts. However, as part of the individual immunisation appointment generation process for courses 0131 (1st Diphtheria Tetanus aPertussis Polio Hib), 0231 (2nd Diphtheria Tetanus aPertussis Polio Hib) and 0331 (3rd Diphtheria Tetanus aPertussis Polio Hib) CCH2000 will also produce HCWP data collection forms (as seen in figures 50 and 51), which will be printed on to blank A4 paper by a laser printer. One form will be produced per child appointed for courses 0131 (1st Diphtheria Tetanus aPertussis Polio Hib), 0231 (2nd Diphtheria Tetanus aPertussis Polio Hib) or 0331 (3rd Diphtheria Tetanus aPertussis Polio Hib) during the individual 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 52). The form will consist of two pages, designed with the intention that duplex printing be applied through a printer capable of duplex printing (Health Boards should set their printers up to support this). These pre-printed HCWP data collection forms will be printed by community child health clerical staff. This functionality will mean that in areas where Health Visiting are present at the 0131 (1st Diphtheria Tetanus aPertussis Polio Hib), 0231 (2nd Diphtheria Tetanus aPertussis Polio Hib) and 0331 (3rd Diphtheria Tetanus

aPertussis Polio Hib) immunisation appointments, the data that requires collecting on the pre-printed HCWP data collection forms can be collected during the same visits, hence the benefit of the pre-printed HCWP data collection forms being produced as part of the individual immunisation appointment generation process. However, in areas where the 0131 (1st Diphtheria Tetanus aPertussis Polio Hib), 0231 (2nd Diphtheria Tetanus aPertussis Polio Hib) and 0331 (3rd Diphtheria Tetanus aPertussis Polio Hib) immunisations are provided by Primary Care, and Health Visitors are not present, Health Visitors will be expected to arrange 8, 12 and 16 week contacts with children separately from the scheduled immunisation contacts, without scheduling support from CCH2000, and they will then complete the blank HCWP data collection forms referred to in subsection 5.1.6.1 of this document.

In order to support areas where the pre-printed HCWP data collection forms do not need to be produced as part of the individual immunisation appointment generation process, production of the forms can be disabled through an option on the *APPOINTMENT REPORTS* tab page within the *SUPERVISOR\PRINT OPTIONS* section of CCH2000, as shown in figure 53. By default, on release of the CCH2000 software, this option will be enabled.

Note: The way in which appointment documentation is produced and sent to the user's local reports folder will not change as a result of the HCWP.

Note: If for any reason, duplex printing does not take place, and the second page of a two page form gets separated from the first page and mixed with others, the second page will have the child's name, date of birth and NHS number noted in the footer section so that it can be matched to its first page.

System user guidance - Community Child Health 2000 (Healthy Child Wales Programme)

HEALTHY CHILD WALES PROGRAMME - DATA COLLECTION					
1. CHILD DETAILS					
Serial number	8000512873		Address	17 PLANET STREET	
NIN number	752 966 9257			FOELGABELL	
Surname	SMITH			CARMARTHENSHIRE	
First name	SAM				
DOB	05 / 05 / 2016				
Sex	MALE		Postcode	BA14 7AW	
GP name	BORIS JOHNSON (05787999)		Tel no.	01267 236784	
HV name	DAVID CAMERON (875955)				
2. CONTACT DETAILS			3a. GENERAL OUTCOMES		
Contact	Recall in (weeks)		Weight and measurement		
Contact at 10 - 14 days	2		Height/Length (1 decimal place)	NW / N CM	
Physical examination at 6 - 8 weeks	3 Enter here		Weight (3 decimal places)	N / NNW KG	
Weight and measurement at 8 weeks	4		Head circumference (1 decimal place)	NW / 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 / 07 / 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		Eye	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 **			3c. DEVELOPMENT OUTCOMES		
Yes	No	Not known	Development		
Looked after child **	Yes	No	Development as expected	1	
On the Child Protection Register **	Yes	No	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			Feeding status		
Collection time			Exclusive milk	1	
10 days	3		Combined milk feeding - predominantly breast	2	
6 weeks	4		Combined milk feeding - partially breast	3	
6 months	5		Artificial milk feeding	4	

Figure 50: CCH2000 pre-printed HCWP data collection form (front page).

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System user guidance - 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 DETAIL Complete this section at all HCWP contacts, where data items are not pre-printed by the CCH2000 system.

2. CONTACT DETAIL 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). Enter date in the format DD/MM/YYYY, where date is not pre-printed by the CCH2000 system.

Date of contact Circle one option only and only do so if examination does not take place.

Reason not examined Circle one option only.

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 OUTCOME 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. Complete at all HCWP contacts - circle one option only.

Evidence of FGM Complete at all HCWP contacts - circle one option only.

Domestic violence concerns 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 OUTCOME 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 OUTCOME 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) OUTCOME 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.

SMITH-05/05/2016-752 966 9257

Version 1.0

Figure 51: pre-printed HCWP data collection form (back 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 provide functionality for producing the pre-printed HCWP data collection forms for children being appointed for courses 0131 (1st Diphtheria Tetanus aPertussis Polio Hib), 0231 (2nd Diphtheria Tetanus aPertussis Polio Hib) or 0331 (3rd Diphtheria Tetanus aPertussis Polio Hib) through the individual immunisation appointment generation process and will switch this functionality on by default via the *APPOINTMENT REPORTS* tab page within the *SUPERVISOR\PRINT OPTIONS* section of CCH2000.

Community child health clerical staff responsibilities in relation to the CCH2000 change and/or business area: In areas where Health Visitors will be present at scheduled 1st, 2nd and 3rd primary immunisation appointments, community child health clerical staff will be responsible for producing the pre-printed HCWP data collection forms for children being appointed for courses 0131 (1st Diphtheria Tetanus aPertussis Polio Hib), 0231 (2nd Diphtheria Tetanus aPertussis Polio Hib) or 0331 (3rd Diphtheria Tetanus aPertussis Polio Hib) through the individual immunisation appointment generation process and sending them out to health professionals at their clinic addresses. 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 HCWP schedule number 9 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 CCH2000 documentation. In areas where Health Visitors will not be present at scheduled 0131 (1st Diphtheria Tetanus aPertussis Polio Hib), 0231 (2nd Diphtheria Tetanus aPertussis Polio Hib) and 0331 (3rd Diphtheria Tetanus aPertussis Polio Hib) immunisation appointments, and there is no requirement for producing the pre-printed HCWP data collection forms for children being appointed for 0131 (1st Diphtheria Tetanus aPertussis Polio Hib), 0231 (2nd Diphtheria Tetanus aPertussis Polio Hib) and 0331 (3rd Diphtheria Tetanus aPertussis Polio Hib) immunisations during the individual immunisation appointment generation process, community child health clerical staff will be responsible for disabling the control option on the *APPOINTMENT REPORTS* tab page within the *SUPERVISOR\PRINT OPTIONS* section of CCH2000.

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	Postcode	SA14 7AW
Sex	MALE	Tel no.	01267 236784
GP name	BORIS JOHNSON (G5787999)	3a. GENERAL OUTCOMES	
HV name	DAVID CAMERON (875608)	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 <i>Enter here</i>	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 16 weeks	4	FGM not present	3
Contact at 6 months	5 <i>Enter here</i>	Not examined	4
Health visitor contact at 15 months	6 <i>Enter here</i>	Domestic violence concern	
Health visitor contact at 27 months	7 <i>Enter here</i>	Domestic violence concern - assessment completed	1
Contact at 3.5 years pre-school	8 <i>Enter here</i>	Domestic violence concern - assessment not completed	2
Schedule of Growing Skills (SoGS)	9	No concern	3
Date of contact	07 / 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

Figure 52: CCH2000 pre-printed HCWP data collection form (front page) – pre-printed sections highlighted.

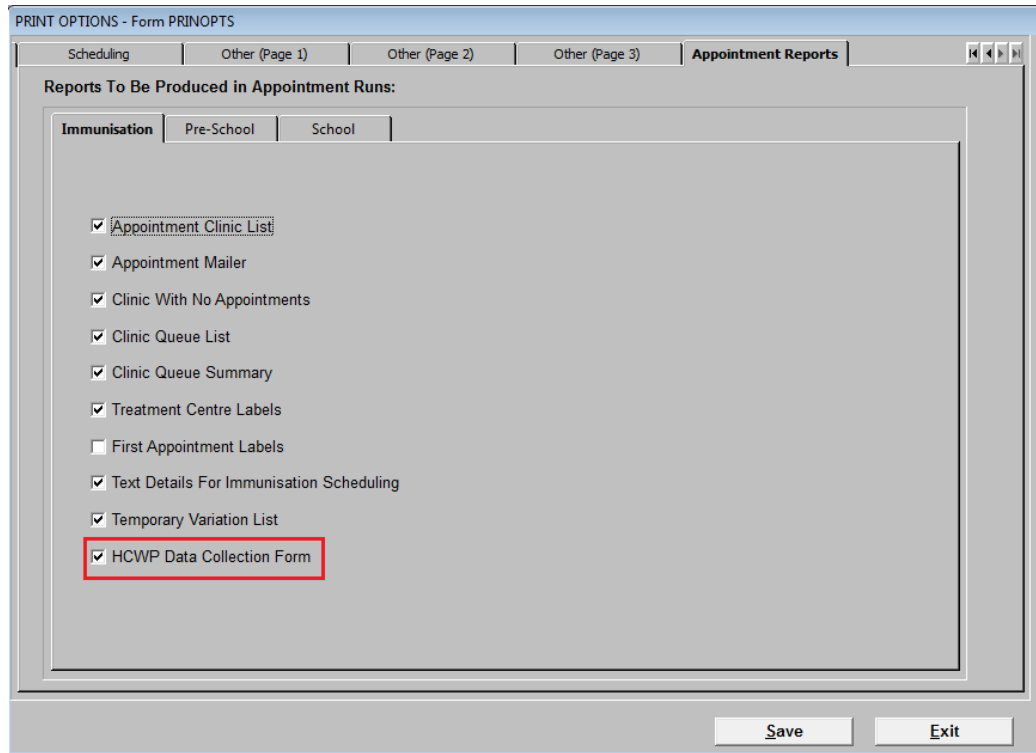


Figure 53: CCH2000 print options screen – immunisation HCWP data collection form control.

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 54: 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 55: 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 56: 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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System user guidance - 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 57: 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 58: 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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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 59: 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 60: 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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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
Locomotor skills	<i>Number values ranging 0-20</i> Not assessed
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 61: Health visitor contact at 15 months

7.8. Health visitor contact at 27 months

Health visitor contact at 27 months	
CCH2000 to Schedule	Yes

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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	<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

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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
Locomotor skills	<i>Number values ranging 0-20</i> Not assessed
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 62: Health visitor contact at 27 months

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

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System user guidance - Community Child Health 2000 (Healthy Child Wales Programme)

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
	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
	Family resilience	Low resilience Low medium resilience Medium resilience Medium high resilience High resilience Not assessed

Figure 63: 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
	Location	GP Surgery Clinic School At home Hospital Telephone contact

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System user guidance - 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
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
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

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	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 64: 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 will be 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 65 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						
Surname	Enter here						
First name	Enter here						
DOB	DD / MM / YYYY						
Sex	Enter here						
GP name	Enter here			Postcode	Enter here	Tel no.	Enter here
HV name	Enter here			3a. GENERAL OUTCOMES			
2. CONTACT DETAILS				Weight and measurement			
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			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			FGM not present	3		
Health visitor contact at 15 months	6			Not examined	4		
Health visitor contact at 27 months	7			Domestic violence concern			
Contact at 3.5 years pre-school	8			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	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		
				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			

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

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Figure 65: Contact at 10-14 days (blank HCWP data collection form)

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 66 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)							
Contact at 10 - 14 days	2	Enter here		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	Yes No		
At home	4							
Hospital	5				3b. PHYSICAL OUTCOMES			
Telephone contact	6				Heart	Satisfactory 1 Concern 2 Not assessed 3		
Examiner					Hips	Satisfactory 1 Concern 2 Not assessed 3		
Doctor - paediatrician	1				Eyes	Satisfactory 1 Concern 2 Not assessed 3		
GP	2				Testes (boys)	Satisfactory 1 Concern 2 Not assessed 3		
Health Visitor	3				General	Satisfactory 1 Concern 2 Not assessed 3		
Audiometician	4				3c. DEVELOPMENT OUTCOMES			
Vision Screener	5				Development	Development as expected 1 Concern: requires additional support 2		
School Nurse	6				Development - further assessment required	Yes No		
Practice Nurse	7							
Midwife	8				3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES			
Community Nursery Nurse	9				Locomotor skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20 Not assessed		
Registered Nurse	10				Manipulative skills (please enter numerical score in the range 0-28 or circle Not assessed)	Enter score 0-28 Not assessed		
Other examiner	11				Visual skills (please enter numerical score in the range 0-20 or circle Not assessed)	Enter score 0-20 Not assessed		
Receiving Flying Start services **	Yes	No	Not known			Hearing and language skills (please enter numerical score in the range 0-21 or circle Not assessed)	Enter score 0-21 Not assessed	
Looked after child **	Yes	No	Not known			Speech and language skills (please enter numerical score in the range 0-22 or circle Not assessed)	Enter score 0-22 Not assessed	
On the Child Protection Register **	Yes	No	Not known			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 66: Physical examination at 6-8 weeks (pre-printed HCWP data collection form)

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 67 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 68 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 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	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				
GP Surgery	1		Yes		No		
Clinic	2		3b. PHYSICAL OUTCOMES				
School	3		Heart		Satisfactory		
At home	4				Concern		
Hospital	5				Not assessed		
Telephone contact	6		Hips		Satisfactory		
Examiner					Concern		
Doctor – paediatrician	1				Not assessed		
GP	2		Eyes		Satisfactory		
Health Visitor	3				Concern		
Audiometician	4				Not assessed		
Vision Screener	5		Testes (boys)		Satisfactory		
School Nurse	6				Concern		
Practice Nurse	7				Not assessed		
Midwife	8		General		Satisfactory		
Community Nursery Nurse	9				Concern		
Registered Nurse	10				Not assessed		
Other examiner	11		3c. DEVELOPMENT OUTCOMES				
Receiving Flying Start services **	Yes	No	Development		Development as expected		
Looked after child **	Yes	No			Concern: requires additional support		
On the Child Protection Register **	Yes	No			Development – further assessment required		
3d. SCHEDULE OF GROWING SKILLS (SoGS) OUTCOMES				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		
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 67: 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			
Reason not examined			Domestic violence concern - assessment not completed			
Was not brought	1		No concern			
Unwell or uncooperative child	2		Family resilience			
Examination refused	3		Low resilience			
Parent / Carer not present	4		Low medium resilience			
Consent *			Medium resilience			
Yes			Medium high resilience			
No			High resilience			
Location			Not assessed			
GP Surgery	1		Onward referrals made			
Clinic	2		Yes			
School	3		No			
At home	4		3b. PHYSICAL OUTCOMES			
Hospital	5		Heart			
Telephone contact	6		Satisfactory			
Examiner			Concern			
Doctor – paediatrician	1		Not assessed			
GP	2		Hips			
Health Visitor	3		Satisfactory			
Audiometician	4		Concern			
Vision Screener	5		Not assessed			
School Nurse	6		Eyes			
Practice Nurse	7		Satisfactory			
Midwife	8		Concern			
Community Nursery Nurse	9		Not assessed			
Registered Nurse	10		Testes (boys)			
Other examiner	11		Satisfactory			
Receiving Flying Start services **			Concern			
Yes			Not assessed			
No			General			
Not known			Satisfactory			
Looked after child **			Concern			
Yes			Not assessed			
No			Development – further assessment required			
Not known			Yes			
On the Child Protection Register **			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

Figure 68: 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 69 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 70 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.

- FINAL -

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		Weight and measurement			
Physical examination at 6 - 8 weeks	3		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		FGM observed		1	
Health visitor contact at 15 months	6		FGM disclosed		2	
Health visitor contact at 27 months	7		FGM not present		3	
Contact at 3.5 years pre-school	8		Not examined		4	
Schedule of Growing Skills (SoGS)	9		Domestic violence concern			
Date of contact	05 / 08 / 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	
			High resilience		5	
			Not assessed		6	
Location			Onward referrals made		Yes No	
GP Surgery	1		3b. PHYSICAL OUTCOMES			
Clinic	2		Heart			
School	3		Satisfactory		1	
At home	4		Concern		2	
Hospital	5		Not assessed		3	
Telephone contact	6		Hips			
			Satisfactory		1	
			Concern		2	
			Not assessed		3	
			Eyes			
			Satisfactory		1	
			Concern		2	
			Not assessed		3	
			Testes (boys)			
			Satisfactory		1	
			Concern		2	
			Not assessed		3	
			General			
			Satisfactory		1	
			Concern		2	
			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 69: 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. 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					
Surname	Enter here					
First name	Enter here					
DOB	DD / MM / YYYY					
Sex	Enter here					
GP name	Enter here		Postcode	Enter here	Tel no.	Enter here
HV name	Enter here		3a. GENERAL OUTCOMES			
2. CONTACT DETAILS			Weight and measurement			
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**			3c. DEVELOPMENT OUTCOMES			
Yes	No	Not known	Development			
Looked after child**			Development as expected			
Yes	No	Not known	Concern: requires additional support			
On the Child Protection Register**			Development – further assessment required			
Yes	No	Not known	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 70: 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 71 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 72 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)	
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	05 / 09 / 2016		
Reason not examined			
Was not brought		1	
Unwell or uncooperative child		2	
Examination refused		3	
Parent / Carer not present		4	
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

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

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Figure 71: 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	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	
Audiometrician	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			
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 72: 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 (if child is 6 months old or older on the date of CCH2000 appointment generation).
- 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 73 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)	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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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 16 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

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Figure 73: Contact at 6 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		

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 74: 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 75 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.

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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	20 / 08 / 2017		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
Audiometrist	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

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Figure 75: 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 UICWP contacts where verification is not provided by the CCH2000 system

Figure 76: 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 77 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	
Reason not examined				Domestic violence concern - assessment not completed	
Was not brought	1			No concern	
Unwell or uncooperative child	2			Family resilience	
Examination refused	3			Low resilience	
Parent / Carer not present	4			Low medium resilience	
Consent *	Yes	No		Medium resilience	
Location				Medium high resilience	
GP Surgery	1			High resilience	
Clinic	2			Not assessed	
School	3			Onward referrals made	
At home	4			Yes	
Hospital	5			No	
Telephone contact	6			3b. PHYSICAL OUTCOMES	
Examiner				Heart	
Doctor - paediatrician	1			Satisfactory	
GP	2			Concern	
Health Visitor	3			Not assessed	
Audiometician	4			Hips	
Vision Screener	5			Satisfactory	
School Nurse	6			Concern	
Practice Nurse	7			Not assessed	
Midwife	8			Eyes	
Community Nursery Nurse	9			Satisfactory	
Registered Nurse	10			Concern	
Other examiner	11			Not assessed	
Receiving Flying Start services **	Yes	No	Not known	Testes (boys)	
Looked after child **	Yes	No	Not known	Satisfactory	
On the Child Protection Register **	Yes	No	Not known	Concern	
				Not assessed	
				General	
				Satisfactory	
				Concern	
				Not assessed	
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 77: 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 entered on the CCH2000 system

Figure 78: 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 79 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

Figure 79: Contact at 3.5 years pre-school (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	10/09/2018		
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 80: 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 81 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						
Surname	Enter here						
First name	Enter here						
DOB	DD / MM / YYYY						
Sex	Enter here						
GP name	Enter here			Postcode	Enter here	Tel no.	Enter here
HV name	Enter here			3a. GENERAL OUTCOMES			
2. CONTACT DETAILS							
Contact		Recall in (weeks)			Weight and measurement		
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	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	
Location					High resilience	5	
GP Surgery	1				Not assessed	6	
Clinic	2				Onward referrals made		
School	3				Yes	No	
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
Audiometrist	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
Not assessed						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	
				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 81: Schedule of Growing Skills (blank HCWP data collection form)

9. APPENDIX FOUR – INSTRUCTIONS FOR DATA ENTRY ON THE SCHEDULED AND UNSCHEDULED HCWP CONTACTS SCREENS

This appendix provides instructions to community child health clerical staff for data entry on to the scheduled and unscheduled *HCWP CONTACTS* screens for each of the HCWP preschool contacts, based on data that should be provided by health professionals on the HCWP data collection forms, as detailed in appendix three of this document.

9.1. Contact at 10 – 14 days

- This contact will not be scheduled for appointments by the CCH2000 system. Health professionals will arrange this contact without any scheduling support from CCH2000.
- Health professionals will complete blank HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.1 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's unscheduled *HCWP CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the *HCWP CONTACTS* screen.

Data item	Enabled	Instruction
Contact	Yes	Number 2 should be selected from list of values.
Contact age	No	
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.

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Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Heart	No	
Hips	No	
Eyes	No	
Testes (boys)	No	
General	No	
Development	No	
Development – further assessment required	No	
Locomotor skills	No	
Manipulative skills	No	
Visual skills	No	
Hearing and language skills	No	
Speech and language skills	No	
Interactive social skills	No	
Self-care social skills	No	
Cognitive skills	No	

- The sections of the unscheduled *HCWP CONTACTS* screens that will be enabled for data input for this contact can be seen in figure 82 (blue/white data fields = enabled, grey data fields = disabled).

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The screenshot shows the 'HCWP Contacts' screen. At the top, it says 'Contact 2' and 'Contact at 10 - 14 days'. The form is divided into several sections. On the left, there are dropdown menus for 'Contact age', 'Date of contact', and 'Origin'. Below these are checkboxes for 'Reason Not Examined' with options 'Reschedule' and 'Withdraw Consent'. Further down are dropdowns for 'Consent', 'Location', and 'Examiner'. At the bottom left are dropdowns for 'Receiving Flying Start Services', 'Looked after child', and 'On the Child Protection Register'. On the right side, there are input fields for 'Height/Length' (CM), 'Weight' (KG), and 'Head circumference' (CM). Below these are dropdowns for 'Evidence of FGM', 'Domestic violence concern', 'Family resilience', and 'Onward referrals made'. In the middle right, there are dropdowns for 'Heart', 'Hips', 'Eyes', 'Testes (boys)', and 'General'. At the bottom right, there are dropdowns for 'Development' and 'Development - further assessment required'. At the very bottom, there are checkboxes for 'Locomotor', 'Manipulative', 'Visual', 'Hearing and language', 'Speech and language', 'Interactive social', 'Self-care social', and 'Cognitive'.

Figure 82: HCWP contacts screen – data items enabled for HCWP Contact at 10-14 days.

Note: For this contact, the data items *Contact* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following: *Receiving Flying Start Services; Looked after child; On the Child Protection Register; Height/Length; Weight; Head circumference; Evidence of FGM; Domestic violence concern; Family resilience; Onward referrals made. Consent, Location and Examiner* must also be entered, where provided on the HCWP data collection form.

Note: Infant feeding should be entered on to CCH2000 if returned on the completed HCWP data collection form and not already recorded on CCH2000. However, it is expected that infant feeding data will be returned to community child health offices on separate infant feeding data collection forms. This data should continue to be entered on to the existing CCH2000 *BREASTFEEDING* screen, via the *Breastfeeding* option on the *GENERAL REG* page of *CHILD RECORDS\REGISTRATION\GENERAL INFORMATION*, or via the *Breastfeeding* shortcuts on the scheduled and unscheduled *HCWP CONTACTS* screens, which are available via the *RESULTS* area of CCH2000, as referred to in subsections 5.1.4.2 and 5.1.6.2 of this document.

9.2. Physical examination at 6 - 8 weeks

- This contact should be scheduled for appointments by the CCH2000 system.
- Health professionals should complete pre-printed HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.2 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's scheduled HCWP *CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the HCWP *CONTACTS* screen.

Data item	Enabled	Instruction
Contact	Yes	Number 3 should be selected from list of values.
Contact age	No	
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Heart	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Hips	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Eyes	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Testes (boys)	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
General	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.

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Development	No	
Development – further assessment required	No	
Locomotor skills	No	
Manipulative skills	No	
Visual skills	No	
Hearing and language skills	No	
Speech and language skills	No	
Interactive social skills	No	
Self-care social skills	No	
Cognitive skills	No	

- The sections of the scheduled *HCWP CONTACTS* screen that will be enabled for data input for this contact can be seen in figure 83 (blue/white data fields = enabled, grey data fields = disabled).

The screenshot shows the 'HCWP Contacts' interface. The 'Contact' dropdown is set to 'Physical examination at 6 - 8 weeks'. The 'Contact age' dropdown is also highlighted. The 'Date of contact' and 'Origin' fields are white. The 'Reason Not Examined' dropdown is highlighted, with 'Reschedule' and 'Withdraw Consent' options visible. The 'Consent' dropdown is highlighted. The 'Location' and 'Examiner' dropdowns are highlighted. The 'Receiving Flying Start Services' dropdown is highlighted. The 'Looked after child' and 'On the Child Protection Register' dropdowns are highlighted. The 'Height/Length' dropdown is highlighted, with 'CM' selected. The 'Weight' dropdown is highlighted, with 'KG' selected. The 'Head circumference' dropdown is highlighted, with 'CM' selected. The 'Evidence of FGM' dropdown is highlighted. The 'Domestic violence concern' dropdown is highlighted. The 'Family resilience' dropdown is highlighted. The 'Onward referrals made' dropdown is highlighted. The 'Heart', 'Hips', 'Eyes', 'Testes (boys)', and 'General' dropdowns are highlighted. The 'Development' dropdown is highlighted. The 'Development - further assessment required' dropdown is highlighted. The 'Locomotor', 'Manipulative', 'Visual', 'Hearing and language', 'Speech and language', 'Interactive social', 'Self-care social', and 'Cognitive' checkboxes are greyed out.

Figure 83: HCWP contacts screen – data items enabled for HCWP Physical examination at 6 – 8 weeks contact.

Note: For this contact, the data items *Contact* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following: *Receiving Flying Start Services; Looked after child; On the Child Protection Register; Height/Length; Weight; Head circumference; Evidence of FGM; Domestic violence concern; Family resilience; Onward referrals made; Heart; Hips; Eyes; Testes (boys); General. Consent, Location and Examiner* must also be entered, where provided on the HCWP data collection form.

Note: If Recall in (weeks) information is provided in section 2 of the completed HCWP data collection form then the community child health clerical user should enter a recall request on to CCH2000 for the child, for the HCWP recall requested on the form.

Note: Infant feeding should be entered on to CCH2000 if returned on the completed HCWP data collection form and not already recorded on CCH2000. However, it is expected that infant feeding data will be returned to community child health offices on separate infant feeding data collection forms. This data should continue to be entered on to the existing CCH2000 BREASTFEEDING screen, via the Breastfeeding option on the GENERAL REG page of CHILD RECORDS\REGISTRATION\GENERAL INFORMATION, or via the Breastfeeding shortcuts on the scheduled and unscheduled HCWP CONTACTS screens, which are available via the RESULTS area of CCH2000, as referred to in subsections 5.1.4.2 and 5.1.6.2 of this document.

Note: If this contact needs to be rescheduled through the batch preschool appointment generation process, the Reschedule option on the above screen must be manually selected by the user.

9.3. 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 would 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 complete pre-printed HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- If health professionals are arranging this contact separately from the 1st primary immunisation appointment, they will complete blank HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.3 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's unscheduled HCWP *CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the *HCWP CONTACTS* screen.

Data item	Enabled	Instruction
Contact	Yes	Number 4 should be selected from list of values.
Contact age	Yes	The value 8 week should be selected from list of values.
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Heart	No	

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Hips	No	
Eyes	No	
Testes (boys)	No	
General	No	
Development	No	
Development – further assessment required	No	
Locomotor skills	No	
Manipulative skills	No	
Visual skills	No	
Hearing and language skills	No	
Speech and language skills	No	
Interactive social skills	No	
Self-care social skills	No	
Cognitive skills	No	

- The sections of the unscheduled *HCWP CONTACTS* screens that will be enabled for data input for this contact can be seen in figure 84 (blue/white data fields = enabled, grey data fields = disabled).

Figure 84: HCWP contacts screen – data items enabled for HCWP Weight and measurement at 8/12/16 weeks contact.

Note: For this contact, the data items *Contact*, *Contact age* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following:

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Receiving Flying Start Services; Looked after child; On the Child Protection Register; Height/Length; Weight; Head circumference; Evidence of FGM; Domestic violence concern; Family resilience; Onward referrals made. Consent, Location and Examiner must also be entered, where provided on the HCWP data collection form.

Note: Infant feeding should be entered on to CCH2000 if returned on the completed HCWP data collection form and not already recorded on CCH2000. However, it is expected that infant feeding data will be returned to community child health offices on separate infant feeding data collection forms. This data should continue to be entered on to the existing CCH2000 BREASTFEEDING screen, via the Breastfeeding option on the GENERAL REG page of CHILD RECORDS\REGISTRATION\GENERAL INFORMATION, or via the Breastfeeding shortcuts on the scheduled and unscheduled HCWP CONTACTS screens, which are available via the RESULTS area of CCH2000, as referred to in subsections 5.1.4.2 and 5.1.6.2 of this document.

9.4. 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 would 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 complete pre-printed HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- If health professionals are arranging this contact separately from the 2nd primary immunisation appointment, they will complete blank HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.4 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's unscheduled HCWP *CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the *HCWP CONTACTS* screen.

Data item	Enabled	Instruction
Contact	Yes	Number 4 should be selected from list of values.
Contact age	Yes	The value 12 week should be selected from list of values.
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Heart	No	

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Hips	No	
Eyes	No	
Testes (boys)	No	
General	No	
Development	No	
Development – further assessment required	No	
Locomotor skills	No	
Manipulative skills	No	
Visual skills	No	
Hearing and language skills	No	
Speech and language skills	No	
Interactive social skills	No	
Self-care social skills	No	
Cognitive skills	No	

- The sections of the unscheduled *HCWP CONTACTS* screens that will be enabled for data input for this contact can be seen in figure 85 (blue/white data fields = enabled, grey data fields = disabled).

The screenshot shows the 'HCWP Contacts' interface. The contact is identified as 'Weight and measurement at 8/12/16 weeks'. The interface is divided into several sections:

- Contact Information:** Contact age, Date of contact, Origin, Reason Not Examined (with Reschedule and Withdraw Consent options), Consent, Location, Examiner, Receiving Flying Start Services, Looked after child, and On the Child Protection Register.
- Physical Measurements:** Height/Length (CM), Weight (KG), Head circumference (CM), Evidence of FGM, Domestic violence concern, Family resilience, and Onward referrals made.
- Developmental and Clinical Checks:** Heart, Hips, Eyes, Testes (boys), and General.
- Developmental Status:** Development and Development - further assessment required.
- Skills Assessment:** A grid of checkboxes for Locomotor, Manipulative, Visual, Hearing and language, Speech and language, Interactive social, Self-care social, and Cognitive skills.

Figure 85: HCWP contacts screen – data items enabled for HCWP Weight and measurement at 8/12/16 weeks contact.

Note: For this contact, the data items *Contact*, *Contact age* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following:

Receiving Flying Start Services; Looked after child; On the Child Protection Register; Height/Length; Weight; Head circumference; Evidence of FGM; Domestic violence concern; Family resilience; Onward referrals made. Consent, Location and Examiner must also be entered, where provided on the HCWP data collection form.

Note: Infant feeding should be entered on to CCH2000 if returned on the completed HCWP data collection form and not already recorded on CCH2000. However, it is expected that infant feeding data will be returned to community child health offices on separate infant feeding data collection forms. This data should continue to be entered on to the existing CCH2000 BREASTFEEDING screen, via the Breastfeeding option on the GENERAL REG page of CHILD RECORDS\REGISTRATION\GENERAL INFORMATION, or via the Breastfeeding shortcuts on the scheduled and unscheduled HCWP CONTACTS screens, which are available via the RESULTS area of CCH2000, as referred to in subsections 5.1.4.2 and 5.1.6.2 of this document.

9.5. 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 would 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 complete pre-printed HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- If health professionals are arranging this contact separately from the 3rd primary immunisation appointment, they will complete blank HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.5 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's unscheduled HCWP *CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the HCWP CONTACTS screen.

Data item	Enabled	Instruction
Contact	Yes	Number 4 should be selected from list of values.
Contact age	Yes	The value 16 week should be selected from list of values.
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.

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Heart	No	
Hips	No	
Eyes	No	
Testes (boys)	No	
General	No	
Development	No	
Development – further assessment required	No	
Locomotor skills	No	
Manipulative skills	No	
Visual skills	No	
Hearing and language skills	No	
Speech and language skills	No	
Interactive social skills	No	
Self-care social skills	No	
Cognitive skills	No	

- The sections of the unscheduled *HCWP CONTACTS* screens that will be enabled for data input for this contact can be seen in figure 86 (blue/white data fields = enabled, grey data fields = disabled).

Figure 86: HCWP contacts screen – data items enabled for HCWP Weight and measurement at 8/12/16 weeks contact.

Note: For this contact, the data items *Contact*, *Contact age* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following: *Receiving Flying Start Services*; *Looked after child*; *On the Child Protection Register*; *Height/Length*; *Weight*; *Head circumference*; *Evidence of FGM*; *Domestic violence concern*; *Family resilience*; *Onward referrals made*. *Consent*, *Location* and *Examiner* must also be entered, where provided on the HCWP data collection form.

Note: Infant feeding should be entered on to CCH2000 if returned on the completed HCWP data collection form and not already recorded on CCH2000. However, it is expected that infant feeding data will be returned to community child health offices on separate infant feeding data collection forms. This data should continue to be entered on to the existing CCH2000 *BREASTFEEDING* screen, via the *Breastfeeding* option on the *GENERAL REG* page of *CHILD RECORDS\REGISTRATION\GENERAL INFORMATION*, or via the *Breastfeeding* shortcuts on the scheduled and unscheduled *HCWP CONTACTS* screens, which are available via the *RESULTS* area of CCH2000, as referred to in subsections 5.1.4.2 and 5.1.6.2 of this document.

9.6. Contact at 6 months

- This contact should be scheduled for appointments by the CCH2000 system.
- Health professionals should complete pre-printed HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.6 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's scheduled HCWP *CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the *HCWP CONTACTS* screen.

Data item	Enabled	Instruction
Contact	Yes	Number 5 should be selected from list of values.
Contact age	No	
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Heart	No	
Hips	No	
Eyes	No	
Testes (boys)	No	
General	No	

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Development	No	
Development – further assessment required	No	
Locomotor skills	No	
Manipulative skills	No	
Visual skills	No	
Hearing and language skills	No	
Speech and language skills	No	
Interactive social skills	No	
Self-care social skills	No	
Cognitive skills	No	

- The sections of the scheduled *HCWP CONTACTS* screen that will be enabled for data input for this contact can be seen in figure 87 (blue/white data fields = enabled, grey data fields = disabled).

The screenshot shows the 'HCWP Contacts' interface. On the left, there are fields for 'Contact 5' (highlighted in blue), 'Contact at 6 months', 'Contact age' (dropdown), 'Date of contact' (text), 'Origin' (dropdown, 'Unscheduled'), 'Reason Not Examined' (checkbox, highlighted in blue), 'Reschedule' (checkbox), 'Withdraw Consent' (checkbox), 'Consent' (dropdown), 'Location' (checkbox, highlighted in blue), 'Examiner' (checkbox, highlighted in blue), 'Receiving Flying Start Services' (dropdown), 'Looked after child' (dropdown), and 'On the Child Protection Register' (dropdown). On the right, there are fields for 'Height/Length' (text, 'CM'), 'Weight' (text, 'KG'), 'Head circumference' (text, 'CM'), 'Evidence of FGM' (dropdown), 'Domestic violence concern' (dropdown), 'Family resilience' (dropdown), and 'Onward referrals made' (dropdown). Below these are sections for 'Heart', 'Hips', 'Eyes', 'Testes (boys)', and 'General', each with a dropdown. At the bottom, there are checkboxes for 'Locomotor', 'Manipulative', 'Visual', 'Hearing and language', 'Speech and language', 'Interactive social', 'Self-care social', and 'Cognitive', all of which are greyed out.

Figure 87: HCWP contacts screen – data items enabled for HCWP Contact at 6 months.

Note: For this contact, the data items *Contact* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following: *Receiving Flying Start Services; Looked after child; On the Child Protection Register; Height/Length; Weight; Head circumference; Evidence of FGM; Domestic violence concern; Family resilience; Onward referrals made*. *Consent, Location and Examiner* must also be entered, where provided on the HCWP data collection form.

Note: If Recall in (weeks) information is provided in section 2 of the completed HCWP data collection form then the community child health clerical user should enter a recall request on to CCH2000 for the child, for the HCWP recall requested on the form.

Note: Infant feeding should be entered on to CCH2000 if returned on the completed HCWP data collection form and not already recorded on CCH2000. However, it is expected that infant feeding data will be returned to community child health offices on separate infant feeding data collection forms. This data should continue to be entered on to the existing CCH2000 BREASTFEEDING screen, via the Breastfeeding option on the GENERAL REG page of CHILD RECORDS\REGISTRATION\GENERAL INFORMATION, or via the Breastfeeding shortcuts on the scheduled and unscheduled HCWP CONTACTS screens, which are available via the RESULTS area of CCH2000, as referred to in subsections 5.1.4.2 and 5.1.6.2 of this document.

Note: If this contact needs to be rescheduled through the batch preschool appointment generation process, the Reschedule option on the above screen must be manually selected by the user.

9.7. Health visitor contact at 15 months

- This contact should be scheduled for appointments by the CCH2000 system.
- Health professionals should complete pre-printed HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.7 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's scheduled HCWP *CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the *HCWP CONTACTS* screen.

Data item	Enabled	Instruction
Contact	Yes	Number 6 should be selected from list of values.
Contact age	No	
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Heart	No	
Hips	No	
Eyes	No	
Testes (boys)	No	
General	No	

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Development	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Development – further assessment required	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Locomotor skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Manipulative skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Visual skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Hearing and language skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Speech and language skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Interactive social skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Self-care social skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Cognitive skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.

- The sections of the scheduled *HCWP CONTACTS* screen that will be enabled for data input for this contact can be seen in figure 88 (blue/white data fields = enabled, grey data fields = disabled).

Figure 88: HCWP contacts screen – data items enabled for HCWP Health visitor contact at 15 months.

Note: For this contact, the data items *Contact* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following: *Receiving Flying Start Services; Looked after child; On the Child Protection Register; Height/Length; Weight; Head circumference; Evidence of FGM; Domestic violence concern; Family resilience; Onward referrals made; Development; Development – further assessment required; Locomotor skills; Manipulative skills;*

Visual skills; Hearing and language skills; Speech and language skills; Interactive social skills; Self-care social skills; Cognitive skills. Consent, Location and Examiner must also be entered, where provided on the HCWP data collection form.

Note: If Recall in (weeks) information is provided in section 2 of the completed HCWP data collection form then the community child health clerical user should enter a recall request on to CCH2000 for the child, for the HCWP recall requested on the form.

Note: If this contact needs to be rescheduled through the batch preschool appointment generation process, the *Reschedule* option on the above screen must be manually selected by the user.

9.8. Health visitor contact at 27 months

- This contact should be scheduled for appointments by the CCH2000 system.
- Health professionals should complete pre-printed HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.8 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's scheduled HCWP *CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the *HCWP CONTACTS* screen.

Data item	Enabled	Instruction
Contact	Yes	Number 7 should be selected from list of values.
Contact age	No	
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Heart	No	
Hips	No	
Eyes	No	
Testes (boys)	No	
General	No	

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Development	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Development – further assessment required	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Locomotor skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Manipulative skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Visual skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Hearing and language skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Speech and language skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Interactive social skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Self-care social skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Cognitive skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.

- The sections of the scheduled *HCWP CONTACTS* screen that will be enabled for data input for this contact can be seen in figure 89 (blue/white data fields = enabled, grey data fields = disabled).

Figure 89: HCWP contacts screen – data items enabled for HCWP Health visitor contact at 27 months.

Note: For this contact, the data items *Contact* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following: *Receiving Flying Start Services; Looked after child; On the Child Protection Register; Height/Length; Weight; Head circumference; Evidence of FGM; Domestic violence concern; Family resilience; Onward referrals made; Development; Development – further assessment required; Locomotor skills; Manipulative skills;*

Visual skills; Hearing and language skills; Speech and language skills; Interactive social skills; Self-care social skills; Cognitive skills. Consent, Location and Examiner must also be entered, where provided on the HCWP data collection form.

Note: If Recall in (weeks) information is provided in section 2 of the completed HCWP data collection form then the community child health clerical user should enter a recall request on to CCH2000 for the child, for the HCWP recall requested on the form.

Note: If this contact needs to be rescheduled through the batch preschool appointment generation process, the *Reschedule* option on the above screen must be manually selected by the user.

9.9. Contact at 3.5 years pre-school

- This contact should be scheduled for appointments by the CCH2000 system.
- Health professionals should complete pre-printed HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.9 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's scheduled HCWP *CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the *HCWP CONTACTS* screen.

Data item	Enabled	Instruction
Contact	Yes	Number 8 should be selected from list of values.
Contact age	No	
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Heart	No	
Hips	No	
Eyes	No	
Testes (boys)	No	
General	No	

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Development	No	
Development – further assessment required	No	
Locomotor skills	No	
Manipulative skills	No	
Visual skills	No	
Hearing and language skills	No	
Speech and language skills	No	
Interactive social skills	No	
Self-care social skills	No	
Cognitive skills	No	

- The sections of the scheduled *HCWP CONTACTS* screen that will be enabled for data input for this contact can be seen in figure 90 (blue/white data fields = enabled, grey data fields = disabled).

Figure 90: HCWP contacts screen – data items enabled for HCWP Contact at 3.5 years pre-school.

Note: For this contact, the data items *Contact* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following: *Receiving Flying Start Services*; *Looked after child*; *On the Child Protection Register*; *Height/Length*; *Weight*; *Head circumference*; *Evidence of FGM*; *Domestic violence concern*; *Family resilience*; *Onward referrals made*. *Consent*, *Location* and *Examiner* must also be entered, where provided on the HCWP data collection form.

Note: If Recall in (weeks) information is provided in section 2 of the completed HCWP data collection form then the community child health clerical user should enter a recall request on to CCH2000 for the child, for the HCWP recall requested on the form.

Note: If this contact needs to be rescheduled through the batch preschool appointment generation process, the *Reschedule* option on the above screen must be manually selected by the user.

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9.10. Schedule of Growing Skills (SoGS)

- This contact will not be scheduled for appointments by the CCH2000 system. Health professionals will arrange this contact without any scheduling support from CCH2000.
- Health professionals will complete blank HCWP data collection forms for this contact, and once completed, return them to the community child health office for input on to CCH2000.
- Appendix three, subsection 8.10 of this document provides detail on which sections of the HCWP data collection form should be completed by health professionals at this contact.
- Community child health clerical staff should enter details on to the matching child's unscheduled HCWP *CONTACTS* screen as noted in the table below and: based on the data items that are enabled on screen; based on the information/selections that have been provided in the HCWP data collection form by the health professional. If a data item hasn't been completed on the HCWP data collection form then that data item should be left blank on the *HCWP CONTACTS* screen.

Data item	Enabled	Instruction
Contact	Yes	Number 9 should be selected from list of values.
Contact age	No	
Date of contact	Yes	Enter date in the format DD/MM/YYYY and based on what is entered on the HCWP data collection form.
Origin	Yes	Select from drop down box. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Reason Not Examined	Yes	Select from list of values and based on what is selected on the HCWP data collection form
Reschedule	Yes	Select only if contact needs rescheduling by CCH2000. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Withdraw Consent	Yes	Select only if medical consent needs to be withdrawn and future scheduling on CCH2000 stopped for the child. This data item is not held on the HCWP data collection form and is not part of the HCWP dataset.
Consent	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Location	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Examiner	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Receiving Flying Start Services	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Looked after child	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
On the Child Protection Register	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Height/Length	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Weight	Yes	Enter value to 3 decimal places and based on what is entered on the HCWP data collection form.
Head circumference	Yes	Enter value to 1 decimal place and based on what is entered on the HCWP data collection form.
Evidence of FGM	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Domestic violence concern	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Family resilience	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Onward referrals made	Yes	Select from drop down box and based on what is selected on the HCWP data collection form.
Heart	No	
Hips	No	
Eyes	No	
Testes (boys)	No	

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General	No	
Development	No	
Development – further assessment required	No	
Locomotor skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Manipulative skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Visual skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Hearing and language skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Speech and language skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Interactive social skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Self-care social skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.
Cognitive skills	Yes	Select from list of values and based on what is selected on the HCWP data collection form.

- The sections of the unscheduled *HCWP CONTACTS* screens that will be enabled for data input for this contact can be seen in figure 91 (blue/white data fields = enabled, grey data fields = disabled).

Figure 91: HCWP contacts screen – data items enabled for HCWP Schedule of Growing Skills contact.

Note: For this contact, the data items *Contact* and *Date of contact* are deemed mandatory by CCH2000, and validation rules require either a *Reason Not Examined* to be entered OR at least one, but as many as are provided in the HCWP data collection form of the following: *Receiving Flying Start Services; Looked after child; On the Child Protection Register; Height/Length; Weight; Head circumference; Evidence of FGM; Domestic violence concern; Family resilience; Onward referrals made; Locomotor skills; Manipulative skills; Visual skills; Hearing and language skills; Speech and*

language skills; Interactive social skills; Self-care social skills; Cognitive skills. Consent, Location and Examiner must also be entered, where provided on the HCWP data collection form.