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**NHS Number for Secondary Care
Change to Systems Requirement to Record
Verification Status
Change Request
May 2011**

Amendment History:

Version	Date	Amendment History
0.1		First draft for comment
0.2	18/05/2011	Update following comments

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Anticipated Change	When

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Contents

1	Overview	4
1.1	Summary	4
1.2	Links to New Documentation.....	5
1.3	New Related Standards.....	5
2	Change Specification.....	6
2.1	New Items	6
2.2	Amendments	6
2.2.1	Searching Changes	6
2.2.2	Verification Changes.....	7
3	New Risks and Issues	10
3.1	Risks.....	10
3.2	Issues.....	10
4	Supporting Information	11
4.1	Searching Guidance - NN-SC-SR-04	11
4.2	Verification.....	11
4.2.1	Verification Changes.....	11
4.2.2	PACS Approach to NHS Number.....	13
4.2.3	Verification Guidance.....	13
5	Glossary of Terms	16

1 Overview

1.1 Summary

Standard	
Standard Number	ISB 0149-02
Title	NHS Number for Secondary Care
Release	
Release Number	Amd 13/2011
Title	Change to Systems Requirement to Record Verification Status
Description	<p>The aim of the NHS Number for Secondary Care standard (ISB 0149-02, December 2008) is to increase NHS Number usage within Trusts, ensuring that the patient is correctly associated with their unique NHS Number.</p> <p>The implementation of this standard has resulted in improved NHS Number coverage and usage within NHS Trusts and on communications. However, there are scenarios when a strict interpretation of the requirements of the standard has led to a reduction in the use of NHS Numbers including those received electronically from trusted sources. This was confirmed in the NHS Number Conformance Report for Secondary Care and General Practice dated December 2009.</p> <p>The current requirements state:</p> <ul style="list-style-type: none"> • Applicable Systems MUST record the verification status of each recorded NHS Number. • Only verified NHS Numbers SHOULD be sent electronically. • With respect to hard copy output, only verified NHS Numbers SHOULD be used. <p>There is significant cost associated with making changes to all Trust applicable systems such that the verification status can be recorded. In the current financial climate many Trusts are unable to implement this requirement and in order to comply with the standard they are forced to stop printing or transmitting the NHS Number, resulting in a reduction in NHS Number usage.</p> <p>The purpose of this change request is to change the status of the requirements relating to the recording and transmission of the verification status such that the 'MUST' requirement becomes a 'MAY', and the requirement to print or transmit only verified NHS Numbers is removed. In addition a requirement to confirm with the patient their demographics and NHS Number is added.</p>

	<p>A supplementary change is made to the requirement to be able to search on both NHS Number and demographics concurrently, changing this requirement from a MUST to SHOULD.</p> <p>It should be noted that verification status is only correct at the time of verification and therefore confirmation of the demographics and NHS Number with the patient is an ongoing requirement.</p>
Implementation Completion Date	For immediate implementation

1.2 Links to New Documentation

Document Reference	Name	Commentary
Not applicable	Implementation Plan	<p>This change does not result in a requirement for system changes and therefore no technical implementation plan is required.</p> <p>There is a requirement for a reinforcement of the need to confirm the patient identity with the patient and this is covered within the updated user (implementation) guidance.</p>
	Maintenance Plan	<p>The IGT requirement 401 will be continue to be the route for monitoring progress against the standard.</p> <p>Maintenance cycle is the existing annual review culminating in the NHS Number Annual Conformance Report.</p>
	Implementation guidance	Included at section 4 but a separate document will be created before issuing any statements.
	Communication products	The ISN, which will be communicated through Gateway.

1.3 New Related Standards

Reference	Title
ISB 0086	Information Governance Toolkit Standard

2 Change Specification

2.1 New Items

The new requirement is to support the removal of the constraint to restrict NHS Number use to those verified against PDS. This enables organisations to continue using NHS Numbers when they have not got IT capability to trace against PDS in real-time.

#	Information Requirement
NN-SC-BR-00	<p>At the earliest opportunity the patient demographics and NHS Number SHOULD be checked with the patient.</p> <p><i>Notes: This requirement ensures that patient information is checked for accuracy by verifying details with the patient. The patient may not know their NHS Number in which case other patient identifiers must be used. However, requesting NHS Numbers from appointment letters, prescriptions, GP registration letters or medical cards, or babies red books avoids misidentification caused by spelling mistakes and mishearing details.</i></p>

2.2 Amendments

The following requirements will be amended.

2.2.1 Searching Changes

#	Information Requirement
NN-SC-SR-04	<p>Applicable Systems MUSTMAY allow users to find a patient record using the NHS Number as part of the search criteria in conjunction with other demographic information.</p> <p><i>Notes: Requirements NN-SC-BR-01 and NN-SC-BR-02 can be met without meeting this requirement. Organisations need to determine the safest approach to patient identification.</i></p> <p><i>It is important to note that this refers to patient records stored in the local system. For records stored on the PDS or other Spine systems/services please refer to the relevant compliance documentation.</i></p>

Suppliers have raised concerns that the requirement NN-SC-SR-04 to allow searching using both NHS Number and other demographic information increases the risk of mis-identifying a patient or failing to find their existing record.

For example a search performed for 222 222 2222 Joseph Bloggs using 222 222 2222 Jo Bloggs would not match and would not find the relevant record.

Organisations and suppliers feel that this requirement creates unnecessary development effort, time and cost which is not feasible in the current economic environment

The requirement was introduced to avoid the scenario when the wrong NHS Number is entered and subsequently the incorrect patient record selected. However, this problem may occur without this requirement being met by systems, for the following reasons:

- As the standard includes the requirement NN-SC-SR-03 *Applicable Systems **must** allow users to find a patient record using the NHS Number as the only search criterion.* This issue could happen with or without requirement NN-SC-SR-04 being fulfilled by a system
- It takes longer for staff to enter both demographics and NHS Number, so in practice staff will enter the NHS Number on its own or as part of the demographics.
- The standard includes requirements which expect staff to search for records using the NHS Number when provided and to check the demographics to confirm the correct record has been retrieved:
 - NN-SC-BR-02 *When supplied, the NHS Number **should** be used to find a local electronic patient record.*
 - NN-SC-BR-03 *When the NHS Number is used to retrieve an electronic record other demographic information supplied **must** be used to confirm the patient's identity and that the record retrieved belongs to that patient.*

2.2.2 Verification Changes

The following amendments support the change to the verification requirements.

#	Information Requirement
NN-SC-SR-02	Applicable Systems MUST -MAY record the verification status of each recorded NHS Number.
	<p><i>Notes: The verification status shows whether the NHS Number has been traced and verified (see glossary of terms) on DBS or PDS, in accordance with the relevant compliance documentation.</i></p> <p><u><i>There are circumstances particularly with PDS-compliant systems when use of a verification status is not suitable. Organisations can review their local processes to determine if a verification status is relevant for the organisation but having a status of verified will not stop use of NHS Numbers.</i></u></p>

#	Information Requirement
	This requirement is included in order to improve data quality and allows conformance with NN-SC-SR-06 and NN-SC-SR-08.
NN-SC-SR-06	<p>Applicable Systems MUST include the NHS Number in any Patient Identifiable Data sent electronically, with the following exceptions:</p> <ul style="list-style-type: none"> the NHS Number is not available at time of transmission it is not possible for the receiving system to be developed/configured to accept the message the use of the NHS Number is not in conflict with other requirements or policies*. <p>Only verified NHS Numbers SHOULD be sent electronically.</p> <p>Notes: This requirement is included to ensure that information shared electronically within and between organisations includes the NHS Number so that it can be used by the receiving systems as a unique patient identifier.</p> <p>It is better to use a patient's NHS Number when known and have policies and procedures in place to correct patient identifiers (including NHS Number) if they are <u>found to be incorrect when verified against PDS. The removal of the verified constraint does not remove the requirement to verify a patients demographics and NHS Number as early as possible. Organisations must still meet requirements NN-SC-BR-00(new requirement), NN-SC-BR-01, NN-SC-BR-04 and NN-SC-BR-07.</u></p> <p>But, this should only refer to verified NHS Numbers in order to ensure that any NHS Numbers shared are accurate and therefore can be used safely and with confidence.</p> <p>It is understood that there may be configurations of interfaces where the receiving system is not able to accept a message containing the NHS Number or where the messaging cannot be updated due to constraints on the receiving system. System developers should make efforts to resolve these issues.</p> <p>This requirement therefore enables conformance with NN-SC-BR-01 – sharing of the NHS Number allows it to be used by the recipient.</p> <p>Local risk assessments should be used to determine when the use of non-verified NHS Numbers is permitted.</p> <p>*Other requirements or policies may relate to, for example, sexual health, where the NHS Number is not included in order to secure patients' identity.</p>
NN-SC-SR-08	Applicable Systems MUST include the NHS Number on all hard-copy outputs containing Patient Identifiable Data (if available at time of output). Additional patient demographic information MUST also be included. Only verified NHS Number SHOULD be output.

#	Information Requirement
	<p><i>Notes: Hard-copy outputs include, but are not limited to, wristbands, notes, labels, reports, forms, letters and correspondence. But, this should only refer to verified NHS Numbers in order to ensure that any NHS Numbers shared are accurate and therefore can be used safely and with confidence.</i></p> <p><i>Additional patient demographic information should include at least the surname and date of birth, but may also include first name, gender, addresses, post code, telephone number.</i></p> <p><u><i>It is better to use a patient's NHS Number when known and have policies and procedures in place to correct patient identifiers (including NHS Number) if they be found to be incorrect when verified against PDS. The removal of the verified constraint does not remove the requirement to verify a patient's demographics and NHS Number as early as possible. Organisations must still meet requirements NN-SC-BR-00(new requirement), NN-SC-BR-01, NN-SC-BR-04 and NN-SC-BR-07.</i></u></p> <p><i>This requirement enables conformance with NN-SC-BR-01 and NN-SC-BR-02 – if the NHS Number is shared it can be used by the recipient. This enables conformance with NN-SC-BR-03 – other demographic information must be used to confirm that the correct record has been retrieved. This enables conformance with NN-SC-CR-03 – if the NHS Number is given to patients they can use it when contacting the service.</i></p>
NN-SC-BR-07	<p>The patient's NHS Number SHOULD always be included as part of all communications, correspondence and filing systems involving Patient Identifiable Data. Additional patient demographic information must also be included with the NHS Number. <u>Only verified NHS Numbers should be output.</u></p> <p><i>Notes: NN-SC-SR-06 and NN-SC-SR-08 will ensure that hard-copy outputs and electronic messages include the NHS Number, but this should also be extended to all hand-written communications and verbal communications with other care providers (e.g. telephone referrals, requests for transfer, reports to GPs, etc.). Case notes and other filed paper documents must include the NHS Number – for example through the use of a printed label.</i></p> <p><u><i>It is better to use a patient's NHS Number when known and have policies and procedures in place to correct patient identifiers (including NHS Number) if they be found to be incorrect when verified against PDS. The removal of the verified constraint does not remove the requirement to verify a patient's demographics and NHS Number as early as possible. Organisations must still meet requirements NN-SC-BR-00(new requirement), NN-SC-BR-01, NN-SC-BR-04 and NN-SC-BR-06.</i></u></p> <p><i>Additional patient demographic information should include at least the last name and date of birth, but may also include first name, gender, addresses, post code, telephone number.</i></p>

3 New Risks and Issues

This section describes new risks and issue with the change.

3.1 Risks

Description	Priority (L/M/H)	Progress / Resolution
Use of the verification status does not remove all risks related to incorrect patient identification	H	Issue updated guidance stating organisations must verify, with the patient, their demographics and NHS Number at the earliest opportunity.

3.2 Issues

Description	Priority (L/M/H)	Progress / Resolution
Current requirement to record, store and transmit the verification status of the NHS Number has resulted in the decreased usage of the NHS Number in those Trusts who have not, or are unable to make the appropriate changes to applicable systems	H	Changes to the current NHS Number Standard requirements have been updated to change these requirements from a MUST to a MAY.

4 Supporting Information

4.1 Searching Guidance - NN-SC-SR-04

The following guidance will be issued to support the change to this requirement :

- When searching for patients if the NHS Number is known use the NHS Number alone to search for the patient. To ensure the correct record is selected ask the patient to actively confirm their demographics (e.g. can you confirm your name and address?).
- If the patient is not available and the demographics do not match go back to the referring organisation to check the patient's details.

4.2 Verification

4.2.1 Verification Changes

Following a review of the verification requirements within the NHS Number Standard for Secondary Care two key issues have been identified. The full verification analysis report has also been provided to ISB.

Verification Status not always applicable

The requirement to store a verification status is proving difficult to implement but organisations do recognise the value of verifying patient's details against PDS. The following issues have been identified:

- Verification status is not a concept recognised by PDS and is not relevant to PDS-connected systems.
- Having a verification status provides a false sense of confidence that the patient demographics on the record are correct and relate to the associated NHS Number, especially in departmental systems. Over time the verification status becomes irrelevant as patient information changes and needs to be re-verified.
- Some PAS systems without PDS connectivity use verification status and automatically reset the status value as patient demographics are updated. In these instances verification status is working well for those organisations.
- PAS systems that verify patient information through the Demographics Batch Service (DBS) do hold a verification status but the standard does not include a requirement to pass the verification status to departmental systems. Some suppliers are passing the verification status but others will not due to the lack of requirement.
- Having a verification status does not ensure the correct patient record has been identified (e.g. misidentification of twins, the wrong record selected for father and son who have the same name and address and the date of birth hasn't been checked correctly).

The standard reduces NHS Number Use

As a result of the NHS Number Information Standard for Secondary Care there has been a decrease in the use of NHS Numbers within organisations as the requirements to output and send only verified NHS Numbers have been implemented strictly. This means that any NHS Numbers received from GPs will not be passed to

departmental systems or issued on letters until the record has been traced against PDS.

For systems capable of immediate PDS tracing this does not cause a problem. For organisations using the Demographics Batch Service (DBS) the time delay between receiving patient information and performing a trace can result in correct NHS Numbers not being used.

When an NHS Number is known it can be passed along with other patient demographics and the tracing process will determine if the NHS Number is correct for that patient. Regular reporting of incorrect NHS Numbers identified as part of this process is not available but ad-hoc analysis was performed against the DBS weekly statistics, for a 6 week period prior to the 4th October 2010. The table below outlines the volume of records passed through DBS, the number with NHS Number present and those identified as incorrect, 1.753% of records with an NHS Number that could not be matched on the initial trace.

Description	Total	Percentage
Total records submitted	45 million	100%
Records containing NHS Number	28,700,000	63.78%
Analysis of records with NHS Number submitted		
Total records containing NHS Number	28,700,000	100%
Correct NHS Numbers	28,197,074	98.247%
Incorrect NHS Numbers	502,926	1.753%
Patient couldn't be traced	129,000	0.45%
Demographics matched more than 1 record	591	0.002%
Patient could be traced	372,000	1.296%
Merged record	1,335	0.005%

Table 2: DBS Analysis of Incorrect NHS Number

The standard recognises that even with a verified NHS number there is a risk that the patient information and NHS Number are incorrect. The NHS Number tracing algorithms are such that they will allow 'false positive' traces. Whilst the risk for an individual is low, at population levels they do exist.

Organisations were asked to provide figures of incorrect NHS Numbers identified as part of the tracing process. The table below outlines the responses received from analysis organisations detailing the number of records that could not be matched on the first DBS trace:

Organisation	Total	No. of Unmatched Records (NHS No. provided)
Harrogate	11,637	4
Sheffield Teaching Hospitals NHS Foundation Trust	14,109	62
Salford Royal NHS Foundation Trust	Not known	14

Table 3: Organisation Analysis of Incorrect NHS Numbers

Organisations, that responded, advised that after investigation not all unmatched records were subsequently found to have identified the wrong patient. The organisations listed above identified that many of the unmatched records had been traced successfully through SCRa by the back office and at a later point did trace successfully through DBS, proving to be the correct NHS Number. Organisations stated records were being returned as unmatched by DBS when the local record and the SCRa record appeared to match. This may be due to a minor mismatch between locally held name or date of birth and those on the PDS. The error may be a local issue or PDS issue but had been corrected before the next trace when it verified. Spaces on the records in PDS cause some of these issues.

The reasons for these issues have not been analysed as part of this work but it suggests that the actual level of NHS Numbers subsequently identified as incorrect is lower than the 1.753% suggested by the analysis of the DBS weekly statistics.

4.2.2 PACS Approach to NHS Number

The PACS programme has recently risk assessed PACS compliance with the NHS Number standard for Secondary Care. Supported by the CFH clinical safety team and NPSA representative on the NHS Number board they have decided that restricting use of NHS Numbers to PDS verified NHS Numbers introduces clinical risk. The PACS approach will not use verification status. This is in-line with this change request.

4.2.3 Verification Guidance

Organisations are not expected to restrict NHS Number use to those verified against the PDS but to perform local risk assessments to ensure that the patient and their information has been verified correctly.

Identify the Patient correctly

- It is important to confirm that the patient details are correct at the appropriate point in time. The standard includes requirement NN-SC-BR-04, which states: Where the source of the record/data was not the PDS, batch or manual tracing of missing or non-verified NHS Numbers **must** be done as soon as possible after:
 - the creation of the local record ;
 - a change to, or the addition of, the NHS Number on the local record;
 - or a change to traceable demographic information on the local record.
- Never use NHS Number as the only patient identifier when communicating about patients both in electronic and hard copy communications. Ensure all communications within your organisation and with other organisations includes the NHS Number alongside other patient identifiers.

- For care purposes/ decision making/ recording then ensure linking uses multiple identifiers
- Assess risk of identifying patients using any less than Family name, given name, dob, address and NHS Number.
- Organisations continuing to use a verification status field need to ensure that the status does not replace appropriate tracing.
- Remember patient demographics can change, make sure patient information is positively checked with the patient “Can you please confirm your name?”, “Can you please spell your name?”
- The Royal College of Physicians has developed standards which outline the structure and content of medical notes and patient information to be recorded and passed at admission, handover and discharge (see links below). However these standards do not define how organisations confirm they have identified the patient correctly. The NHS Number programme is unable to recommend to organisations that they follow these standards in all circumstances.

<http://www.rcplondon.ac.uk/resources/structure-and-content-medical-notes>

<http://www.rcplondon.ac.uk/resources/clinical-resources/standards-medical-record-keeping/structure-and-content-medical-notes/de>

Monitoring Use of Patient Information and NHS Number

Following the verification review it is recommended that organisations complete the following activities to understand current use of patient information and NHS Numbers.

Activities	Description
Increase NHS Numbers received on referrals	Perform review of referrals received and those without NHS Numbers. Inform referrers that NHS Numbers are missing and outline the difficulties this causes, request that they provide the NHS Number.
Assess verification of patient information entry	Assess where within the organisation patient information can be entered or amended and how this information is being verified. Ensure that all patient information is verified or assess the risks related to use of unverified information and seek to reduce them.
Implement patient identification/registration policies	Implement clear policies outlining how to identify and register patients.
Implement clear policies and procedures for updating records	Understand where within the organisation patient information can be updated and put policies and procedures in place to ensure that all patient information held by the organisation and

Activities	Description
	PDS is updated. Where possible limit the sources of updates. Ensure all systems including those without interfaces are included.
Monitor NHS Number Corrections	Monitor NHS Numbers corrected through the tracing tools and identify source of the issue. Work to rectify the issues through process or system changes, training for internal staff or highlighting to referrers they have sent incorrect patient information.
Provide appropriate staff training	Ensure staff training covers the problems that can result from inaccurate data recording and best practice for identifying patients.

5 Glossary of Terms

Term	Acronym	Definition
Demographics Batch Service	DBS	Demographics Batch Service
Determine (NHS Number)		<p>The word “determine”, with respect to the NHS Number, for the purpose of this document, means either:</p> <ul style="list-style-type: none"> to find or trace, in either a local or national system/service, the NHS Number (using any relevant demographic information) or; to use an NHS Number to identify a record, in either a local or national system/service, and confirm that relevant demographic information on the record matches that given by, or about, the patient.
Data Set Change Notice	DSCN	Data Set Change Notice now called Information Standards Notices (ISN's)
National Patient Safety Agency	NPSA	National Patient Safety Agency
National Strategic Tracing Service	NSTS	National Strategic Tracing Service; decommissioned in 2009 and replaced by the Demographic Batch Service (DBS) (<i>note that references to NSTS in current standards and guidance needs to be updated</i>).
Patient Care		The services rendered by members of the health profession and non-professionals under their supervision for the benefit of the patient.
Patient Identifiable Data		Information in electronic or paper format which identifies or relates to a particular patient or their health care
Personal Demographics Service	PDS	Personal Demographics Service: The national database that holds patient demographics data for the NHS.
PDS-connected System		System that includes functionality to connect automatically to PDS.
Pathology Messaging Implementation Programme	PMIP	Pathology Messaging Implementation Programme
Serial Change Number	SCN	An optimistic lock on a PDS record, useful in the comparison of record concurrence.
Secondary Care		<p>Specialist care traditionally provided from a hospital setting in support of the Primary Care team; e.g., surgery or specialist medical services, including old age medicine and mental health services. Also exists in other settings; e.g., in mental health and community settings.</p> <p>For the purpose of this document, Secondary Care includes any specialist services delivered from a Secondary Care setting, also known as Tertiary Care. Mental health and community care settings are excluded (see section 2.1).</p>
Spine		Infrastructural tool to provide a persistent, uniform record of key patient-

		related information to all involved in a patient's care, regardless of venue. Their record is designed primarily to assure integrity of care delivery and to co-ordinate care delivery that involves multiple providers or institutions.
Strategic Health Authority	SHA	Strategic Health Authority
Trace		To ensure that an NHS Number belongs to an individual it must be traced against the demographics services provided by CFH. This consists of online tracing Patient Demographics Service (PDS) and batch tracing Demographics Batch Services (DBS).
Validated NHS Number		A validated NHS Number is one that has the correct format and passes the Modulus 11 check digit calculation.
Verified NHS Number		A verified NHS Number is one where the patient's identity has been cross-checked using demographic details on the Personal Demographics Service (PDS). Note: This is only an overview definition for the purpose of this document; full details can be found in the PDS Compliance Baselines.