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Guidance to support the change to NHS Number Information Standard for Secondary Care

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1.2	10/04/12	Minor corrections and amendments, (typographical, grammatical and/or cross-references) by S Smith to v1.1

Approvals:

This document must be approved by the following:

Name	Signature	Title / Responsibility	Date	Version
Gerry Firkins		Domain Lead ISB	22/03/12	1.1
Stephen Smith		Head of Demographics and NHS Number, NHS CFH	10/04/12	1.2

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Glossary of Terms

Term	Acronym	Definition
DBS		Demographics Batch Service
DSCN		Data Set Change Notice, now called Information Standards Notice (ISN)
Master Patient Index	MPI	IT system used by an organisation as the main store of patient information. This system will often pass patient information to other systems used by the organisation.
NPSA		National Patient Safety Agency (note that the NPSA no longer exists)
Patient Administration System	PAS	IT System used to administer patient records, usually within a secondary care setting.
Patient Care		The activities rendered by members of the health professions 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
PDS	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.
PMIP	PMIP	Pathology Messaging Implementation Programme
Secondary Care		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. 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.
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 against the Personal Demographics Service (PDS) and batch tracing PDS records via the Demographics Batch Service (DBS).
Validated NHS Number		A validated NHS Number is one that has the correct format and passes the Modulus 11 check digit calculation.
Verification		The process of checking a local patient record (demographics and NHS Number) against the Personal Demographics Service (PDS).
Verified NHS Number		An NHS Number for which the patient information has been matched to a record on PDS.

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1 Background

Following feedback from organisations providing secondary care to patients and IT suppliers supplying products and services to these organisations, a review was undertaken of the requirements within the NHS Number Information Standard for Secondary Care. The review recommended that the requirements related to searching for patients and use of verified NHS Numbers be amended and a revised standard was produced. APPENDIX C Analysis Organisations lists the organisations involved in the review.

On the 26th May 2011 the Information Standards Board conditionally approved the revised standard on the condition that guidance is provided (see APPENDIX A Information Standards Board Approval Letter).

This document contains the required guidance to support the standard change.

1.1 Document Purpose

The purpose of this document is to provide guidance to organisations and IT suppliers implementing the revisions to the NHS Number Standard for Secondary Care¹ detailed below.

This guidance applies to all organisations which have implemented or are in the process of implementing [ISB 0149-02](#) (formerly DSCN 32/2008).

1.2 Document Summary

The guidance addresses changes to the NHS Number Information Standard for Secondary Care under the following sections:

Section 2 – Searching guidance

This section details the guidance to support the change to the searching requirement (NN-SC-SR-04).

Section 3 – Verification requirement changes

This section details the changes to the verification requirements (NN-SC-SR-02, NN-SC-SR-06, NN-SC-BR-07 and NN-SC-SR-08).

Section 4 – Verification guidance

This section details the guidance to support the changes to the verification requirements (NN-SC-SR-02, NN-SC-SR-06, NN-SC-SR-07 and NN-SC-SR-08).

1.3 Implementation Support

If you require any support implementing this change please contact nhsnumber@nhs.net.

¹ <http://www.isb.nhs.uk/library/standard/171>

2 Searching Guidance

2.1 Requirement change

Requirement NN-SC-SR-04 has been amended as follows:

Applicable Systems ~~MUST~~ MAY allow users to use the NHS Number as part of the search criteria to find a patient record, in conjunction with other demographic information.

The requirement expected systems to allow patient searching to be performed on a combination of demographics and NHS Number. This requirement has been amended as the standard also contains requirements to:

- NN-SC-SR-03 - Applicable Systems **must** allow users to find a patient record using the NHS Number as the only search criterion.
- NN-SC-SR-05 - Applicable Systems **must** allow users to find a patient record without using the NHS Number as part of the search criteria.

The change has been made following feedback from organisations and suppliers that searching on a combination of NHS Number and demographics is not currently available in all systems and that organisations would never search for patients using a combination of demographics and NHS Number as it would:

- increase the time taken to enter patient information and perform a search.
- introduce an increased risk that the patient record will not be found.

Also:

- implementation would create an unnecessary cost to suppliers.
- there is little or no business benefit.

This change allows organisations to decide if searching for patients on a combination of NHS Number and demographic identifiers is appropriate, given the context of local business processes and systems capability.

2.2 Searching Implementation Guidance

Whether an organisation needs to make any changes will depend upon whether systems have been amended to meet the requirement. Table 1 below outlines the activities organisations may need to undertake.

NN-SC-SR-04 Implementation Status	Implementation Steps
Never implemented requirement, or organisation policy is not to use a combination of NHS Number and demographic information as search	If non-compliance has been recorded in the organisation's risk register, then close the entry.

NN-SC-SR-04 Implementation Status	Implementation Steps
criteria	
Working to implement requirement	Inform suppliers that the system change is no longer required. If necessary, update any policies, procedures and training. Close non-compliance risks on the risk register.
Implemented	Systems functionality does not need to change. Organisations may wish to review processes for searching. If necessary, update any policies, procedures and training.

Table 1: Searching Change Implementation Steps

3 Verification requirement changes

Table 2 below summarises the changes to the verification requirements in the standard:

Requirement	Change Type	Old	New
NN-SC-SR-02	Update	Applicable systems MUST record the verification status	MAY record the verification status
NN-SC-SR-06	Update	Transmit verified NHS Numbers	Transmit all NHS Numbers
NN-SC-BR-07	Update	Output verified NHS Numbers	Output all NHS Numbers
NN-SC-SR-08	Update	Output verified NHS Numbers	Output all NHS Numbers
NN-SC-BR-00	New	N/A	At the earliest opportunity the patient demographics and NHS Number SHOULD be checked with the patient.

Table 2: Summary of Verification requirement changes

The requirements related to verification have been changed not because organisations found it difficult to implement but because they were reducing NHS Number use. For the purpose of the NHS Number standard for Secondary Care, verification is the process of checking a local patient record (demographics and NHS Number) against the Personal Demographics Service (PDS).

Identifying patients from the national database using less than family name, given name, date of birth, gender and geographic information such as address or postcode carries a high risk of false identification. Current or historic address should be used whenever practical to identify the correct patient.

The secondary care standard stated that the values for verification status should be the national codes held in the NHS Data Dictionary for NHS Number Status Indicator². The review has highlighted that some organisations and suppliers have implemented verification status slightly differently, and this change does not require them to put their statuses in-line with the national codes. The NHS Number Status Indicator includes the value 08 Trace Postponed (baby under six weeks old). It is not necessary to wait 6 weeks to trace babies as babies are added to PDS at birth or just after birth. However, tracing may fail if the babies name was not known when registered on PDS (e.g. Baby Smith). The 08 status value has not been removed from the data dictionary as some organisations are using the status to force a re-trace at a later point in time.

The standard still requires organisations to verify patient demographics and NHS Numbers against PDS (using one of the available tools), but the change to the standard recognised that the process for verifying and recording the verification status will vary depending upon the verification functionality available in a system. Systems fall into four categories, described in Table 3 below:

System category	Description	Guidance
PDS-connected systems	System has online access to the PDS and can perform a search in real time. (Systems may allow manual entry of NHS Numbers.)	This category includes any system with a link to PDS; it is not limited to Master Patient Index (MPI) systems. Check against the PDS as soon as patient information is received or updated. If the local record contains an NHS Number and the patient demographics on the local and the PDS records do not match, then do not use the NHS Numbers. Complete further checks to identify the patient and their NHS Number. Further guidance is provided in section 4.3.
Systems passing data to DBS for tracing	Records are batched and sent through DBS to be matched against PDS. (Systems may allow manual entry of NHS Numbers.)	This category includes any system which includes a process to trace patient information using DBS; it is not limited to MPI systems. Use NHS Numbers before verification to prevent known NHS Numbers not being used. Continue to hold and display verification status. However, there is a risk that the NHS Number may be incorrect and organisations need to have strong

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http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/n/nhs/nhs_number_status_indicator_de.asp?query=nhs%20number&rank=75&shownav=1

System category	Description	Guidance
		<p>data quality processes in place to reduce the risk of use of inaccurate data. This includes:</p> <ul style="list-style-type: none"> • Monitoring corrections to patient information • Verifying as early as possible • Checking the format of manually entered NHS Numbers using modulus 11 <p>Further guidance is provided in section 4.4.</p>
Systems receiving NHS Number and verification status from another system	<p>Systems have electronic interfaces through which patient information including NHS Number and status are received.</p> <p>Systems do not allow manual entry of verification status.</p>	<p>These systems will receive patient information including NHS Numbers and the verification status from a feeding system (often the Master Patient Index or Patient Administration System).</p> <p>Continue to use the verification status in these systems, but ensure that the patient information (including NHS Number and verification status) is updated as the system passing information is updated.</p> <p>Make sure verification status cannot be updated manually other than by skilled individuals.</p> <p>If patient information can be updated in this system without updating the feeding system, then care must be exercised to ensure that the status is updated appropriately. Some organisations restrict patient updates to the feeding system.</p> <p>Further guidance is provided in section 4.5.</p>
Systems in which the NHS Number and verification status are manually entered	NHS Number and verification status is entered into system but no verification takes place.	<p>These systems are the most likely to hold an inaccurate status and manual entry of verification status needs to be reviewed and stopped. It is better not to use verification status than use an inaccurate status.</p> <p>Further guidance is provided in section 4.6.</p>

Table 3: Summary of verification guidance by system category

3.1 Storing verification status change (Requirement NN-SC-SR-02)

Requirement NN-SC-SR-02 has been amended as follows:

*Applicable Systems ~~MUST~~**MAY** record the verification status of each recorded NHS Number.*

This change, while not preventing use of verification status within organisations and their systems, has been made to address the following issues:

- Unless the verification status is updated correctly, holding a 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 systems allowing manual entry of the verification status. Over time the verification status may become less reliable or irrelevant as patient information changes and needs to be re-verified.
- 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 to other systems, but others will not due to the lack of a specific requirement.
- Having a verification status of 'verified' 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 but for whom the date of birth is not checked). This usually happens due to incorrect recording of patient information.

Some systems without PDS connectivity hold a verification status whose value is automatically set as the patient demographics are updated or the record is traced using the Demographics Batch Service (DBS). In these instances verification status is working well for those organisations and changes will not be required.

3.2 Using Verified NHS Numbers changes (NN-SC-SR-06, NN-SC-SR-08, NN-SC-BR-07)

Requirements NN-SC-SR-06, NN-SC-SR-08 and NN-SC-BR-07 have been amended to remove the following restrictions:

- Only verified NHS Numbers SHOULD be sent electronically.
- Only verified NHS Numbers SHOULD be output.

The restrictions caused problems for organisations that had:

- Implemented the standard - as these restrictions prevented organisations using NHS Numbers until they had been verified against the PDS, reducing NHS Number use.
- Not implemented the standard - after balancing the risk and benefit of using unverified NHS Numbers, some organisations decided not to stop using unverified NHS Numbers preventing them achieving compliance with the standard.

The rationale behind the change to the standard is that:

- using the NHS Number when known helps many processes including payment and identifying duplicate records; and

- reduces the risk of misidentification– in the context of direct care, the NHS Number should never be used alone to confirm the identity of the patient.

Their removal means that organisations can always:

- transmit NHS Numbers (when known) through electronic interfaces (NN-SC-SR-06).
- print NHS Numbers on all hard copy outputs (NN-SC-SR-08).
- include the NHS Number on communications, correspondence and filing systems (NN-SC-BR-07).

Removal also allows organisations without real-time PDS tracing capability to continue using NHS Numbers until batch tracing is undertaken. This does not remove the requirement for organisations to trace as soon as possible in-line with the existing 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; or*
- *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.*

3.3 Verifying patient demographics and NHS Number with the patient (NN-SC-BR-00)

Requirement NN-SC-BR-00 has been added to the standard:

At the earliest opportunity the patient demographics and NHS Number SHOULD be checked with the patient.

This requirement has been added to support the removal of the constraint to restrict NHS Number use to those verified against PDS. It highlights the importance of confirming that patient information is correct whenever possible.

It is important that all professionals verify the accuracy of demographic information with the patient to ensure that they have been identified correctly and the correct record has been selected. Requirement NN-SC-BR-00 has been added to ensure organisations check details with the patient at the earliest opportunity. This is particularly important when records have not been traced against the PDS.

The requirement has been categorised as SHOULD, as there are instances when it is not possible to verify details with the patient (e.g. unconscious patient, investigation requests and results, receipt of referrals and discharges, etc) and local registration processes are used to ensure continuity of care, but at the earliest opportunity the patient needs to be traced on the PDS. Also, patients are not always able to provide their NHS Number.

It is important that staff working with patient records follow good practice, remembering that patient demographics can change and hence making sure that patient information is checked with the patient at first contact and all subsequent visits. Positively checking details with the patient (e.g. “Can you please confirm your name?”, “Can you please spell your name?”) can help to prevent incorrect records being selected.

4 Verification Guidance

This section details the guidance to support the changes to the verification requirements and lists the activities that organisations may undertake to review current practice and, where necessary, make changes to implement the change to the standard.

The level of change required will vary between organisations, depending on the approach taken to verifying NHS Numbers and the number of systems that have been amended to meet the requirements within the original Secondary Care standard. Some organisations will not need to make any changes but will need to review current practice to make this decision.

A key implication of changing the standard is that it allows organisations to weigh up the risk of using NHS Numbers before verification vs. not using a known NHS Number. Organisations involved in the review are taking a range of approaches to this assessment. Some have assessed the risk of using ‘unverified’ NHS Numbers as very low (given the very low rate of NHS Numbers corrected through the batch trace) and have therefore decided to use all NHS Numbers, verified or not; hence they are in effect already compliant with the amended standard. Other organisations have restricted NHS Number use to verified NHS Numbers, and they will need to review data quality processes to ensure that patient information is as accurate as possible before removing the restriction.

4.1 Review current NHS Number information

Previous work undertaken to meet the requirements in the Secondary Care Standard and the Safer Practice Notice³ may have produced documentation which can be reused to help identify if any changes are required to meet the revised standard. Evidence submitted to the Information Governance Toolkit⁴ for requirement 401 may also be of use.

Many organisations unable to comply with all the requirements in the original standard added risks to the organisation’s risk register. The risk register should be reviewed to identify any risks which are no longer applicable.

³ <http://www.nrls.npsa.nhs.uk/resources/?entryid45=61913>

⁴ <https://nww.igt.connectingforhealth.nhs.uk/>

4.2 Receiving patient demographics and NHS Numbers

Organisations receiving patient demographics and NHS Numbers cannot assume that the information being received is accurate (i.e. verified). The receiving organisation must satisfy itself that the information it receives and uses is correct and a range of options are open to them to trace the patient against the Personal Demographics Service (PDS). Following tracing there may be differences between the local and PDS records, one of which may not have the most recent patient information (e.g. the patient has not informed all NHS organisations treating them of a change of details), resolution will need to take place ensuring that the appropriate record is updated.

The change to the standard does not change the current processes, whereby organisations can check patient demographics and NHS Numbers against the PDS using one of the following methods:

- Batch file tracing using the Demographics Batch Service (DBS).
- Through a system which has a link to the PDS (PDS-connected systems).
- The demographic tracing facility in the Summary Care Record Application (SCRa).
- OpenExeter.

The change to the standard does not imply that organisations no longer need to verify, and this is confirmed by APPENDIX B NPSA Letter of Support, which states that organisations must continue to verify. The change recognises that organisations may wish to use the NHS Number before verification has taken place, based on a review of their processes and the balance of benefits and risks.

4.3 Systems with a link to the PDS

For systems which include a link to the PDS the process for tracing remains the same. The processes within these systems may not be affected by the change to the standard.

Many of the systems with a link to the PDS will not use NHS Numbers entered into the system until the record has been matched to the PDS. These systems check the local patient demographics and NHS Number against the PDS, so if a record cannot be matched because the current local information is different to the PDS patient information, the NHS Number may not be correct. In these cases organisations should continue not to use NHS Numbers as an attempt to verify has been unsuccessful.

When performing data migration to move onto a system with a link to PDS, local patient records are verified against PDS. The change to the standard does not change this process.

There are steps that can be taken to ensure NHS Numbers are available when required to support care provision and business processes:

- Check that the trace is happening as early as possible in the clinical and business processes (e.g. upon receipt of a referral rather than when a patient presents for their appointment).
- Ensure that staff entering patient information and matching to the PDS have been trained correctly to ensure that patients' PDS records are matched whenever possible, see [tips for searching for patients](#).

4.4 Systems with batch tracing capability

Many organisations do not have systems with a link to the PDS and match patients to the PDS by sending a batch file of patient records through the Demographics Batch Service. It is essential that batch tracing takes place as quickly as possible after the creation of a new patient record or an update to an existing one (i.e. as early as possible in the clinical or business process consistent with the use of the patient record).

Many organisations are already undertaking daily tracing for new or updated patient records. Organisations that are tracing less frequently than daily (e.g. weekly or monthly) must review tracing processes and may need to increase the frequency. The NHS Number and Demographics teams can provide support to organisations undertaking this work, and there are organisations already performing daily tracing which would be willing to share their experience. Daily tracing does not require, and should not extend to, organisations sending every patient record to DBS for tracing.

Organisations using batch tracing must:

- ensure that all NHS Numbers entered into systems have their format checked on entry (Modulus 11). As the check identifies over 90% of transcription errors early checking will reduce the risk of incorrect NHS Numbers being used;
- trace new and updated patient records as often as possible, daily is preferred; and
- review NHS Numbers and demographics corrected as part of the batch trace to identify any data quality issues.

4.5 Systems receiving NHS Number and status from another system

Some systems will receive patient information including NHS Number and verification status through an interface, usually from the Master Patient Index (MPI) (e.g. a Patient Administration System (PAS)). For these systems it is important to ensure that:

- The feeding system passes updates to the verification status.
- The verification status cannot be updated manually.
- NHS Numbers have their format checked on entry (Modulus 11); and
- If patient information can be updated locally, ensure that the status is automatically updated appropriately. Some organisations ensure that all changes are made through the MPI, ensuring that patient information is verified whenever necessary and all systems are updated correctly.

4.6 Systems allowing manual entry of NHS Number and Status

Some systems which do not receive the verification status through an interface have been amended to include a verification status which is entered and updated by a user. This relies on the users:

- a) Understanding how to use the status.
- b) Knowing when the status needs to be updated; and
- c) Remembering to update the status.

Users of these systems may not always have the information required to update the status correctly.

Use of a manually entered status is prone to inaccuracy and can provide users with a false confidence that the information held is accurate. For all systems following this approach the use of the status must be reviewed and if the process cannot guarantee accuracy the status must not be used.

For systems allowing manual entry of verification status:

- Ensure that NHS Numbers have their format checked on entry (Modulus 11).
- Review use of manually entered status, removing the verification status or removing the ability to update the verification status from staff other than skilled staff, if it cannot be guaranteed as accurate.

4.7 Transmission of NHS Number

Some systems (both systems with and without a link to the PDS) restrict the transmission or use of NHS Numbers to verified NHS Numbers. In some systems this can be locally configured and the change to the standard allows organisations to remove this restriction. Other systems may require an IT change and organisations will need to discuss the impact of this standard change with suppliers. For systems which already pass a verification status with the NHS Number, the change to the standard does not require any system changes, but organisations must check that the status is updated as patient information changes.

The intention behind restricting transmission of NHS Numbers to those that have a status of 'verified' was to ensure that only correct NHS Numbers are used, but it does not guarantee that the patient information is correct. There are two reasons:

- A verification status does not ensure the patient record has been identified.
- A patient's details may have changed (e.g. family change after marriage or address change) but the patient has yet to inform the NHS to update the PDS or local system(s).

When transmitting NHS Numbers organisations should ensure that:

- Patient records are not linked on NHS Number alone, transmit multiple patient identifiers not just NHS Number; and

- Any verification statuses transmitted to other systems are updated as patient information changes.

4.8 Printing NHS Numbers

Some systems print all NHS Numbers with the status printed as a marker (e.g. *) and the change to the standard does not require a change to this approach.

Other systems have restricted the printing of NHS Numbers to verified NHS Numbers; the change to the standard allows organisations to remove this restriction if they have data quality processes in place which they are satisfied will identify and update any inaccurate patient information. In some systems printing of NHS Numbers can be configured locally by each organisation to remove this restriction. Other systems may require an IT change. Organisations need to check with suppliers.

4.9 Implementation activities

Table 4 below outlines the main steps that may need to be completed to implement the verification change to the standard to a) determine if changes are required b) implement those changes.

No.	Activity	Description
VC1	Scope work	<p>Identify the departments, systems, processes, policies and procedures that need to be reviewed.</p> <p>All organisations will have compiled a list of applicable systems and processes in the initial stages of their NHS Number projects (and should also be reflected in Information Asset Registers). This should be reviewed in the light of organisational and other changes.</p>
VC2	Review batch tracing	<p>Where necessary, increase frequency of batch tracing, daily for new and updated patient records is preferred.</p> <p>Review the number of NHS Numbers identified as incorrect by the batch process. Ensure any updates made to patient information on the MPI are also made to any other systems storing patient information. This should preferably be an automated process. In the absence of electronic updates, changes should be notified to the appropriate system managers so that records can be updated manually.</p> <p>Reviewing data corrections must be undertaken periodically to ensure data quality issues are identified and corrected.</p>
VC3	Review IT Systems	Review all IT systems using this guidance to determine if any changes to system design and/or operation are

No.	Activity	Description
		required.
VC4	Implement clear policies and procedures for updating records	Organisations should already know from their Information Asset Registers where patient information is held. They should have processes in place to ensure that where patient information changes (from whatever source) all other paper records, local systems and the PDS are updated to maintain the accuracy of information held. Information Governance Toolkit requirement 402 refers: see guidance notes 23, 24 and 25. Ensure that any changes to patient information are updated to all systems and paper records.
VC5	Identify policy and procedure changes	There may be policy and procedure changes required to support the changes made. Review policies and procedures and update where required.
VC6	Review Risk Register	Many organisations have recorded non-compliance with the verification requirements in their risk register, following the change to the standard there may be risks that can be closed.
VC7	Train or Inform Staff	Ensure any staff affected by any changes are fully informed and where necessary train staff so they know what to do.
VC8	Implement patient identification/registration policies	Implement clear policies outlining how to identify and register patients.

Table 4: Implementation activities

APPENDIX A Information Standards Board Approval Letter

Information Standards Board for Health and Social Care

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26 May 2011

BY EMAIL

Professor Sir Bruce Keogh
NHS Medical Director
Department of Health
Richmond House
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SW1A 2NS

Standard No: ISB 0149-02
Release No: Amd 13/2011

Dear Sir Bruce

NHS Number for Secondary Care – Change to requirement to record verification status

I am writing to inform you that the Information Standards Board for Health and Social Care (ISB) conditionally approved the change submission for the above standard at its meeting on 25 May 2011.

The condition identified by the Board was:

- Provision of the updated user guidance.

The ISB domain lead and standards manager will continue to work with your development team to ensure this condition is successfully met. Once the condition has been met, the change will be published on our website, www.isb.nhs.uk, and communicated to the NHS.

Yours sincerely



Professor Martin Severs, OBE FRCP FFPHM

Chairman, Information Standards Board for Health and Social Care

Copy: Emma Murphy, Acting Programme Manager

Julie Tindale, Chair NHS Number Programme Board

APPENDIX B NPSA Letter of Support

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12 May 2011

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Dear Professor Severs

Re: Verification of NHS Number and Operational Standard for Secondary Care in England

NHS Connecting for Health (NHS CFH) has approached the National Patient Safety Agency (NPSA) about a possible amendment to the NHS Number Information Standard for Secondary Care (the standard) by which NHS Numbers would not have to be verified against the Personal Demographics Service (PDS) before they are used. This would be a significant change for the NPSA, as in his letter of November 2008 the NPSA's then Chief Executive, Martin Fletcher, specified that to maximise patient safety, "when used in identity management the NHS Number should always have been verified".

NHS CFH has provided the NPSA with information on the context and reason for the amendment, which I summarise as follows:

When the standard was first issued, it was assumed that most NHS organisations would adopt systems which were capable of real-time patient verification against the PDS. In practice many organisations have not developed this capability and do not plan to implement systems with this capability. Also, there is no NHS plan to move all organisations on to systems with this capability. Because of this, for organisations using batch tracing of NHS Numbers, implementation of the requirement that only verified NHS Numbers are printed or transmitted between systems has decreased NHS Number use significantly.

The NPSA understands that the amendment NHS CFH proposes would still require organisations to verify the NHS Number and other patient information against the PDS at the beginning of an episode of care. Whilst NHS organisations should still aspire to the current standard, this change would allow NHS Numbers to be used before verification has taken place where the current standard is not achievable. This change would still be in line with the joint NPSA, NHS CFH and NHS Wales Informatics Service NHS Number Safer Practice Notice of September 2008 (*'Risk to patient safety of not using the NHS Number as the national identifier for all patients'*) which is still applicable and recommends the NHS Number

to be used whenever it is known. This also helps identify duplicate or confused records resulting from name changes, address changes or spelling mistakes between organisations. The NPSA is not in a position to undertake a risk analysis of this proposed change itself, and so based on the information that NHS CFH has provided, the NPSA on balance supports the proposed amendment, although it is clear that this should not be used as an excuse by organisations to avoid trying to achieve the current standard. However, to reduce patient safety risks for organisations without real-time tracing, the standard for batch tracing should be as frequently as possible, and certainly daily. Connecting for Health should still support organisations, and encourage them to achieve, and exceed, the current standards.

Yours sincerely

A handwritten signature in black ink that reads "Sarndrah Horsfall". The signature is written in a cursive style with a long, vertical tail on the final letter.

Sarndrah Horsfall
Chief Executive

APPENDIX C Analysis Organisations

Organisation Name	Region
Harrogate and District Foundation Trust	Yorkshire and Humber
Medway NHS Foundation Trust	South East
Northumbria HealthCare NHS Foundation Trust	North East
Royal Free Hampstead NHS Trust	London
Salford Royal NHS Foundation Trust	North West
Sheffield Teaching Hospitals NHS Foundation Trust	Yorkshire and Humber
Royal Bolton Hospital NHS Foundation Trust	North West
Chelsea and Westminster Hospital NHS Foundation Trust	London
North Cumbria Informatics Service	North West
Royal National Hospital for Rheumatic Diseases Bath	South West
Milton Keynes General NHS Foundation Trust	South Central
Newcastle upon Tyne Hospitals NHS Foundation Trust	North East
Nottingham University Hospitals NHS Trust	East Midlands
Leeds NHS PCT	Yorkshire and Humber
Sefton PCT	North West
University Hospitals Coventry and Warwickshire NHS Trust	West Midlands
Bury PCT	North West
Basildon & Thurrock University Hospital NHS Foundation Trust	East of England
Abbey Hospitals	Independent Care Provider
Inhealth Netcare	Independent Care Provider

Organisation Name	Region
Great Ormond Street Hospital for Children NHS Trust	London
McKesson	IT Supplier
CERNER (Millennium)	IT Supplier
CSCA (LORENZO, iPM)	IT Supplier
JAC Computer Services	IT Supplier
CliniSys	IT Supplier
The Learning Clinic	IT Supplier
Tyneside Surgical Services	Independent Care Provider
Nottinghamshire Health Informatics Service	East Midlands
South Devon Health Informatics, Torbay Hospital	South West
Ascribe	IT Supplier
Agfa Healthcare	IT Supplier
Ramsey Health	Independent Care Provider