



GUIDE TO THE NATIONAL HEALTH INFORMATION COLLECTIONS

2006
Version 3

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New Zealand Health Information Service

The New Zealand Health Information Service (NZHIS) is a group within the Ministry of Health responsible for the collection and dissemination of health-related data. NZHIS has as its foundation the goal of making accurate information readily available and accessible in a timely manner throughout the health sector. The vision of NZHIS is to be recognised as a leader in the provision of health information services, and to support the health sector's ongoing effort to improve the health status of New Zealanders.

A complete list of NZHIS's publications is available from New Zealand Health Information Service, PO Box 5013, Wellington, or at <http://www.nzhis.govt.nz>.

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Introduction

The *Guide to NZHIS National Collections* is a new publication that has been developed for anyone who requires a general overview of one or more of the NZHIS national collections.

For each of the collections the following information is provided: information recorded within the collection, issues relating to security of data and privacy, start date of the collection, who provides the data, and reporting and data provision arrangements. For a detailed description of the template used in this document, refer to the Appendix.

For more detailed information about the data available within each of the national collections, refer to the relevant Data Dictionary.

National health information principles

The guiding principles for national health information are:

- the need to protect patient confidentiality and privacy
- the need to collect data once, as close to the source as possible, and use it as many times as required to meet different information requirements, in keeping with the purpose for which it was collected
- the need for standard data definitions, classifications and coding systems
- the requirement for national health data to include only that data which is used, valued and validated at the local level
- the need for connectivity between health information systems to promote communication and integrity
- the need to address Maori health disparities.

Authority for collection of health information

The Ministry of Health's mandate to collect health information is set out in legislation, in particular, in section 22 of the Health Act 1956, section 139A of the Hospitals Act 1957, and the Cancer Registry Act 1993. The collection, storage and use of health information is also governed by the Privacy Act 1993, the Health Information Privacy Code 1994, and the Injury Prevention Rehabilitation and Compensation Act 2001.

General Medical Subsidy Collection (GMS)

Scope	<p>Purpose</p> <p>The General Medical Subsidy Data Warehouse (GMS) is used by Ministry of Health analysts and DHBs to:</p> <ul style="list-style-type: none"> • monitor contracts with providers • support forecasting and setting of annual budgets • analyse health needs and assess policy effectiveness. <p>Content</p> <p>GMS Datamart contains the fee-for-service payments made to doctors for patient visits that have been processed by the HealthPAC Proclaim system.</p>
Start date	GMS Datamart was established in August 2003 and contains data from November 2001.
Guide for use	<p>All data transferred from HealthPAC to the GMS Datamart is claim-related data sent by claimants.</p> <p>Definitions in the GMS Datamart Data Dictionary are based on the GP Section 88 Notice.</p> <p>The GMS Datamart only includes health events processed by HealthPAC. Most health events for which there are no fee claims are not included in the GMS Datamart.</p>
Contact information	For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz , or visit the NZHIS web site www.nzhis.govt.nz .
Collection methods – guide for providers	All transactional data is sourced from HealthPAC's Proclaim system. It is loaded into the GMS Datamart via an intermediate data store (the IDS).
Frequency of updates	The GMS Datamart receives monthly extracts from HealthPAC via the IDS.
Security of data	<p>The GMS Datamart is accessed by authorised NZHIS staff for maintenance, data quality, audit and analytical purposes.</p> <p>Authorised members of the Ministry of Health and DHBs have access to the data for analytical purposes, via the Business Objects reporting tool and the secure Health Information Network (HIN). Business Objects contains a subset of the data described in the Data Dictionary.</p>
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.</p> <p>As at August 2003, the encrypted NHI number is stored for approximately 85 percent of records.</p>
National reports and publications	NZHIS releases monthly reports to the DHBs on the HIN in MS Excel format.
Data provision	<p>Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.</p> <p>The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.</p> <p>There may be charges associated with data extracts.</p>

Hepatitis B Screening Programme (Hep B)

Scope	<p>Purpose</p> <p>The Hepatitis B data warehouse (Hep B) was established for the Hepatitis B Screening Programme pilot to support policy formation, performance monitoring, and review. The pilot has been conducted for three years with two primary care providers.</p> <p>Content</p> <p>Hep B contains primary care and secondary care information for the Hepatitis B Screening Programme pilot.</p>
Start date	August 2000.
Guide for use	The Hepatitis B Screening Programme is a pilot project with only limited data, and is not available for general use.
Collection methods – guide for providers	<p>The primary care information is collected by two providers: Auckland Healthcare (also known as “A+”) and the Hepatitis B Foundation.</p> <p>The secondary care information is collected by specialists whose patients have been referred by primary care providers.</p>
Frequency of updates	Primary care information is provided monthly. Secondary care information is provided quarterly.
Security of data	<p>Access to data is currently limited to authorised NZHIS staff for maintenance purposes.</p> <p>Quarterly data extracts are sent to Uniservices, a third-party organisation contracted to produce the quarterly reports for the Ministry of Health on a number of specified key indicators.</p>
Privacy issues	The quarterly extracts sent to Uniservices contain encrypted NHI numbers.
National reports and publications	None.
Data provision	None.

Immunisation Collection (Imms)

Scope	<p>Purpose</p> <p>The Immunisation Data Warehouse (Imms) was created for use by Ministry of Health policy analysts to measure the actual coverage against the target of 95 percent of 2-year-olds being fully immunised.</p> <p>Content</p> <p>Imms contains data on claims from GPs and clinics for subsidised (and some non-subsidised) immunisation visits. The primary focus is on children under the age of 2.</p> <p>As at October 2002, Imms holds over 1.2 million rows of data on vaccine dispensing and visits.</p>
Start date	July 1998.
Guide for use	<p>Not all records submitted contain a (valid) NHI number, so it is not always possible to attribute an immunisation to an individual. This is particularly the case with the first (6-week) immunisation.</p> <p>Data captured by HealthPAC before 1999 is summarised by claims and does not contain details of person and immunisation received, but only numbers of immunisations.</p> <p>Data collected after 1999 is all at a detailed level, and includes provider, patient, and immunisation detail.</p> <p>Providers who are capitated for immunisations do not submit claims to HealthPAC for payment, and so their delivered immunisations do not appear in the warehouse.</p> <p>The provider table is not regularly submitted by HealthPAC. This means that new providers who immunise will not be linked to their immunisations.</p>
Collection methods – guide for providers	The data is sourced from HealthPAC, the NHI, and census and geographical data from Statistics NZ.
Frequency of updates	NZHIS receives monthly extracts from HealthPAC.
Security of data	Imms is only accessed by authorised NZHIS and Ministry of Health staff for maintenance, data quality, analytical and audit purposes.
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.</p>
National reports and publications	None.
Data provision	<p>Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data. New fields have been added to the collection since 1988, but wherever possible consistent time-series data will be provided.</p> <p>The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.</p> <p>There may be charges associated with data extracts.</p>

Laboratory Claims Collection (Labs)

Scope	<p>Purpose</p> <p>The Laboratory Claims Collection (Labs) allows the Ministry of Health and DHBs to monitor the primary-care test subsidies.</p> <p>Content</p> <p>The Labs collection contains claim and payment information for laboratory tests that have been processed by the HealthPAC General Transaction Processing System (GTPS). It also contains laboratory test information from Pegasus and Medlabs South IPA providers.</p> <p>As at October 2002 this amounted to over 56 million rows of claim and payment data.</p>
Start date	<p>The Labs collection was established in 2000 and contains data from July 1997.</p>
Guide for use	<p>The Labs collection contains claim and payment information that has been audited against the HealthPAC Payments system, and some DHBs.</p> <p>Until late 2003, Labs is known to incorrectly attribute laboratory test costs to DHBs. This happens when the DHB is identified by the domicile codes of the providers who ordered the tests, and some providers order tests from laboratories funded by other DHBs. The error range is from 10 to 15 percent. With the introduction of the Funding DHB field, when populated this data will be accurate.</p> <p>The Labs collection is unable to report on primary health organisations (PHOs), as up-to-date PHO membership data is not currently maintained.</p>
Contact information	<p>For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz, or visit the NZHIS web site www.nzhis.govt.nz.</p>
Collection methods – guide for providers	<p>Data is sourced from HealthPAC's GTPS and bulk-funded data from Pegasus and Medlab South IPAs.</p>
Frequency of updates	<p>Labs receives monthly extracts from HealthPAC and Pegasus.</p>
Security of data	<p>Authorised NZHIS staff for maintenance, data quality, audit and analytical purposes accesses the Labs collection.</p> <p>Authorised members of the Ministry of Health have access to the data for analytical purposes, via the Business Objects reporting tool and the secure Health Information Network (HIN). Business Objects contains a subset of the data described in the Data Dictionary.</p>
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.</p> <p>In 2002 claims, the encrypted NHI number is stored for approximately 70 percent of laboratory test records. (In earlier years, it varied, dropping to as low as 13 percent in 1997 claims.) Identifying information is only held for health providers who request the test and not for the pathologist performing the test.</p>
National reports and publications	<p>NZHIS releases monthly standard reports for DHBs via the HIN.</p>

Data provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

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Maternity and Newborn Collection (MNIS)

Scope	<p>Purpose</p> <p>The Maternity and Newborn Collection (MNIS) provides information relating to maternity and newborn services up to nine months before and three months after a birth.</p> <p>Content</p> <p>The MNIS collection contains data relating to maternity services provided under either section 51 of the Health and Disability Act 1993 or section 88 of the New Zealand Public Health and Disability Act 2000, and inpatient health data from the NMDS.</p> <p>Before 1 July 2002, approximately 70 percent of pregnancies were recorded (the other 30 percent were funded through non-standard contracts). From October 2002, all pregnancies are expected to be recorded in the MNIS collection.</p> <p>The MNIS collection also contains census and geographical information provided by Statistics NZ.</p> <p>The MNIS collection does not contain details of stillborn babies, as most stillborns are not assigned an NHI number at delivery or reported as separate patients to the NMDS. Some information about stillbirths is included in the Mortality Collection.</p>
Start date	The MNIS collection contains information from March 1998.
Guide for use	The data in the MNIS is loaded from the HealthPAC maternity claims system, and the data quality of clinical information provided is variable. The clinical meaning of many of the input records must be inferred, as the records relate to payment for a service rather than to a clinical treatment. Data quality is expected to improve in the future.
Contact information	For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz , or visit the NZHIS web site www.nzhis.govt.nz .
Collection methods – guide for providers	<p>Non-hospital events are reported to HealthPAC on standard forms by Lead Maternity Carers and specialists. HealthPAC enters the data into their maternity claims system.</p> <p>When a birth event is included in the monthly extract from HealthPAC, the MNIS searches the NMDS for any inpatient events for the mother and baby occurring up to 9 months before and 3 months after the birth, and extracts all inpatient clinical data.</p>
Frequency of updates	The MNIS receives monthly extracts from the HealthPAC maternity claims system and the NMDS.
Security of data	<p>The MNIS is only accessed by authorised NZHIS staff for maintenance, data quality, audit and reporting purposes.</p> <p>Access to MNIS data requires approval from the MNIS Advisory Group.</p>
Privacy issues	<p>When a pregnancy is registered, the woman signs a waiver that allows health data to be used for research under the Health Information Privacy Code 1994.</p> <p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.</p>
National reports and publications	The MNIS is the primary source of data for the annual <i>Report on Maternity</i> produced by the Ministry of Health. This is published in hardcopy form and is also available on the NZHIS web site http://www.nzhis.govt.nz/ . The first report was for 1999.

Data provision

If approval is obtained from the MNIS Advisory Group, customised datasets or summary reports can be provided, either electronically or on paper.

Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

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Medical Warnings System (MWS)

Scope	<p>Purpose</p> <p>The Medical Warnings System is a value-added service closely aligned with the National Health Index. It is designed to warn healthcare providers of the presence of any known risk factors that may be important when making clinical decisions about patient care.</p> <p>Content</p> <p>The MWS comprises the following features:</p> <ul style="list-style-type: none"> • medical warnings incorporating adverse medical reactions and significant medical conditions • event summaries incorporating identification of the facility where the patient's medical record is located • donor information incorporating donor summaries and healthcare user contact details.
Start date	<p>The MWS was initially part of the National Master Patient Index, implemented in 1977.</p>
Guide for use	<p>Specifically aimed at healthcare providers.</p> <p>Classification codes are not fully reported and are not validated. Generally, the description of the drug and the reaction is of most interest to users.</p>
Collection methods – guide for providers	<p>The responsibility for maintaining the content of the MWS rests primarily with its users, the healthcare providers.</p> <p>The codes for Adverse Medical Reactions and Significant Medical Conditions are taken from the International Classification of Diseases manual currently in use nationally in New Zealand.</p> <p>For Adverse Medical Reactions, external cause codes from the ICD-9-CM-A range E930-E949 are used.</p> <p>For Significant Medical Conditions, diagnosis codes from the ICD-9-CM-A range 001-999 are used.</p>
Frequency of updates	<p>Ongoing, as required.</p>
Security of data	<p>Access to the MWS is restricted to healthcare providers approved by the NZHIS.</p> <p>Access to the MWS features is dependent upon a valid NHI number (also known as HCU identifier) for the healthcare user being provided.</p>
Privacy issues	<p>Under the Health Information Privacy Code 1994, healthcare users must be advised that information may be entered on the MWS and that they have the right to refuse permission for this to be entered.</p>
National reports and publications	<p>The Centre for Adverse Reactions Monitoring (CARM) receives information from GPs and hospitals. Eventually this will be provided directly from MWS. CARM aims to determine which adverse reactions are life-threatening to patients.</p>
Data provision	<p>None.</p>

Mental Health Data Warehouse Collection (MHDW)

Scope	<p>Purpose</p> <p>The Mental Health Data Warehouse Collection (MHDW) was established to enable NZHIS Information Analysts to carry out reporting and ad hoc queries independently of the monthly validation and updating processes taking place in the Mental Health Information National Collection (MHINC) transactional database. It is a high-level national data collection that:</p> <ul style="list-style-type: none"> • allows the Ministry of Health to manipulate and report data to monitor the implementation of the national mental health strategy • provides data extracts for research into the provision of mental health services. <p>Content</p> <p>Every month, the MHDW is reconstructed from the contents of the MHINC database. Additional data is extracted from:</p> <ul style="list-style-type: none"> • the Shared Objects repository (Census, Global Time and Geography tables) • the National Minimum Dataset (NMDS) (Clinical Code table) • the National Health Index (date of death and master encrypted NHI numbers). <p>There is also a table containing the NHI numbers extracted from the NMDS for clients that have had a Mental Health primary diagnosis before 1 July 2000 (ie, the implementation date of the MHINC database).</p>
Start date	The MHDW was started in July 2000.
Guide for use	<p>The MHDW contains information about a healthcare user's demographics, their use of mental health services, and their diagnosis and legal status. During the load process, the records are linked by unique identifier, agency and dates but, because of the nature of the data, these links require interpretation. For example, legal statuses and diagnoses do not have expiry dates and are assumed to be current until they are superseded by new data. Refer to the MHDW Data Dictionary for detailed information.</p> <p>The MHDW is dependent on the quality of information in the MHINC.</p>
Contact information	For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, email inquiries@nzhis.govt.nz , or visit the NZHIS web site www.nzhis.govt.nz .
Collection methods – guide for providers	Every month the MHDW is reconstructed from the contents of the MHINC.
Frequency of updates	Data is extracted from the MHINC on the 10th and the 25th of each month.
Security of data	<p>The MHDW is only accessed by authorised NZHIS staff for maintenance, data quality, analytical and audit purposes.</p> <p>Authorised members of the Ministry of Health's Mental Health Directorate have access to the data for analytical purposes via the Business Objects reporting tool and the secure Health Information Network. Business Objects contains a subset of the data described in the Data Dictionary.</p>
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.</p>

National reports and publications

NZHIS sends regular standard reports via the secure Health Information Network (HIN) to providers and funders about their service to give feedback on the information they send to the MHINC.

In the future, publications will be produced annually by NZHIS.

Data provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

Mental Health Information National Collection (MHINC)

Scope	<p>Purpose</p> <p>The Mental Health Information National Collection (MHINC) is a national database of information collected by the Ministry of Health to support policy formation, monitoring, and research.</p> <p>Content</p> <p>The MHINC contains information on the provision of secondary mental health and alcohol and drug services purchased by the government. This includes secondary inpatient, outpatient and community care provided by hospitals and non-government organisations (NGOs).</p> <p>The collection does not include information on the provision of primary mental healthcare, for example, from GPs.</p> <p>The information collected includes details of care provided and access to mental healthcare, as well as demographic information (such as sex, date of birth, ethnicity), diagnosis, legal status, and referral and discharge information.</p>
Start date	The MHINC was started in July 2000.
Guide for use	The MHINC contains the raw data sent in by providers, and should reflect what each District Health Board/NGO has in its own patient management system. As at July 2003, most NGOs are not reporting to the MHINC.
Collection methods – guide for providers	<p>All hospitals and NGOs that receive government mental health and alcohol and other drug funding are contractually required to send timely, accurate and complete data to the MHINC, including:</p> <ul style="list-style-type: none"> • publicly funded hospitals • community mental healthcare providers • alcohol and other drug services • residential and supported accommodation mental healthcare providers. <p>Note: Since some psychogeriatric services are funded by the Disability Services Directorate rather than the Mental Health Directorate, not all DHBs report psychogeriatric information.</p> <p>It is the responsibility of healthcare providers to ensure timely collection of data at each site. Data sent to NZHIS is expected to reflect all contacts occurring between the reporting start and end dates.</p>
Frequency of updates	MHINC data is reported to NZHIS on a monthly basis by the 20th day of the following month (for example, January 2002 data would be required by 20 February 2002).
Security of data	The MHINC database is only accessed by authorised NZHIS staff for maintenance, data quality and audit purposes.
Privacy issues	The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.
National reports and publications	MHINC data is extracted and loaded into the Mental Health Data Warehouse Collection (MHDW) on the 10th and 25th of each month for analysis and reporting purposes. Reporting is done via the MHDW.
Data provision	MHINC data provision is via MHDW.

Mortality Collection

Scope	Purpose <p>The Mortality Collection has been established to provide data for public health research, policy formulation, development and monitoring, and cancer survival studies. A complete data set of each year's mortality data is sent to the World Health Organization each year to be used in international comparisons of mortality statistics.</p> Content <p>The NZHIS Mortality Collection classifies the underlying cause of death for all deaths registered in New Zealand, including all registered fetal deaths (stillbirths), using the ICD-10-AM 2nd Edition and the WHO Rules and Guidelines for Mortality Coding.</p> <p>Fetal and infant data is a subset of the mortality collection. Extra variables such as gestation and birthweight are collected for these records.</p>
Start date	Deaths registered in New Zealand from 1988 onwards are held in the Mortality database. Data from 1970 to 1987 is also available on request.
Guide for use	The mortality statistics are compiled according to the year the death is registered. Causes of deaths for data before 2000 are recorded in ICD-9-CM-A and have not been mapped forward to ICD-10-AM.
Contact information	For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz , or visit the NZHIS web site www.nzhis.govt.nz .
Collection methods – guide for providers	<p>Each month Births, Deaths, and Marriages (BDM) sends NZHIS electronic death registration and electronic stillbirth information data (for the previous month's registrations), Medical Certificates of Causes of Death (BDM 50 and BDM 167), and Coroners' reports.</p> <p>Additional information on underlying cause of death is obtained from electronic hospital discharge data from the National Minimum Dataset (NMDS) and private hospital discharge returns, the New Zealand Cancer Registry (NZCR), the Department for Courts, the Police, the Land Transport Safety Authority, Water Safety NZ, Media Search, and from writing letters to certifying doctors, coroners, and medical records officers in public hospitals.</p>
Frequency of updates	Electronic files of new death registration data are received monthly from BDM. Manual updates from other sources are ongoing.
Security of data	<p>The data in the Mortality Collection is accessed by authorised NZHIS staff for maintenance, data quality, audit and analytical purposes.</p> <p>Paper records are stored in a locked office with swipe-card security, in a locked basement storeroom at the Ministry of Health, and at Archive Security.</p>
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.</p>

National reports and publications

NZHIS publishes two annual mortality report series: *Mortality and Demographic Data* and *Fetal and Infant Deaths*. These are both available in hard copy and on the NZHIS web site www.nzhis.govt.nz. The latter publication contains detailed information on numbers and rates of livebirths, fetal deaths, and neonatal and post-neonatal deaths.

The Chief Analyst reports interim updates of provisional mortality data of interest to various groups within the Ministry of Health.

Data provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

National Booking Reporting System (NBRIS)

Scope	<p>Purpose</p> <p>The National Booking Reporting System (NBRIS) provides information by health speciality and booking status on how many patients are waiting for treatment, and also how long they have had to wait before receiving treatment.</p> <p>Content</p> <p>NBRIS contains details of all booking status events involving a healthcare user who:</p> <ul style="list-style-type: none"> • receives a priority for an elective medical or surgical service, and • is likely to receive publicly funded treatment. <p>Information is collected about their date of entry into the system, their assessed priority, and their booking status.</p>
Start date	Hospitals have been required to report data since 1 August 2000.
Guide for use	Booking status information can be linked by unique event identifier (Booking Entry ID) to the actual procedure when it is undertaken. Using this identifier, records in the NBRIS may be linked to the NMDS, which contains data about inpatient and day patient events.
Contact information	For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz , or visit the NZHIS web site www.nzhis.govt.nz .
Collection methods – guide for providers	Data is provided by public hospitals in New Zealand.
Frequency of updates	Monthly.
Security of data	<p>The NBRIS database is only accessed by authorised NZHIS staff for maintenance, data quality, analytical and audit purposes.</p> <p>Authorised members of the Ministry of Health's Elective Services Team have access to the data for analytical purposes via the Business Objects reporting tool and the secure Health Information Network. Business Objects contains a subset of the data described in the Data Dictionary.</p>
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.</p>
National reports and publications	Summary NBRIS data is published on the elective services web site http://www.electiveservices.govt.nz as part of the Elective Services Patient Flow Indicators (ESPis), and regular data quality reconciliation reports are available to District Health Boards.
Data provision	<p>Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.</p> <p>The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.</p> <p>There may be charges associated with data extracts.</p>

National Booking Reporting System Data Warehouse (NBRS DW)

Scope

Purpose

The National Booking Reporting System Data Warehouse (NBRS DW) was established to consolidate information from the NBRS database and summary outpatient statistics.

This consolidated view of the data supports the monthly production of Elective Services Patient Flow Indicator (ESPI) reports and ad hoc queries. The ESPIs are a means of evaluating how providers manage patients waiting to access elective services. The eight indicators incorporate the Government's policy targets for elective services and some of the accountability requirements for District Health Boards (DHBs). In addition they highlight current and potential issues in patient flows through the elective services system.

Content

The NBRS DW is updated every month with the last six months of data from:

- the NBRS, which is a collection of all booking system events, involving a healthcare user who receives an assessment of priority for a medical or surgical service and who is accepted for publicly funded treatment; this data is collected from the 21 DHBs.
- the Monthly Reporting Access database, which contains national summary outpatient data; this data is collected monthly from the 21 DHBs.

Start date

The NBRS DW was implemented on 1 July 2003, and contains data from 1 August 2000.

Guide for use

At the end of each month, the previous six months' data is loaded to ensure any changes are captured. Data is summarised into months (also known as snapshots).

Contact information

For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz, or visit the NZHIS web site www.nzhis.govt.nz.

Collection methods – guide for providers

Data is sourced from DHBs via:

- National Booking Reporting System (booking event data)
- National Booking Reporting System Monthly Reporting (NBRSMR) (outpatient data).

Frequency of updates

The last six months of data is reloaded into the NBRS DW on the 28th of each month.

Security of data

The NBRS DW is accessed by authorised NZHIS staff for maintenance, data quality, analytical, and audit purposes.

Authorised users from the Ministry of Health's Elective Services Team and DHBs have access to the data for analytical purposes via the Business Objects reporting tool and the secure Health Information Network. Business Objects contains a subset of the data described in the Data Dictionary.

Privacy issues

The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993, and the Health Information Privacy Code 1994.

Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.

National reports and publications

Summary NBRS data is published monthly on the elective services web site www.electiveservices.govt.nz as part of the ESPIs. These reports are also available via the Business Objects reporting tool.

Data provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

National Health Index (NHI)

Scope

Purpose

The National Health Index (NHI) is the cornerstone of health information in New Zealand. It was established to provide a mechanism for uniquely identifying every healthcare user (HCU) by assigning each a unique number (known as the NHI number).

The purposes of the NHI include use:

- by health and disability support services to link health data pertaining to an individual to that individual to avoid mis-assignment of health and disability support information, for example, the wrong laboratory test results
- by health and disability support services to improve patient privacy protection when transferring an individual's health data, for example, the receipt of laboratory test results by general practitioners
- by the Ministry of Health, in an encrypted form, so that data can be used for statistical purposes to report on the state of health of the New Zealand population, and to assist in the development of more effective services
- by health and disability support services to submit to, or access information from, the Medical Warnings System, for adverse drug warnings and other forms of medical alerts (see *Medical Warning System* on page 10)
- by health and disability support services to identify previous health events, and the possible location of medical records through the Medical Warnings System (see page 10).

Content

As a registration system, the NHI includes only information needed to identify healthcare users, such as name, address (including domicile code), date of birth, sex and ethnicity. A limited amount of clinical information is available to authorised users of the NHI via the associated Medical Warning System (MWS).

Start date

The first national register was the National Master Patient Index, implemented in 1977. This was replaced with the NHI in 1993. Newborn babies have been registered on the national system since 1992. (See *Collection methods*.)

Guide for use

Coverage is estimated to be 98 percent of the population.

When duplicate records for a healthcare user are identified, they are linked, one of their NHI numbers will be deemed to be the primary (or master), and the others become secondary NHI numbers. For the analysis of healthcare information relating to a unique individual, the primary NHI number should be used. Local systems may use secondary NHI numbers.

Collection methods – guide for providers

The main health sector data source is public hospitals. All local patient management systems have modules for identifying patients, so most systems are linked to the NHI. Where local patient index systems are in use, it is the responsibility of the local system management to ensure that local and national systems are synchronised.

In the primary healthcare sector, most registrations are via the NHI Helpdesk, a service run by the Ministry of Health. Some GPs have read-only access to the NHI.

New records for babies are submitted by hospitals and midwives. Infants are not to be registered on the NHI before their birth. The only exception to this is where tests on the fetus are carried out and need to be recorded for the future treatment needs of the infant. This practice should only occur in tertiary care facilities. NZHIS should be notified that this practice is occurring.

Fetal deaths (20 weeks' gestation or more, and/or 400 grams' birthweight) are registered on the NHI by NZHIS staff.

Frequency of updates

Ongoing. Real-time transactions.

Security of data

Access to the NHI is restricted to authorised users, and is permitted by the Health Information Privacy Code 1994 released under the Privacy Act 1993.

The NHI number is stored in encrypted form on other NZHIS systems.

Privacy issues

Use of the NHI number is restricted to authorised healthcare providers only as permitted by the Health Information Privacy Code 1994.

National reports and publications

None.

Data provision

None.

National Immunisation Collection (NIR)

Scope	<p>Purpose</p> <p>The NIR Collection has been established to provide data for monitoring immunisation coverage and progress of immunisation campaigns such as Meningococcal B. This collection also supplies the Safety Monitoring Report for the Meningococcal B campaign.</p> <p>Content</p> <p>The NIR Collection is updated every week with a full load of data from the National Immunisation Register, which is a register of all immunisation enrolments and events, including Meningococcal, Childhood Immunisation and Tuberculosis vaccine (BCG).</p>
Start date	<p>The NIR Collection was implemented on August 2004.</p> <p>It contains Kidslink data from January 2001. The main cohort at Counties Manukau starts from March 2003. Other DHBs have different start dates.</p>
Guide for use	<p>Childhood Immunisation data starts from a cohort beginning in April 2005, with the exception of 30,000 children from the original Kidslink system in Auckland.</p> <p>All MeNZB (meningococcal) vaccinations are included.</p>
Contact information	<p>For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz, or visit the NZHIS web site www.nzhis.govt.nz.</p>
Collection methods – guide for providers	<p>Data is sourced from Primary Care Providers and Schools Based Vaccination System (SBVS) via the NIR system.</p>
Frequency of updates	<p>Vaccination events and enrolments are updated every week.</p>
Security of data	<p>Authorised NZHIS staff for maintenance, data quality, analytical, and audit purposes accesses the NIRDM.</p> <p>Authorised users from the Ministry of Health's Public Health Directory, DHBs and PHOs have access to the data for monitoring vaccination coverage via the Business Objects Infoview over the secure Health Intranet. Business Objects contains a subset of the data described in the Data Dictionary.</p>
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993, and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.</p>
National reports and publications	<p>All reports, including national and DHB level reports are available to secure users using Business Objects Infoview over the Health Intranet.</p>
Data provision	<p>Customised datasets or summary reports may be available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.</p> <p>The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.</p> <p>There may be charges associated with data extracts.</p>

National Minimum Dataset (Hospital Events) (NMDS)

Scope	<p>Purpose</p> <p>The NMDS is used for policy formation, performance monitoring, research, and review. It provides statistical information, reports, and analyses about the trends in the delivery of hospital inpatient and day patient health services both nationally and on a provider basis. It is also used for funding purposes.</p> <p>Content</p> <p>The NMDS is a national collection of public and private hospital discharge information, including clinical information, for inpatients and day patients. Unit record data is collected and stored. All records must have a valid NHI number.</p> <p>Data has been submitted electronically in an agreed format by public hospitals since 1993.</p> <p>The private hospital discharge information for publicly funded events, eg, birth events and geriatric care, has been collected since 1997. Other data is being added as it becomes available electronically.</p>
Start date	<p>The current NMDS was introduced in 1999. The original NMDS was implemented in 1993 and back-loaded with public hospital discharge information from 1988.</p>
Guide for use	<p>The NMDS has undergone many changes over the years. Some data subsets have been removed and are now held in separate collections (Cancer Register and the Mortality Collection). In other cases, additional fields have been included and events are reported in more detail than in the past. For further details refer to the NMDS Data Dictionary.</p> <p>Private hospital information is also stored in the NMDS. Publicly funded events (primarily maternity and geriatric) and surgical events from some hospitals are up-to-date. Privately funded events may be delayed.</p>
Contact information	<p>For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz, or visit the NZHIS web site www.nzhis.govt.nz.</p>
Collection methods – guide for providers	<p>Data is provided by public and the larger private hospitals in an agreed electronic file format. Paper forms and a cut-down electronic file format are also forwarded by other private hospitals.</p>
Frequency of updates	<p>Publicly funded hospital events are required to be loaded into the NMDS within 21 days after the month of discharge. Electronic files are received and processed almost every day at NZHIS.</p> <p>NZHIS has a team of staff who manually process private hospital electronic and paper reports.</p>
Security of data	<p>The NMDS is accessed by authorised NZHIS staff for maintenance, data quality, audit and analytical purposes.</p> <p>Authorised members of the Ministry of Health and DHBs have access to the NMDS for analytical purposes, via the Business Objects reporting tool and the secure Health Information Network. Business Objects contains a subset of the data described in the Data Dictionary.</p>
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an approved Ethics Committee.</p>

National reports and publications

NZHIS publishes an annual report *Selected Morbidity Data for Publicly Funded Hospitals* in hard copy and on the NZHIS web site www.nzhis.govt.nz. This publication contains summary NMDS information for a financial year.

Data provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data. New fields have been added to the collection since 1988, but wherever possible consistent time-series data will be provided.

The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

National Non-admitted Patient Collection (NNPAC)

Scope	<p>Purpose</p> <p>NNPAC provides national consistent data on non admitted patient (outpatient and emergency department) activity. Its primary use will be for the calculation of Inter District Flows (IDFs) but may also help provide information to measure health outcomes and inform decisions on funding allocations and policy.</p> <p>Content</p> <p>Transaction records containing details of the non admitted patient event including date, facility and type of service. All records must have a valid NHI number</p> <p>Data is submitted electronically by DHBs in an agreed format.</p>
Start date	<p>NNPAC was implemented on 1 July 2006 and contains data from that date.</p>
Guide for use	<p>Data is loaded on a weekly basis and summarised monthly at the type of service (purchase unit) level.</p> <p>A yearly snapshot of data is taken and used for the Inter District Flow (IDF) process.</p>
Contact information	<p>For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz, or visit the NZHIS web site www.nzhis.govt.nz.</p>
Collection methods – guide for providers	<p>Data is provided by District Health Boards in an agreed electronic file format and must be sent at least once per month.</p>
Frequency of updates	<p>Electronic files are received and processed weekly at NZHIS.</p>
Security of data	<p>NNPAC is accessed by authorised NZHIS staff for maintenance, data quality, audit and analytical purposes.</p> <p>Authorised members of the Ministry of Health have access to the data for analytical purposes, via the Business Objects reporting tool and the secure Health Information Network (HIN). Business Objects contains a subset of the data described in the NNPAC Data Dictionary.</p>
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an approved Ethics Committee.</p>
National reports and publications	<p>NZHIS releases monthly standard reports for DHBs via the HIN.</p>
Data provision	<p>Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.</p> <p>The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.</p> <p>There may be charges associated with data extracts.</p>

New Zealand Cancer Registry (NZCR)

Scope	<p>Purpose</p> <p>The New Zealand Cancer Registry is a population-based register of all primary malignant diseases diagnosed in New Zealand, excluding squamous cell and basal cell skin cancers. Data is used in research, and in monitoring and evaluating cancer screening programmes.</p> <p>Content</p> <p>A summary of the variables to be reported is contained in the Cancer Registry Regulations 1994.</p>
Start date	<p>The NZCR was set up in 1948 primarily using information sent by public hospitals to the NMDS. The Cancer Registry Act 1993 and Cancer Registry Regulations 1994 were introduced to increase reporting of primary cancers in New Zealand. Since the Cancer Registry Regulations 1994 came into effect, laboratory test results have been collected and the data quality and completeness have significantly improved.</p>
Guide for use	<p>The tumours are classified using the WHO International Statistical Classification of Diseases and Related Health Problems (ICD), and the WHO International Classification of Diseases for Oncology (ICD-O). All data is mapped forward to ICD-10.</p> <p>Before 1997, there was inadequate staging information (ie, reporting of the extent of the disease) and morphology information. NZHIS is now working with clinicians to improve this.</p>
Contact information	<p>For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz, or visit the NZHIS web site www.nzhis.govt.nz.</p>
Collection methods – guide for providers	<p>Laboratories are the primary source of cancer data to the NZCR. They are required by law to report any new diagnosis of cancer in New Zealand, excluding squamous and basal cell skin cancers. Currently, they send in paper pathology reports to NZHIS.</p> <p>Additional data sources include: Medical Certificates of Causes of Death, Coroners' Findings, hospital discharge data on the National Minimum Dataset (NMDS), and private hospital discharge returns.</p>
Frequency of updates	<p>Data is loaded from the NMDS monthly. Information provided in hard copy form is updated manually on an ongoing basis.</p> <p>Some types/sites of cancer are of particular interest to researchers and the processing of these cancers is treated as a priority. These types/sites include: melanoma, prostate, breast, cervix, colorectal, and childhood cancers. The processing of data for these priority cancers is kept up to date to within three months of receipt of laboratory reports.</p>
Security of data	<p>The NZCR is only accessed by authorised NZHIS staff for maintenance, data quality, analytical and audit purposes.</p> <p>Paper records are stored in a locked office with swipe-card security, and in a locked basement storeroom at the Ministry of Health.</p>
Privacy issues	<p>The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.</p>
National reports and publications	<p>NZHIS publishes an annual report <i>Cancer – New Registrations and Deaths</i> in hard copy and on the NZHIS web site www.nzhis.govt.nz. This publication contains detailed information on numbers and rates of cancers according to year of registration.</p> <p>More timely provisional cancer data for the priority sites is posted on the NZHIS web site www.nzhis.govt.nz.</p>

Data provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

Pharmaceutical Collection (Pharms)

Scope	Purpose <p>The Pharms is a data warehouse that supports the management of pharmaceutical subsidies. The Ministry of Health and Pharmac jointly own it.</p> Content <p>The Pharmaceutical collection contains claim and payment information from pharmacists for subsidised dispensings that have been processed by the HealthPAC General Transaction Processing System (GTPS).</p> <p>As at October 2002, the Pharmaceutical collection holds over 270 million claims. Approximately 3.5 million rows of data are added each month.</p>
Start date	The collection was started in 1 July 1992. Records from before 1996 have been archived, but can be made available on request.
Guide for use	<p>The Pharmaceutical collection has undergone two major changes since 1992:</p> <ul style="list-style-type: none">• repeat prescriptions were introduced in 1996, and• the major drug key changed from Medicode (allocated by HealthPAC) to Pharmacode (pharmacy stock code) in 1998. <p>Other small structural changes are made to the Pharmaceutical collection each year. For more information, refer to the Pharmaceutical Data Dictionary.</p> <p>All money values are assumed to be inclusive of GST, unless otherwise stated.</p> <p>Identification of co-prescribing, which is the analysis of drugs being prescribed and taken together, has been a problem with historical data.</p>
Contact information	For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz , or visit the NZHIS web site www.nzhis.govt.nz .
Collection methods – guide for providers	<p>The main source of the data is HealthPAC's GTPS. Additional data is provided by:</p> <ul style="list-style-type: none">• Statistics NZ (Geographical and Census data. Claimant data is geocoded by the NZHIS geocoding engine)• HealthPAC (provider reference data)• Pharmac (the Pharmac Schedule and mappings).
Frequency of updates	NZHIS receives monthly extracts from HealthPAC and Pharmac.
Security of data	<p>Authorised NZHIS and Pharmac staff for maintenance, data quality, audit and analytical purposes access the Pharmaceutical collection.</p> <p>Authorised members of the Ministry of Health and DHBs have access to the Pharmaceutical collection for analytical purposes, via Business Objects and the secured Health Information Network. Business Objects contains a subset of the data described in the Data Dictionary.</p> <p>Access to the Pharmaceutical collection requires approval from Pharmac.</p>

Privacy issues

The Ministry of Health is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.

Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.

NZHIS is responsible for the privacy of NHI-related information. NHI numbers have only been provided since April 2002, and only approximately one-third of dispensings have a valid NHI number.

Pharmac is responsible for the security of information relating to the practice of prescribing drugs.

National reports and publications

Pharmac releases monthly reports to the DHBs and Shared Support Agencies in MS Excel format.

Data provision

If approval is provided by Pharmac, customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

Primary Health Organisation Enrolment Collection (PHO)

Scope	<p>The purpose of the collection is to provide a national collection that holds Primary Health Care System (PHCS) patient enrolment data for the following uses:</p> <ul style="list-style-type: none">▪ To assist PHOs, DHBs and the MoH to report and monitor patient enrolment under the PHCS.▪ To provide PHOs, DHBs, MoH and health researchers with population data to assist with population health research.▪ To assist PHOs to examine and improve the quality of their enrolment information.
Start date	PHO was established in 2005
Guide for use	<p>The dimensions in the datamart are codes and descriptions, based on reference data. It may be unique to the datamart or it may be common across several systems. Dimension data includes items such as Provider IDs, Health Care User IDs, Ethnic Groups, etc.</p> <p>The facts in the datamart are “events” and “enrolments”, based on the PHO registers and FFSvc data captured by HealthPAC within the General Transaction Processing System (GTPS).</p> <p>Extract files are sent to NZHIS where they are loaded into the datamart tables to facilitate reports and queries</p>
Contact information	<p>For further information about this collection or to request specific datasets or reports, contact the NZHIS Analytical Services team on ph 04 496 2000, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz, or visit the NZHIS web site www.nzhis.govt.nz.</p>
Collection methods – guide for providers	<p>The PHO Enrolment Collection holds and provides access to two key elements of PHCS information:</p> <ul style="list-style-type: none">▪ Copies of all “Enriched PHO Enrolment Registers” as sent from HealthPAC to PHOs. Any register adjustments are also applied to the collection.▪ Copies of all “Fee for Service Wash-up” information as sent from HealthPAC to PHOs. FFS wash-up cost adjustments are also applied to the collection.
Frequency of updates	PHO DM receives monthly extracts from HealthPAC.
Security of data	<p>The PHO Enrolment Collection provides access to different health sector organisations as follows:</p> <ul style="list-style-type: none">▪ PHOs can access their own enrolled patient information and the FFS wash-up costs for these patients.▪ DHBs, the MoH and authorised researchers can access non-identifiable enrolled patient information and non-identifiable FFS wash-up costs.▪ NZHIS and specially authorised Ministry of Health data analysts can access all information held in the collection.
Privacy issues	<p>The PHO Enrolment Collection has been designed to protect patient information as required by the Health Act 1956, the Privacy Act 1993 and the Health Information Privacy Code 1994. This ensures that access to identifiable patient information is limited to the PHO where the patient is enrolled and selected MoH personal specifically authorised by NZHIS.</p>
National reports and publications	NZHIS releases monthly standard reports for DHBs via the HIN.

Data provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from the NZHIS Analytical Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

Appendix – Format for national collection definition

Scope	What information is recorded in the database? A general statement about the purpose of the data and the type of information that is available.
Start date	The date the collection of data started, or when data is available. Start dates for individual data elements may vary: these will be recorded under the relevant elements. This is a general indication of when data collection began.
Guide for use	Notes for those using the data. Historical and data quality information about the collection as a whole.
Collection methods – guide for providers	Who provides the data? A general statement about the data sources, and the way in which the data is collected.
Frequency of updates	How frequently is data collected? A general statement about how frequently data is reported.
Security of data	How the information is kept secure within the data warehouse.
Privacy issues	How is personally identifiable information dealt with? The data warehouse's compliance with privacy legislation.
National reports and publications	A description of the reports and publications based on the information in the data warehouse that are made available to specific organisations or to the public.
Data provision	Details of who can access customised datasets or reports for this database. NZHIS analysis services that are available.