

National Child Measurement Programme: England, 2009/10 school year

Established in 2005, the National Child Measurement Programme (NCMP) weighs and measures children in Reception (typically aged four and five years old) and Year 6 (aged ten and 11 years). The findings are used to inform local planning and delivery of services for children and gather population-level surveillance data to allow analysis of trends in weight. The programme also seeks to engage with parents about the importance of healthy weight in children, since their children's results are shared with them.

Data Collection and Burden

Primary Care Trusts send letters to parents of children eligible to participate in the NCMP prior to measurements being taken. This letter sets out the purposes for which the data will be held and used. This programme operates on an “opt out” basis.

The measurement process is overseen by trained healthcare professionals in schools and not shared with school staff or pupils. More detail on collection methods is available from the latest guidance document titled The National Child Measurement Programme Guidance for PCTs: 2010/11 school year available at

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115014

Data are provided annually by Primary Care Trusts (PCTs) and published by The NHS Information Centre. Most PCTs also choose to feed back measurements to parents by generating a letter using the NHS IC's 'Parental Feedback Tool', and are encouraged to do so within 6 weeks of the measurements being taken.

Timeliness

This report is published annually. The collection period is the academic year, which runs from September to July. The measurements can take place at any point during the collection period, and date of measurement is recorded. There are a very small proportion of measurements that take place in August. The NCMP report relating to each academic year is scheduled for publication in December.

Accuracy

The accuracy and completeness of the dataset underpinning the analysis in the report is ensured by following a rigorous validation procedure which is outlined at <http://www.ic.nhs.uk/ncmp/validation>

Subsequent accuracy checks are also carried out to ensure that the analysis carried out using the dataset has been performed correctly. These checks include:

- Comparisons with data from the previous year
- Carrying out tests to identify unreliable source data, eg systematic error (Year 6 height measurements in Luton PCT (5GC) were excluded from the analysis for 2009/10 on this basis, even though they were not considered 'out of range')
- Ensuring the extract queries are fit for purpose

- Exploring possible bias in the data and considering what, if any, adjustments are necessary (eg the link between obesity prevalence and participation rate)
- Ensuring significance testing methodologies are fit for purpose and statistically robust.
- Manually checking a sample of calculations that are part of the automated system (eg the BMI z-score and BMI p-score values which are calculated from the child's age, gender, height and weight are checked using the British 1990 growth reference)
- Cross referencing key data between tables to ensure a match
- Dual running key calculations using 2 analysts

To counter the effect of natural year to year variation, confidence intervals are included around the percentages in the tables and charts in this report where possible and should be considered when interpreting results. A confidence interval gives an indication of the sampling error around the estimate calculated and takes into consideration the sample sizes and the degree of variation in the data. As the sample sizes for NCMP are large (876,416 in 2006/07, 973,073 in 2007/08, 1,003,849 in 2008/09 and 1,026,366 in 2009/10) the 95% confidence intervals for prevalence estimates are very narrow (indicating a small margin of potential error). Further details are provided in Annex 3 of the report.

Annex 2 of the 2009/10 NCMP report contains a 'Data Quality Report' which is based on 5 key indicators relating to data quality. These include indicators around coverage, completeness and accuracy of data entry. The performance of each PCT is colour coded as red, amber or green depending on which of the defined ranges it falls into for that indicator. This publication of this information is intended to provide an incentive for PCTs to take active steps to improve data quality. Since 2006/07, there have been considerable improvements in data quality. For example, in 2009/10 91% of eligible children participated in the NCMP compared with 80% in 2006/07.

Accessibility

The national summary report is accessible on the NHS IC website (<http://www.ic.nhs.uk/ncmp>) as a PDF document and tables are provided in Excel format. Tables are also available in csv format for the 2009/10 report and beyond, in order to maximise the potential of the data and comply with 'Making Public Data Public'.

The anonymised dataset underpinning the NCMP report is available in UK data archive (<http://www.data-archive.ac.uk/>), although this dataset is a reduced version of the full dataset shared with Public Health Observatories through a data sharing agreement in order to mitigate against the risk of disclosure. From early 2011, each NCMP dataset from school year 2006/07 to 2009/10 will be available on UK Data Archive.

The National Obesity Observatory (NOO) use NCMP data to produce a wide range of analyses. This includes 'e-Atlas', an interactive mapping tool for the analysis of data on the prevalence of obesity and its determinants at Local Authority (LA) and Primary Care Trust (PCT) level in England. E-Atlas contains past and present NCMP data (<http://www.noo.org.uk/maps/eatlas>). NOO also publish a detailed annual NCMP report which contains additional specific analyses not included in the NHS IC summary report.

Confidentiality

The data the NHS IC receives is anonymised. The most sensitive fields that are collected (first name, surname, data of birth, etc) are not transferred to the NHS IC and are only held locally by the PCT.

This publication is subject to an NHS IC risk assessment prior to issue. Information is disseminated at a high level of aggregation (Local Authority (LA) level and above). For the purposes of maintaining confidentiality, some LA level prevalence estimates based on small numbers (1-5 individuals) have been suppressed and are denoted by 'x'. A corresponding prevalence estimate is generally suppressed also (even though it may be based on greater than 5 individuals) in order to maintain suppression.

Coherence

The coherence of the data published is ensured by following a rigorous validation procedure which is outlined at <http://www.ic.nhs.uk/ncmp/validation>

Comparability

The 85th and 95th centiles of the British 1990 Growth Reference¹ (UK90) have been used as the thresholds for most of the overweight and obesity prevalence figures published for English children in the last 10 years. There are a number of other growth references and suggested obesity thresholds available, for example the obesity thresholds recommended by the International Obesity Task Force (IOTF), which are widely used internationally². These thresholds are commonly applied to UK data (for example in peer reviewed journals), and are the second most common thresholds used in this country for published overweight and obesity prevalence figures, after the UK90 population monitoring thresholds.

Comparisons of overweight and obesity prevalence figures between the NCMP and other sources can only be made where the other source also uses the British 1990 Growth Reference.

Analyses have been undertaken to consider whether meaningful comparisons could be attempted between the NCMP and child obesity data contained within the Health Survey for England (HSE), which is also derived using UK90. The HSE is a series of sample-based surveys focusing on a range of health indicators including obesity in children.

A comparison between the data in the 2007/08 NCMP and the HSE 2007, and between the 2008/09 NCMP and the HSE 2008, was published in Chapter 13 of the HSE 2008 (<http://www.ic.nhs.uk/pubs/hse08physicalactivity>). Due to the smaller sample sizes associated with the HSE, comparisons were not attempted for the 2009/10 school year. This will continue to be examined for future publications.

¹ Cole T, Freeman JV, Preece MA. *Body mass index reference curves for the UK, 1990*. Arch Dis Child 1995; 73: 25-9.

² Cole TJ, Bellizzi MC, Flegal KM, and Dietz WH. *Establishing a standard definition for child overweight and obesity worldwide: international survey*. BMJ; 2000;320:1240-3.