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**NHS Number for Secondary Care  
Specification  
May 2011**

**Amendment History:**

Version	Date	Amendment History
0.1	26.04.11	First draft amending the requirements to support the verification changes.
1.2	18.05.11	Updated following ISMS review.

**Forecast Changes:**

Anticipated Change	When

**Reviewers:**

This document must be reviewed by the following:

Name	Signature	Title / Responsibility	Date	Version
Paul Amos		Domain Lead		

**Approvals:**

This document does not require formal approval as the content matches the approved NHS Number Information Standard for Secondary Care.

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**Contents**

1	Overview .....	4
1.1	Summary .....	4
1.2	Controlled Documents.....	6
1.3	Guidance .....	6
1.4	Related Standards .....	7
2	Specification .....	8
2.1	Information Specification .....	8
2.1.1	System Requirements .....	8
2.1.2	Awareness and Communications Requirements .....	13
2.2	Conformance Criteria .....	14
3	Concept of Operation.....	16
3.1	Working Practices .....	16
3.2	Information Governance.....	18
3.3	Data Quality .....	19
3.4	Duplicate Records.....	19
3.5	Data Quality Guidelines Best Practice.....	20
4	Known Risks and Issues.....	22
4.1	Risks .....	22
4.2	Issues .....	22
5	Supporting Information .....	23
5.1	Technical Architecture.....	23
5.2	Examples .....	25
5.2.1	Patient attends Outpatient Clinic Storyboard .....	25
5.2.2	Patient attends A&E as a walk-in patient Storyboard.....	25
5.2.3	Finding the NHS Number .....	26
5.2.4	Using the NHS Number .....	28
5.2.5	Sharing the NHS Number.....	30
6	Glossary of Terms .....	31

# 1 Overview

The NHS Number has been defined in the NHS Data Dictionary and is in use within the NHS; however, there is no clearly defined guidance or standards indicating how, when and why the NHS Number should be used. The use of the NHS Number is inconsistent, both in quality and quantity, across NHS organisations. This standard outlines use of NHS Number in Secondary Care.

## 1.1 Summary

Standard	
Standard Number	ISB 0149-02
Title	NHS Number for Secondary Care
Type	Operational
Description	<p>The NHS Number has been adopted by secondary care organisations and many report high availability of the NHS Number on local patient records. However in relation to information standards the NHS Number remains optional and this Operational Information Standard is required to reflect, support and enable the requirement set out in the NHS Operating Framework 2008/9. This Standard forms part of a wider initiative: the NHS Number programme has been set up to provide information, guidance and support to the NHS to effect the necessary business change across all care settings.</p> <p>In accordance with the National Patient Safety Agency's (NSPA) Standard for Safer Patient Identification the NHS Number should be included on any wristband provided to a patient on admission into any NHS provider unit. This Standard requires the inclusion of the NHS Number as a key element for patient identification.</p> <p>This Standard should be applied to all Patient Identifiable Data and records regardless of their retention form, i.e. hard copy or electronic.</p> <p>It is recognised that there is an educational element to this requirement. The introduction of the NHS Number will require a comprehensive communication campaign for all NHS organisations to highlight the value of this data element to their patients and to administrative and clinical staff.</p> <p><b>Use by Suppliers and Infrastructure Support</b></p> <ul style="list-style-type: none"> <li>• NHS Care Records Service (NHS CRS), NASP (National Application Service Provider) and Local Service Provider (LSP) Contract Schedules.</li> <li>• Existing Systems Programme (ESP), part of NHS CFH, and for all other purposes where Patient Identifiable Data is stored, communicated or processed.</li> <li>• Organisations are expected to ensure all systems in use are compliant or mitigate non-compliance through local risk assessment.</li> </ul>
Applies to	<ul style="list-style-type: none"> <li>• Use within Secondary Care provider organisations (both NHS and Independent Sector Healthcare Providers providing NHS commissioned care).</li> </ul>

	<ul style="list-style-type: none"> <li>• Secondary Care services also include Tertiary Care services delivered from a Secondary Care setting (e.g. hospital).</li> <li>• This Standard is applicable for use in all Secondary Care settings (unless stated in the Out of Scope section below). This Standard should be applied to all Patient Identifiable.</li> <li>• This Standard is also applicable for use in any other organisation that may act as a contractor for the NHS by supplying business or other patient level services on behalf of the NHS.</li> <li>• This Standard is applicable to all staff - within organisations within the scope of the above points - who must ensure that any Patient Identifiable Data, be it clinical or administrative, has an NHS Number attributed to it. This Standard will also apply to any other body and its employees who provide patient based services on behalf of, or as subcontractors to, the NHS.</li> <li>• All departments and systems used within those organisations.</li> <li>• All suppliers providing systems used within the secondary care setting.</li> </ul> <p><b>Out of Scope</b></p> <ul style="list-style-type: none"> <li>• Ambulance service.</li> <li>• Mental Health.</li> <li>• Prison Health</li> <li>• Community Care.</li> <li>• Community Pharmacy.</li> <li>• Ministry of Defence (Service Personnel and Service Dependants).</li> </ul> <p><b>Note:</b> Mental Health patients, Prisoners and Service Personnel/Service Dependants are in scope when using Secondary Care Services.</p> <p>NHS practice is to not issue identifiers to foetuses in utero; therefore foetuses in utero are out of scope for this Standard.</p>
<b>Release</b>	
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 lead 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"> <li>• Applicable Systems MUST record the verification status of each recorded NHS Number.</li> </ul>

	<ul style="list-style-type: none"> <li>• Only verified NHS Numbers SHOULD be sent electronically.</li> <li>• With respect to hard copy output, only verified NHS Numbers SHOULD be used.</li> </ul> <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 release 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	31/05/11

## 1.2 Controlled Documents

Ref no	Doc Reference	Title	Version
R1	<a href="#">NHS Number Data Dictionary Entry</a>	NHS Data Dictionary definition of the NHS Number	
R2	<a href="#">Safer Practice Notice - NHS Number</a>	Safer Practice Notice – NHS Number	September 2008
R3	<a href="#">Safer Practice Notice – Standardising wristbands improves patient safety</a>	Safer Practice Notice – Standardising wristbands improves patient safety	July 2007
R4	<a href="#">ISB 0149-02</a>	ISB 0149-02 NHS Number Standard for Secondary Care	December 2008

## 1.3 Guidance

Name	Link
NHS Number Programme Implementation Guidance	<a href="http://www.isb.nhs.uk/documents/isb-0149-02/dscn-32-2008/014902322008guidance.pdf">http://www.isb.nhs.uk/documents/isb-0149-02/dscn-32-2008/014902322008guidance.pdf</a>

## 1.4 Related Standards

Reference	Title
<a href="#">ISB 0086</a>	Information Governance Toolkit Standard
<a href="#">ISB 1504</a>	Common User Interface - NHS Number Input and Display
<a href="#">ISB 1505</a>	Common User Interface - Patient Banner

## 2 Specification

### 2.1 Information Specification

#	Requirement
NN01	As defined in the NHS Data Dictionary <i>{R1}</i> the NHS Number comprises 9 digits plus 1 check digit. The check digit is calculated through the modulus 11 algorithm, outlined in the data dictionary.

This section specifies the information structures and elements for the standard. The specification must be comprehensive enough that the specification can be fully implemented in an IT system. Supporting information is provided in Section 5.

The key words MUST, SHOULD and MAY are defined in the [information standards development methodology](#). They follow [RFC-2119](#).

#### 2.1.1 System Requirements

Local organisations will need to undertake a number of stages in order to ensure that all Applicable Systems are conformant with the Standard. The specification will follow the high level process outlined below:

**Stage 1:** Risk assessment to identify systems which need to be conformant, i.e. which are Applicable Systems.

It is expected that not all systems within an organisation will need to conform to the Standard; each provider organisation will need to undertake a local safety risk assessment which will identify which systems need to conform.

This assessment will need to consider the following criteria for any system that holds patient demographics:

- Does the system act as a master index to flow Patient Identifiable Data and NHS Numbers to other systems?
- Will the system be used to produce hard-copy outputs containing Patient Identifiable Data? (this includes patient facing information such as appointment letters)
- Does the system need to transfer information between organisations?
- Will the NHS Number ever be required to be stored against Patient Identifiable Data in the system (e.g. for audit purposes)?

If the answer to any of the above is Yes then it is an Applicable System.

#### Stage 2: Testing of Applicable Systems

Each system that needs to conform is defined as an Applicable System. These Applicable Systems will need to be tested against a standardised test plan which will identify tests and scripts to be executed in relation to each Conformance Requirement specified in the Standard. The test log will then provide each

organisation with an overview of where conformance has been achieved and where it is not currently possible.

### Stage 3: Developing conformance

There are two main routes for achieving conformance with Applicable Systems that are either partially or totally non-conformant:

- Through a supplier upgrade to a conformant version: the acceptance test as part of taking the upgrade into live should include an execution of the test specification as detailed in the standard test plan
- Procurement and/or systems that require refresh: the conformance requirements must be used as part of the Invitation to Tender and authorities requirements

#	<b>Information Requirements</b>
NN-SC-SR-01	<p>Applicable Systems <b>MUST</b> be capable of storing the NHS Number on patient records.</p> <p><i>Notes: This is the key requirement for conformance with the Standard.</i></p>
NN-SC-SR-02	<p>Applicable Systems <b>MAY</b> record the verification status of each recorded NHS Number.</p> <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. 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></p>
NN-SC-SR-03	<p>Applicable Systems <b>MUST</b> allow users to find a patient record using the NHS Number as the only search criterion.</p> <p><i>Notes: This requirement is included to allow conformance with NN-SC-BR-01 and NN-SC-BR-02.</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> <p><i>The NHS CUI Programme Team has developed guidance for the input and display of the NHS Number – <a href="#">see ISB 1504</a>.</i></p>

#	<b>Information Requirements</b>
NN-SC-SR-04	<p>Applicable Systems <b>MAY</b> 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>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.</p> <p>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.</p> <p>The NHS CUI Programme Team has developed guidance for the input and display of the NHS Number - <a href="#">see ISB 1504</a>.</p>
NN-SC-SR-05	<p>Applicable Systems <b>MUST</b> allow users to find a patient record without using the NHS Number as part of the search criteria.</p> <p>Notes: Notes: It is important that systems enable users to find a patient's record when the NHS Number is not known, this requirement also allows conformance with NN-SC-BR-01.</p> <p>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.</p> <p>The NHS CUI Programme Team has developed guidance for the input and display of the NHS Number - <a href="#">see ISB 1504</a>.</p>
NN-SC-SR-06	<p>Applicable Systems <b>MUST</b> include the NHS Number in any Patient Identifiable Data sent electronically, with the following exceptions:</p> <ul style="list-style-type: none"> <li>• the NHS Number is not available at time of transmission</li> <li>• it is not possible for the receiving system to be developed/configured to accept the message</li> <li>• the use of the NHS Number is not in conflict with other requirements or policies.*</li> </ul> <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 be found to be incorrect when verified against PDS. The removal of the verified constraint does not remove the requirement to verify a patients</p>

#	<b>Information Requirements</b>
	<p><i>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></p> <p><i>This requirement therefore enables conformance with NN-SC-BR-01 – sharing of the NHS Number allows it to be used by the recipient.</i></p> <p><i>Local risk assessments should be used to determine when the use of non-verified NHS Numbers is permitted.</i></p> <p><i>*Other requirements or policies may relate to, for example, sexual health, where the NHS Number is not included in order to secure patients' identity.</i></p>
NN-SC-SR-07	<p><i>Applicable Systems <b>MUST</b> display the NHS Number on any screen showing Patient Identifiable Data (if available).</i></p> <p><i>Notes: This requirement enables conformance with NN-SC-BR-01 – if the NHS Number is visible to the user it can be shared more easily, which allows it to be used by the recipient. The NHS Number needs to be visible on any screen when the user is viewing a patient's record, not just on a particular demographics screen.</i></p> <p><i>The NHS CUI Programme Team has developed guidance for the input and display of the NHS Number - <a href="#">see ISB 1504</a> and the Patient Banner for clinical user interfaces – see <a href="#">ISB 1505</a>.</i></p>
NN-SC-SR-08	<p><i>Applicable Systems <b>MUST</b> include the NHS Number on all hard-copy outputs containing Patient Identifiable Data (if available at time of output). Additional patient demographic information <b>MUST</b> also be included.</i></p> <p><i>Notes: Hard-copy outputs include, but are not limited to, wristbands, notes, labels, reports, forms, letters and correspondence.</i></p> <p><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 are 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.</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>

#	<b>Information Requirements</b>
	<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> <p><i>The NHS CUI Programme Team has developed guidance for the input and display of the NHS Number – <a href="#">see ISB 1504</a>.</i></p>
NN-SC-SR-09	<p><i>Applicable Systems <b>MUST</b> only display and print the NHS Number in 3 3 4 format (e.g. 123 456 7890).</i></p> <p><i>This requirement allows safer use of the NHS Number.</i></p> <p><i>The NHS CUI Programme Team has developed guidance for the input and display of the NHS Number – <a href="#">see ISB 1504</a>.</i></p>
NN-SC-SR-10	<p><i>Applicable Systems <b>MUST</b> allow the NHS Number to be input, into the appropriate data input field on the screen, as 10 digits with or without spaces.</i></p> <p><i>Notes: This requirement allows the NHS Number to be cut-and-pasted between screens (where necessary) and to be input as it is read (i.e. in 3 3 4 format), therefore reducing transcription errors.</i></p> <p><i>The NHS CUI Programme Team has developed guidance for the input and display of the NHS Number – <a href="#">see ISB 1504</a>.</i></p>
NN-SC-SR-11	<p><i>Applicable Systems <b>MUST</b> validate (both format and check-digit) the NHS Number when input.</i></p> <p><i>Notes: This requirement improves data quality by allowing the system to report to the user that an NHS Number is not valid.</i></p> <p><i>This is important for manually recording an NHS Number against an electronic patient record, thereby ensuring that an invalid NHS Number is not stored on an electronic patient record.</i></p> <p><i>Also, when an NHS Number is entered as a search criterion, it is important to notify the user when the NHS Number is not valid rather than that the record cannot be found. This will allow the user to check the NHS Number rather than assume the patient has no record, which in turn could lead to duplicate records being created.</i></p> <p><i>Validation (see glossary of terms) will be in accordance with the NHS</i></p>

#	<b>Information Requirements</b>
	<i>Number format, including check-digit, defined in the NHS Data Dictionary {R1}.</i>
NN-SC-SR-12	<p><i>Applicable Systems <b>SHOULD</b> be capable of reporting all patient records which do not have a verified NHS Number recorded.</i></p> <p><i>Notes: This requirement enables NN-SC-BR-05; data quality processes need to be supported by IM&amp;T functionality.</i></p>
NN-SC-SR-13	<p><i>Applicable Systems <b>SHOULD</b> be capable of reporting where the same NHS Number (verified or not) is recorded on more than one patient record.</i></p> <p><i>Notes: This requirement enables NN-SC-BR-05; data quality processes need to be supported by IM&amp;T functionality.</i></p>
NN-SC-SR-14	<p><i>Applicable Systems <b>SHOULD</b> also include a bar coded or RFID equivalent of the NHS Number on all hard-copy outputs containing Patient Identifiable Data.</i></p> <p><i>This requirement improves the safe use of the NHS Number.</i></p> <p><i>For hard-copy outputs see NN-SC-SR-08.</i></p> <p><i>There is, at the time of publication, an ISB Draft Standard – Bar Codes Standard for the purposes of Automatic Identification and Data Capture (AIDC); developed by NHS CFH in conjunction with GS1 UK.</i></p> <p><a href="http://www.isb.nhs.uk/library/standard/196">http://www.isb.nhs.uk/library/standard/196</a></p>

### 2.1.2 Awareness and Communications Requirements

#	<b>Requirements</b>
NN-SC-CR-01	<p><i>NHS provider organisations <b>MUST</b> promote the importance and use of the NHS Number to all staff.</i></p> <p><i>Notes: This requirement supports NN-SC-BR-01, NN-SC-BR-02 and NN-SC-BR-04.</i></p>
NN-SC-CR-02	<p><i>NHS provider organisations <b>MUST</b> promote the importance of the NHS Number to all patients.</i></p> <p><i>Notes: This requirement supports NN-SC-BR-01, NN-SC-BR-02 and NN-SC-CR-03; supporting the patient's ability to supply their NHS Number when presenting to or contacting the service.</i></p>

NN-SC-CR-03	<i>NHS provider organisations <b>MUST</b> have processes in place to ensure that patients know their NHS Numbers and are able to supply them when presenting to or contacting any NHS provider organisation.</i>
	<p><i>Notes: This requirement supports NN-SC-BR-01, NN-SC-BR-02 and NN-SC-CR-02; supporting the patient's ability to supply their NHS Number when presenting to or contacting the service.</i></p> <p><i>It is not expected that patients will memorise their NHS Numbers, but through increased use of the NHS Number in communications and on correspondence the ability to supply the NHS Number as needed will increase.</i></p>
NN-SC-CR-04	<i>NHS provider organisations <b>MUST</b> ensure all staff are trained in the correct use of IM&amp;T systems, human behaviours and business processes required to support this Standard.</i>
	<i>Notes: This requirement supports the implementation of this Standard.</i>

## 2.2 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by an organisation (conformance criteria).

As part of the development of the Standard a range of key metrics were identified as being significant in measuring and monitoring use of the NHS Number throughout organisations and their systems and processes.

These metrics are described below and it is suggested that organisations use these as a way of monitoring progress during the implementation of this Standard. In order to be effective, metrics should be gathered prior to the commencement of any activities undertaken specifically in order to implement this Standard, therefore creating a baseline. During, and beyond, the implementation metrics should be gathered at regular intervals in order to monitor progress.

Organisations should aim to gather metrics for the following:

- Local reporting:
  - Verified NHS Number inclusion on PAS/PMI records;
  - Verified NHS Number inclusion on all electronic patient records in all Applicable Systems (see above);
  - Data quality of core date items for tracing (e.g. missing date of birth, missing GP information, “default” or “dummy” data items, etc.);
  - Data quality of duplicate records;
  - Frequency of new record creation and NHS Number allocations (including, where possible, end-to-end tracking to determine whether these records turn out to be duplicates);
- National reporting:
  - PDS or NSTS batch tracing success;

- 
- NHS Number data quality from HES/SUS data (e.g. indicators, dashboards, comparators);
  - IG Toolkit results (see below);
  - Electronic communications:
    - Verified NHS Number inclusion in system-to-system messages that include Patient Identifiable Data;
    - Verified NHS Number inclusion in person-to-person messages (e.g. emails) that include Patient Identifiable Data;
    - Verified NHS Number inclusion in online forms that include Patient Identifiable Data;
  - Hard-copy outputs (system or human populated):
    - Verified NHS Number inclusion on paper document, letters, appointment cards, forms, etc. that include Patient Identifiable Data;
    - Verified NHS Number inclusion on wristbands;
    - Verified NHS Number inclusion on labels that include Patient Identifiable Data;
    - Format of NHS Number on any of the above (i.e. 3 3 4 format);
  - Training and awareness:
    - Inclusions of NHS Number awareness in training course, inductions, materials (including on-line training).

Please note: this is not necessarily a comprehensive list and organisations may find further metrics of use in order to monitor conformance progress.

It is also important for organisations to monitor/measure exceptions (see 3.2.5). This will allow the organisation to adapt processes and working practices to address these exception cases in the most appropriate way.

Where possible, the above metrics should be broken down by department/care setting within the organisation in order to provide a more focussed monitoring strategy.

### 3 Concept of Operation

This section describes how the standard must be used in a health and/or social care organisation. This includes how it will be used in implementation, covering such areas as existing working practices, confidentiality and security, legal and professional rules.

#### 3.1 Working Practices

#	<b>Conformance Criteria</b>
NN-SC-BR-00	<p><i>At the earliest opportunity the patient demographics and NHS Number <b>SHOULD</b> be checked with the patient.</i></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>
NN-SC-BR-01	<p><i>The patient's NHS Number <b>SHOULD</b> be determined at the beginning of (or prior to) the episode of care, where possible and practical.</i></p> <p><i>Notes: This requirement is key to enabling the NHS Number to be used throughout the episode of care.</i></p> <p><i>It is understood that it is not always possible or practical to achieve this requirement.</i></p> <p><i>This requirements aligns with PDS Compliance requirements, specifically PDS-3, which states:</i></p> <ul style="list-style-type: none"> <li><i>• Local systems <b>MUST</b> synchronise any locally-held copy of a patient record with its counterpart on the PDS at [...] the commencement of an episode. This includes:</i> <ul style="list-style-type: none"> <li><i>○ Registering or reception at a GP surgery</i></li> <li><i>○ Reception at an outpatient clinic</i></li> <li><i>○ Beginning of any episode of unscheduled care where patient identity is known [...]</i></li> </ul> </li> </ul> <p><i>Please note, PDS Compliance is not a specific requirement for conformance with this Standard.</i></p>
NN-SC-BR-02	<p><i>When supplied, the NHS Number <b>SHOULD</b> be used to find a local electronic patient record.</i></p> <p><i>Notes: This requirement enables the NHS Number to be effective as the unique patient identifier. Where an NHS Number is available (e.g. on a referral) it should be used to find/retrieve the patient record in the local system or PDS record. Using the NHS Number to retrieve an electronic patient record is quicker than using other demographic information (such as</i></p>

#	<b>Conformance Criteria</b>
	<p><i>name and date of birth) as the NHS Number is quicker to enter than a name and date of birth (for example) and will typically match only one record. See also NN-SC-BR-03.</i></p>
NN-SC-BR-03	<p><i>When the NHS Number is used to retrieve an electronic record other demographic information supplied <b>MUST</b> be used to confirm the patient's identity and that the record retrieved belongs to that patient.</i></p> <p><i>Notes: This requirement enables the NHS Number to be used to retrieve a patient record safely (see NN-SC-BR-02) by verifying the demographic information returned. Additional information supplied, either verbally or on written/printed outputs must be checked against the demographic information presented by the system in order to confirm that the correct record for the patient has been retrieved.</i></p>
NN-SC-BR-04	<p><i>Where the source of the record/data was not the PDS, batch or manual tracing of missing or non-verified NHS Numbers <b>MUST</b> be done as soon as possible after:</i></p> <ul style="list-style-type: none"> <li><i>• the creation of the local record ;</i></li> <li><i>• a change to, or the addition of, the NHS Number on the local record;</i></li> <li><i>• or a change to traceable demographic information on the local record.</i></li> </ul> <p><i>Notes: This requirement is key to enabling the NHS Number to be used throughout the episode of care.</i></p>
NN-SC-BR-05	<p><i>Data quality processes <b>MUST</b> be in place to resolve electronic patient records where the same NHS Number (verified or not) is recorded on more than one record.</i></p> <p><i>Notes: This requirement enables data quality improvement which will improve the safety of using the NHS Numbers. This also enables an increase in verified NHS Numbers on patient records which allows increased sharing in accordance with NN-SC-SR-06 and NN-SC-SR-08.</i></p> <p><i>See also NN-SC-SR-12 and NN-SC-SR-13 in section 2.2.1</i></p>
NN-SC-BR-06	<p><i>The parent or guardian <b>MUST</b> be given the NHS Number of and newborn child following allocation via the statutory notification of birth (through NHS Number for Babies Service (NN4B)) or the PDS.</i></p> <p><i>Notes: This requirement enables conformance with NN-SC-BR-01 – if the NHS Number is shared it allows it to be used by the recipient. This also relates to NN-SC-CR-02 and NN-SC-CR-03.</i></p> <p><i>For more details refer to NN4B and PDS requirement/compliance documents and guidance.</i></p>

#	Conformance Criteria
NN-SC-BR-07	<p><i>The patient's NHS Number <b>SHOULD</b> always be included as part of all communications, correspondence and filing systems involving Patient Identifiable Data. Additional patient demographic information <b>must</b> also be included with the NHS Number.</i></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><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></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>

## 3.2 Information Governance

### Local Governance

Any programme of work associated with the implementation of the Standard will rely on the existence of a governance framework for data quality and resolution of data quality issues in the NHS; consultation with the National Back Office is currently underway to define and agree this. This framework should also ensure that there is a cascade of demographic changes between NHS CRS applications and legacy records systems.

### Information Governance

The Information Governance Statement of Compliance (IGSoC) is the agreement between NHS Connecting for Health (NHS CFH) and all users of NHS CFH services, directly or indirectly; it is applicable to any organisation that receives services from NHS CFH, both public and private sector organisations.

IGSoC includes requirement 401 which requires organisations comply with the Safer Practice Notice and NHS Number Standard. The Information Governance Toolkit Standard is available on the ISB website at <http://www.isb.nhs.uk/library/standard/151>.

**Note:** DH and other governance policies/guidance must also be considered as part of any Information Governance risk assessment, for example, with regard to research data.

### 3.3 Data Quality

Organisations must regularly complete the tests outlined in section 2.2 above to ensure that local data quality is maintained.

Concern has been expressed by NHS healthcare organisations about the unreliability of current local patient numbering systems. Duplicate records are common, especially when patients have similar or identical identifiers, are doubly registered or when registration details are derived from two or more sources. Other particular sources of errors are names that are reversible (e.g. Neil Arthur/Arthur Neil) or less familiar (e.g. some ethnic minority names), or when names may not be known (e.g. at the time of a baby's birth). Use of the NHS Number as an unambiguous identifier will help to substantially reduce the number of duplicate records.

Nationally, 1,000 cases a month are resolved in which a patient has more than one NHS Number (duplicate), and another 1,000 cases in which more than one patient is using the same NHS Number (confusion). All of these cases represent a potential patient safety incident. These cases mainly occur where the patient record cannot be found or the wrong record is selected when the patient presents at a healthcare organisation. The widespread and consistent use of the NHS Number would allow these cases to be reduced, especially where patient care crosses organisational boundaries.

Processes should be put in place to escalate and resolve records locally where an NHS Number cannot be found. The process is dependent upon how the Trust is configured. The local primary care Back Office should provide good practice to assist with accuracy.

Processes should also be put in place to log national data quality issues (duplicates and confusions) with the PDS National Back Office:  
<http://nww.cfh.nhs.uk/demographics/backoffice> .

Local data quality reports that are provided to management should include as a minimum:

- Percentage coverage of NHS Number
- Number of duplicate records (NHS Number duplicates and/or Hospital Number duplicates)
- held) found during de-duplication exercises
- Monitoring of the number of data quality issues

It is also suggested that a random sample of records are checked weekly to detect inappropriate merges. The history of the record can be checked on the Summary Care Record application by Back Office staff.

### 3.4 Duplicate Records

Duplicate records are created when the same patient is registered more than once on a PAS Patient Master Index (PMI). Although many systems will stop exact duplicates i.e. those with identical demographics, there continue to be systems which allow multiple matching duplicates to be created. It is recognised that the degree of difference of data that could give rise to the creation of a duplicate will vary from system to system. The same patient is

registered on different systems at the same trust which are not interfaced and therefore has separate and distinct records for different aspects of treatment. This situation will lead to the production of duplicate records, if and when these two systems are merged.

There are also certain groups of patients who are at a greater risk of containing duplicate records.

- Patients at split site trusts that have records at both sites.
- Patients at trusts which have merged PMIs (Patient Master Index) within the last 10 years.
- Patients who may be initially registered on a separate system, such as babies on maternity systems, who are then registered again on the PMI.

There is guidance designed for NHS Trusts to assist in the identification and resolution of existing duplicate records on legacy patient administration systems (PAS) systems. Please note that additional processes are required to manage any duplicate resolution and record mergers after migration onto NHS CRS systems. Users should refer to the Operations Manuals for their system and also IQAP guidance to ensure correct duplicate management after migration. This guidance is available at <http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm007406.pdf>

The National Back Office has well-defined policies and procedures for processing PDS data, including the resolution of duplicates and confusions, merging and de-merging and dealing with sensitive information, in which the staff are well trained. For further information on the PDS National Back Office, including how to report and resolve data quality issues visit,

<http://nww.cfh.nhs.uk/demographics/backoffice> [an N3 connection is required to access this website, as this information is not directed to the general public].

Related Conformance Requirements from the Standard (Secondary Care): NN-SC-BR-04, NN-SC-BR-05]

### 3.5 Data Quality Guidelines Best Practice

The following is a guide to best practice principles regarding data quality in Primary Care, GP Practice and Secondary Care. This list is not exhaustive and should be added to reflect local policy and processes:

- Patient demographic information must be checked for accuracy at each patient contact (e.g., at each admission or visit to GP/Secondary Care and at each patient interchange between wards/ specialities/outpatient clinics and in theatres before surgery). This will ensure that patient data is maintained and as accurate as possible.
- All departmental clinical systems should where possible use the PAS or the Local Practice System as the master patient index which should hold the most up to date patient demographic information. All Master Patient Indexes should be tracing against PDS to ensure accuracy at a national level.
- Printed labels and patient ID bands should be printed with information from the Master Patient System, once the information has been confirmed or verified.
- Patient demographic information should be checked at the beginning of each attendance and at the beginning and end of each hospital episode to ensure

information flows contain accurate and up to date patient demographic information from admission to discharge.

- Where the patient's GP Practice is different to that held on Acute Trust's PAS, the correct GP's practice should be informed to ensure the correct information is updated on PDS.
- Entries held on the Master Patient Index system should be used as the master information and should be updated with any changes such as change of address, change of name, etc.
- Any changes to patient demographics should be reflected on the patient notes to highlight the new information for the patient. All unused printed labels containing incorrect information should be disposed of and new patient labels printed
- Organisations should have written policies and processes in place which address minimum data standards for records, labels, wristbands, attendance, admission and discharge processes and data quality audit and reviews.
- Regular data quality meetings should be held across the local health community to address issues as they arise and collaborative action plans made to address these.
- NHS Number tracing within the Secondary Care Setting, should be conducted on a weekly basis to active records at a minimum and where possible this should be more frequent to ensure the information which is held and used is correct and up to date
- Where there are unplanned patient admissions/ attendance, the patient should be asked if they know or have their NHS Number on admission and to check their current demographics including current address and current GP and Practice.
- Where the NHS Number is not known at admission/ attendance this should be located as quickly as possible, by using a tracing service or by contacting the patient's Registered GP for the information.
- All Staff should receive data quality training prior to commencing work within the Trust, training updates should be provided and a record of attendance kept.

## 4 Known Risks and Issues

This section describes known risks and issue with the information standard. These were reported to the Information Standards Board as part of the standard submission and accepted by the standard Sponsor.

### 4.1 Risks

Description	Priority (L/M/H)	Progress / Resolution
Organisations wishing to use NHS Numbers before PDS verification are unable to because system suppliers have changed system to only message and print verified NHS Numbers.	H	This change will allow organisations and suppliers to understand the impact of restricting NHS Number use to PDS verified NHS Numbers. Suppliers will need to agree with their user community the best approach to making any necessary system changes.
Organisations do not have available funding to amend systems	H	

### 4.2 Issues

Description	Priority (L/M/H)	Progress / Resolution
Current standard is reducing NHS Number use	H	Approve change to standard
Use of a verification status does not remove all risks related to incorrect patient identification	H	Approve change to standard. Issue guidance stating organisations must verify patients demographics.
NHS Number is not always available	H	Ensure local processes in place to continue with patient treatment until NHS Number can be determined.

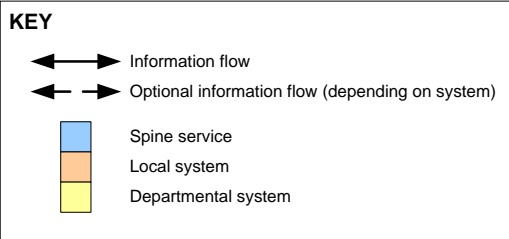
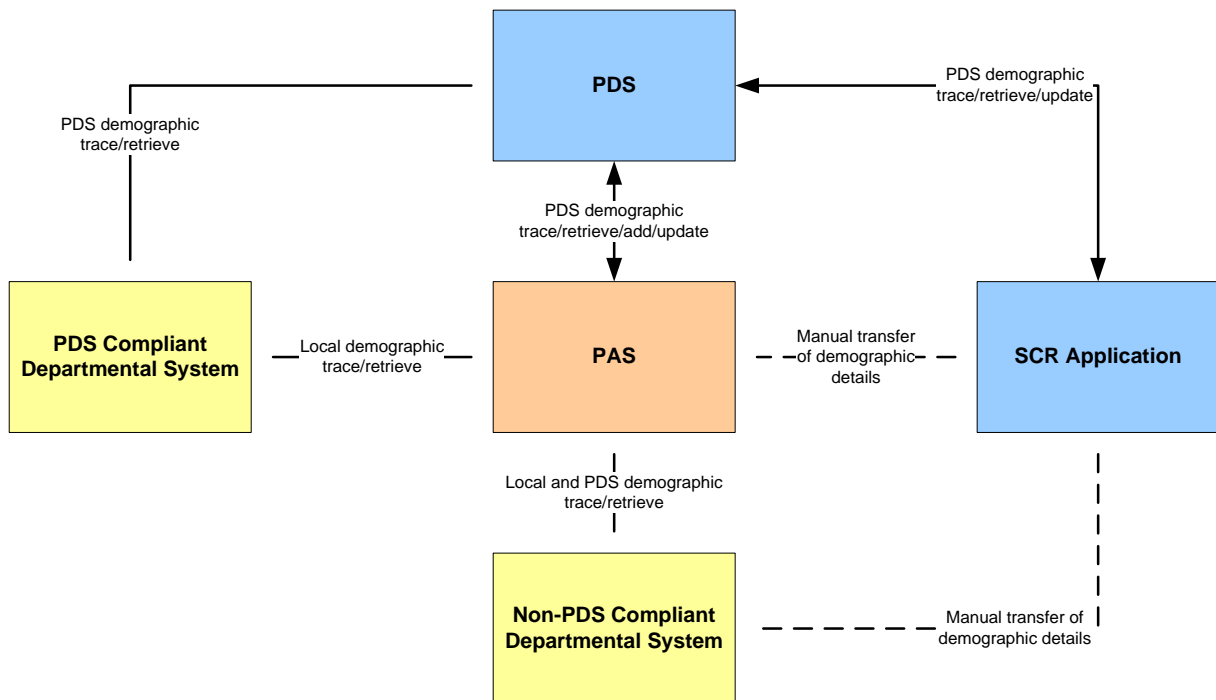
## 5 Supporting Information

### 5.1 Technical Architecture

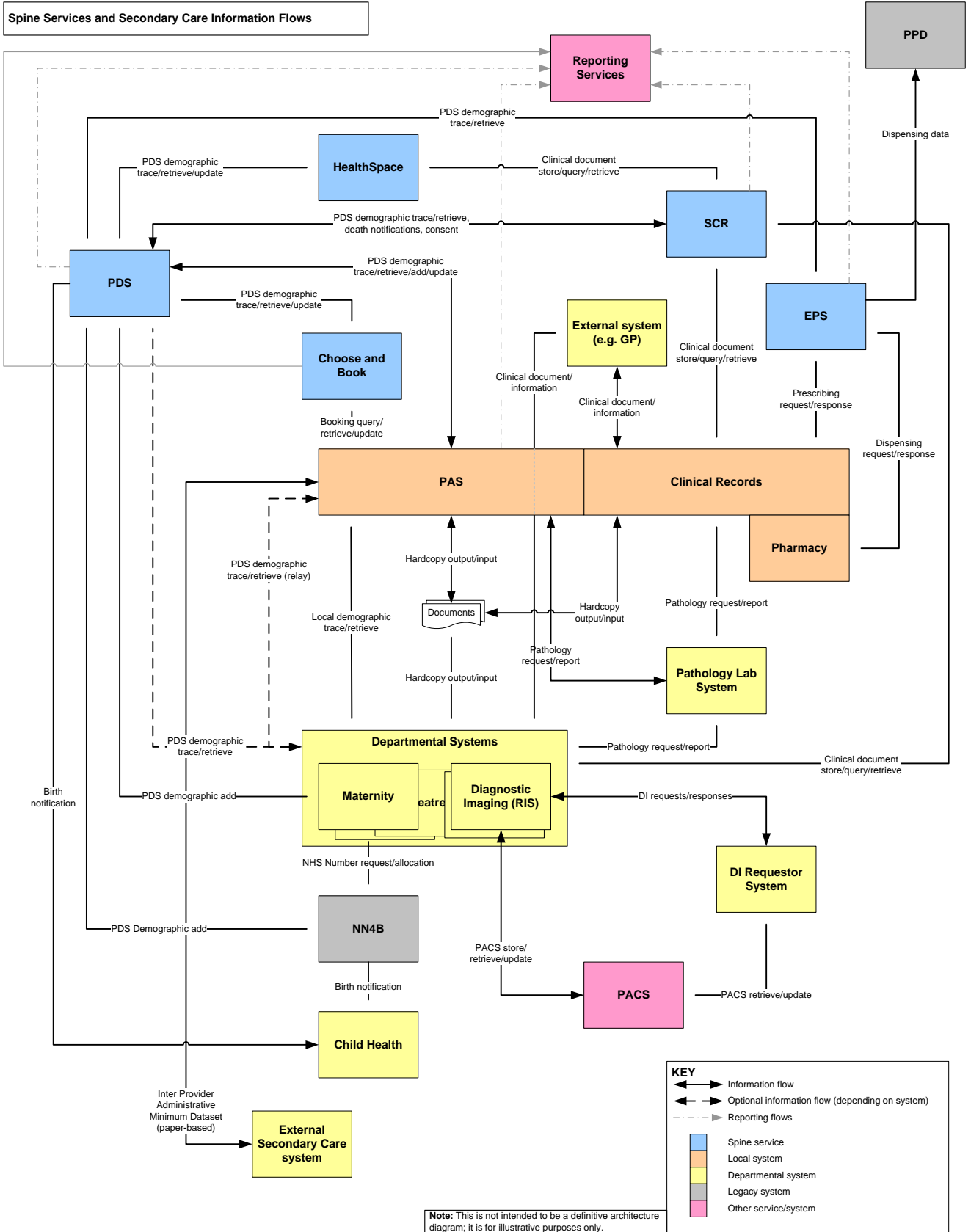
This section provides a brief description of the technical architecture (including application and data architecture).

**In the diagrams below, all information flows will include the NHS Number.**

Departmental System Architecture Options for PDS Connectivity



**Note:** This is not intended to be a definitive architecture diagram; it is for illustrative purposes only.



## 5.2 Examples

This section provides examples to aid the implementation of the standard.

### 5.2.1 Patient attends Outpatient Clinic Storyboard

#### Before patient arrives

1. Outpatient Clinic referrals clerk checks whether referral letter contains NHS Number (Choose and Book Referral will contain NHS Number)
- 2a. No NHS Number is supplied on the Patient's referral letter
  - 2a-1. Referrals clerk checks whether Patient is known on their PAS and whether a traced NHS
- 2b. NHS Number not found on PAS
  - 2b-1. If NHS Number is not found on the PAS, firstly other demographics would be checked in order not to create a duplicate local record on the PAS
  - 2b-2 PDS tracing using the patient demographics supplied would be undertaken on referrals clerk contacts GP Practice to obtain NHS Number prior to the patient presenting in Outpatient Clinic
  - 2b-3 Referrals clerk creates an electronic record for the patient on the PAS

#### Patient arrives at Outpatient Clinic

3. Patient arrives at Outpatient Clinic
4. Receptionist asks Patient if he knows his NHS Number or takes the NHS Number from the referral letter to enter into the PAS
- 5a. Patient supplies NHS Number to Receptionist
  - 5a-1. Receptionist uses NHS Number to find patient's electronic record
  - 5a-2. Receptionist asks Patient for his name and confirms it against the electronic record
  - 5a-3. Receptionist asks Patient for his date of birth and confirms it against the electronic record
- 5b. Patient does not know his NHS Number
  - 5b-1. Receptionist asks Patient for his name
  - 5b-2. Receptionist uses Patient's name to find a list of electronic records
  - 5b-3. Receptionist asks Patient for his date of birth and selects the patient's electronic record
6. Receptionist records that the patient has arrived
7. Consultant performs consultation
8. Consultant sends letter/ electronic message containing NHS Number to GP Practice with outcome of patient examination for inclusion in their patient record.

### 5.2.2 Patient attends A&E as a walk-in patient Storyboard

1. Receptionist asks Patient if he knows his NHS Number
- 2a. Patient supplies NHS Number to Receptionist
  - 2a-1. Receptionist uses NHS Number to find patient's electronic record
  - 2a-2. Receptionist locates the patient record by searching the local PAS using the patient's NHS Number
  - 2a-3. Receptionist asks Patient for his name and confirms it against the electronic record
  - 2a-4. Receptionist asks Patient for his date of birth and confirms it against the electronic record
  - 2a-5a. Patient found on PAS
    - 2a-5a-1. Receptionist asks Patient to confirm first line of his address to verify the details on their local system

- 2a-5b. Patient not found on PAS
  - 2a-5b-1. Receptionist asks Patient whether they have attended the Trust before as an inpatient or attendee
  - 2a-5b-2a. If Patient has attended before further investigation of the system is required checking spellings, previous names and previous addresses
  - 2a-5b-2b. If Patient has not attended before a new local record is created
- 2b. Patient does not know his NHS Number
  - 2b-1. Receptionist locates the patient record by searching the local PAS using the patient's name and date of birth
  - 2b-2a. Patient found on PAS
    - 2b-2a-1. Receptionist asks Patient to confirm first line of his address to verify the details on their local system
  - 2b-2b. Patient not found on PAS
    - 2b-2b-1. Receptionist asks Patient whether they have attended the Trust before as an inpatient or attendee
    - 2b-2b-2a. If Patient has attended before further investigation of the system is required checking spellings, previous names and previous addresses
    - 2b-2b-2b. If Patient has not attended before a new local record is created
3. Receptionist records attendance
4. Triage Nurse asks Patient to confirm his NHS Number, name/date of birth and address to check that the patient record belongs to the patient in front of her
5. Triage Nurse triages patient and records their complaint
6. Triage Nurse updates A&E attendance on the system which notifies clinicians of a new attendee.
7. Patient is asked to wait in reception until the clinician is free to see them
8. Patient is seen by the clinician
9. Clinician continues to use NHS Number on all referrals, requests and communications.
10. Patient is discharged.

### 5.2.3 Finding the NHS Number

#### **Finding: Front Desk – Referrals**

When a patient is referred to Secondary Care the NHS Number should be included on the referral – either verbally, electronically or in writing; if it is not, then the referrer should be contacted, if possible, and asked for the NHS Number for the patient.

Where the NHS Number is not included in a referral, and cannot be found, then demographic information supplied should be used to trace the patient in the local system. If unsuccessful a trace should be made on the PDS (if available). This will typically be done using the first name and surname (or part thereof) and the date of birth. (See also Annex 4.)

It is important to note that there are certain exception cases that have been identified that may make it difficult or impossible to gather the information necessary to find a patient's electronic record, either locally or on the PDS.

If the NHS Number still cannot be found it may be appropriate to allocate an NHS Number to the patient.

[Related Conformance Requirements from the Standard (Secondary Care): NN-SC-BR-01]

#### **Finding: Front Desk – Non-referrals**

When a patient presents to a Secondary Care service as a walk-in patient or other non-referral the patient (or someone accompanying the patient) should first be asked if they know

their NHS Number. If they do not then they will need to be asked for other demographic information in order to find their record. This will typically be the first name, surname and the date of birth but may also include address, post code and telephone number.

The local system should be searched first. If unsuccessful a trace should be made on the PDS (if available). If no record can be found then the patient should be asked some or all of the following:

- Have they attended this hospital/clinic/etc. previously?
- Have they recently changed their surname or address?
- Do they use any aliases (including shortened or different spellings of their names?)
- Do they use any other dates of birth?

It is important to note that there are certain exception cases that have been identified that may make it difficult or impossible to gather the information necessary to find a patient's electronic record, either locally or on the PDS.

If the NHS Number still cannot be found it may be appropriate to allocate an NHS Number to the patient.

[Related Conformance Requirements from the Standard (Secondary Care): NN-SC-BR-01]

#### **Finding: Back Office**

The local back office (typically part of the data quality, informatics or records management departments) must have established processes for finding NHS Numbers for local records where they are missing or unverified (i.e. have not previously been traced on NSTS or PDS). This will be done using a combination of batch tracing and manual, or ad-hoc, tracing.

The key benefit to patient safety is having the patient's NHS Number available for the entirety of the episode of care. Batch tracing should be done as often as possible, preferably at least every two days. Where possible, high priority tracing should be done more regularly.

For example, organisations may consider the following: where new local records are created in A&E, tracing could occur within hours of the record being created in order to have an NHS Number for the patient before they are discharged or transferred.

Batch tracing will be done using the DBS (Demographics Batch Service) and for records that batch trace unsuccessfully or for ad-hoc trace the Summary Care Record Application will be used. See the Demographics website for more details: <http://nww.cfh.nhs.uk/demographics/> [an N3 connection is required to access this website, as this information is not directed to the general public].

It is important to note that there are certain exception cases that have been identified that may make it difficult or impossible to gather the information necessary to find a patient's electronic record, either locally or on the PDS.

If the NHS Number still cannot be found it may be appropriate to allocate an NHS Number to the patient.

[Related Conformance Requirements from the Standard (Secondary Care): NN-SC-BR-01, NN-SC-BR-04]

#### **Finding: When the NHS Number is determined later**

When the NHS Number is determined after the start of the episode of care it is likely that labels, wristbands and other documentation will already be in use, but without the NHS Number. Once available the NHS Number should be added to all printed media (primarily labels and wristbands) and also paper records, documents, letters and all communications

NHS organisations should implement a business change project to ensure that NHS Number allocation is used appropriately. This should include:

- review and amendment of business process
- drafting of new policies
- staff awareness communication campaign, explaining how data Quality incidents impact
- all data users across the NHS
- staff training, including regular reviews of staff skills and maintenance of a skills log
- strengthening of back office procedures to detect and resolve issues
- regular audit activities and monitoring use of the NHS Number at the point of care

#### **5.2.4 Using the NHS Number**

The NHS Number should be used at every opportunity as an identifier for a patient. This includes using the NHS Number to find electronic patient records, on wristbands, on labels, on all forms and documents and in all correspondence and communications, including administrative and/or clinical data for a patient. It should be noted that in most Secondary Care settings the NHS Number will be used alongside a local identifier. However, the NHS Number should always be available, alongside the local identifier, as detailed in the Safer Practice Notice.

#### **Finding Electronic Patient Records**

When the NHS Number is supplied it should be used to search the local system to find a patient's record. If a record is not found then tracing will need to be done (see Finding the NHS Number).

Where an NHS Number is used to find a patient record other demographic information must be used to check that the correct record is being viewed. If present the patient, or accompanying person, should be asked to supply additional information; if speaking to a GP or other care professional then they should be asked for the additional information; if a wristband, form, letter or other document or correspondence is the source of the NHS Number then this should be the source of the additional information.

The additional demographic information used to confirm that the correct patient record is being view should include at least surname and date of birth but could also include first name, gender, address and/or postcode.

[Related Conformance Requirements from the Standard (Secondary Care): NN-SC-BR-02, NN-SC-BR-03]

#### **Hard-copy Documents**

All documentation must include the NHS Number to ensure that it is readily available during the present and all future episodes of care. Systems should be configured to automatically include the NHS Number on all hard-copy outputs, including forms and letters, clearly labelling the NHS Number as such (see below). Where that is not possible labels should be used.

[Related Conformance Requirements from the Standard (Secondary Care): NN-SC-BR-07]

### **Labels**

All labels that are affixed to administrative and clinical documents for a patient (e.g. addressograph labels) must include the NHS Number. The use of labels is the safest way to include the NHS Number on all hard-copies where it would otherwise be necessary to handwrite the NHS Number. Labels are not necessary if the hard-copy already includes the demographic information and NHS Number, but labels are still widely used in Secondary Care.

When an NHS Number is determined after the original set of labels have been produced, a new set of labels should be printed and placed in the patient file.

### **Wristbands**

The NHS Number is one of the core patient identifiers included within the Safer Practice Notice for patient wristbands (3rd July 2007 Number 24). The design standardisation of the patient wristbands and the information on them is also seen as an important safety initiative, helping to reduce the risks around patient identification. Key identifiers for inclusion on the wristband are identified as last name, first name, date of birth and NHS Number. When the NHS Number is traced after the wristband has been attached to a patient's wrist the old wristband should be removed and disposed in the confidential waste and the new wristband, which includes the NHS Number, should be fitted following the usual procedure for patient identification.

To obtain further information go to [www.npsa.nhs.uk/patientsafety/alerts-anddirectives/notices/wristbands](http://www.npsa.nhs.uk/patientsafety/alerts-anddirectives/notices/wristbands)

### **Clear Labelling of Identifiers**

There is a risk that the use of a local identifier alongside the NHS Number may cause confusion. This is limited to those organisations whose local identifier is of similar length and format to the NHS Number but the risk can be reduced.

The NHS Number should always be labelled/prefixed "NHS Number" or "NHS", depending on the space available.

Local identifiers could be labelled/prefixed using some text to identify the local organisation or site – e.g. the initials of the Trust or Hospital.

### **Transcription of the NHS Number**

Wherever possible the NHS Number should not be typed in to a system. Ideally, all systems will have bar-code readers and all occurrences of the NHS Number will be accompanied by a bar-coded equivalent but this is currently not commonplace. Writing down the NHS Number should be avoided wherever possible.

When copying information between computer systems a copy-and-paste should be used wherever possible. Where not currently available, systems will be updated over time to allow the NHS Number to be entered (or pasted) with spaces (3 3 4 format, e.g. 123 456 7890) or without spaces, allowing a number displayed in 3 3 4 to be pasted into another system.

Systems that do not already do so will be updated to validate the NHS Number when entered. The NHS Number contains a check-digit and an invalid NHS Number should be reported to the user as such. This will let the user know that the NHS Number entered is invalid and needs to be re-entered, rather than that was just no record found.

**The NHS Number must not be used as an Anonymiser**

It is important to note that it is not safe to use the NHS Number as a way of hiding a patient's identity. The NHS Number alone can be used to find a patient record, although it should not be used without a valid reason and without the supporting demographic information for cross-reference purposes (see above).

**5.2.5 Sharing the NHS Number**

The NHS Number will be shared within and between NHS organisations with the inclusion of the number on all documents and correspondence (see above). But the NHS Number should also be used when communicating information about the patient verbally, either face-to-face or over the telephone.

It is important to remember that it is not safe to use the NHS Number alone; other demographic information must be included in the communication. This should include at least surname and date of birth but could also include first name, gender, address and/or postcode.

All staff should ensure that any conversation, form, letter, document, wristband or any other form of communication that involves identifying a patient includes the NHS Number.

**NHS Number for Newborns**

When a baby is born in Secondary Care an NHS Number will be allocated (see 5.1). The NHS Number for the newborn should be given to the mother, or other parent or guardian. The NHS Number will be used by the GP to register the baby. The NHS Number is a very important identifier for the baby as names are often decided or changed after the initial registration which can subsequently make it more difficult to find the record at a later date. The NHS Number allocated to the baby will be unique to child for their entire life and as such is the safest identifier to use.

Related Conformance Requirements from the Standard (Secondary Care): NN-SC-BR-06, NN-SC-BR-07, NN-SC-CR-02, NN-SC-CR-03]

## 6 Glossary of Terms

Term	Acronym	Definition
Chief Information Officer	CIO	Strategic Health Authority CIOs are responsible for the implementation of the new systems and the delivery of benefits at an organisational level across their SHA area
Demographics Batch Service	DBS	Service which allows batch file tracing against PDS.
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"> <li>to find or trace, in either a local or national system/service, the NHS Number (using any relevant demographic information) or;</li> <li>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.</li> </ul>
DTS	DTS	Data Transfer Service - a tactical solution for secure application-to-application messaging that avoids the need for end sites to deploy a Message Transfer Agent (MTA).
General Practice		<p>The Primary Care service which is the first level contact with people taking action to improve health in a community. All initial (non-emergency) consultations with doctors, nurses or other health staff are termed primary care as opposed to secondary healthcare or referral service.</p> <p>For the purpose of this document, General Practice refers to Medical General Practice only.</p>
General Practitioner Systems of Choice	GPSoC	GP Systems of Choice scheme aims to ensure progressive improvement of the system functionality available to GPs and their patients.
HES	HES	Hospital Episode Statistics
IG	IG	Information Governance
Information Governance Statement of Compliance	IGSoC	The IGSoC is the agreement that sets out the information governance policy and terms and conditions for use of NHS Connecting for Health services.
IM&T	IM&T	Information Management and Technology, also known as IT or ICT
ISB	ISB	Information Standards Board for Health and Social Care

LSP	LSP	Local Service Provider
NASP	NASP	National Application Service Provider
NHAIS (Exeter)	NHAIS	National Health Applications and Infrastructure Services (also known as the Exeter system)
NHS Central Register	NHSCR	The National Health Service Central Register (NHSCR) compiles and maintains a computerised record of NHS patients. NHS patients are those who are registered with an NHS general practitioner (GP) in England, Wales or the Isle of Man. The NHSCR also records and handles the transfer of medical records of dependants of service personnel between service medical units and civilian doctors on behalf of the Ministry of Defence. NHSCR is part of the Office for National Statistics.
NHS CFH	NHS CFH	NHS Connecting for Health
NHS CRS	NHS CRS	NHS Care Records Service, which is creating an electronic care record for all patients
NN4B	NN4B	NHS Number for Babies (service). The service that allows the registration of newborns on the PDS and therefore the allocation of an NHS Number.
NPfIT	NPfIT	National Programme for IT
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
PDS	PDS	Personal Demographic Service: The national database that holds patient demographics data for the NHS.
PMIP	PMIP	Pathology Messaging Implementation Programme
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.</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.

Use		<p>To put into service; to employ for a particular purpose or for its inherent purpose.</p> <p>For the purpose of this document use of, usage, use or using the NHS Number will refer to how and where it is employed to identify patients.</p>
Validated NHS Number		<p>A valid NHS Number is one that has the correct format and passes the check digit calculation.</p>
Verified NHS Number		<p>A verified NHS Number is one where the patient's identity has been cross-checked using demographic details on the NSTS or the PDS.</p> <p>Note: This is only an overview definition for the purpose of this document; full details can be found in the PDS Compliance Baselines.</p>