

Title: Use and verification of the NHS number for all active patients.

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Author: Information Governance Team

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Policy Sponsor: Director Of Standards

Ratified and Approved by: Information Governance Steering Group

Distribution: All staff

Compliance: Mandatory for all permanent & temporary employees, contractors and sub-contractors of North Yorkshire and York PCT

Equality & Diversity Statement This policy has been subject to a full equality & diversity impact assessment

CHANGE RECORD			
DATE	AUTHOR	NATURE OF CHANGE	VERSION No
18.3.2008	Geoff Bowden, IT Programme Manager	New policy draft	0.001
20.03.08		Re-formatting	0.002
25.03.08		Final for approval	1.00
11.05.09		Review and approval	2.00
Jan 2012	Information Governance Team	Amendments to include: <ul style="list-style-type: none"> • Explanation of background of requirement from NPSA • Principles of use of the NHS Number • Additional requirements of IT Systems Users • Use of the NHS Number in secondary care 	3.00



Issue Control

Any changes to the Policy must be approved by the Information Governance Steering Group.

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1. Introduction

- 1.1 As patient demographic and clinical information is increasingly shared between clinicians and clinical systems it becomes increasingly important that the people and system are referring to and sharing information about the same patient. A key aspect of achieving this was the mandating of the NHS Number as the unique identifier to be used in all systems, communications and correspondence. This takes on even more significance with the roll out of the National Care Record Service and the setting up of a central data base of summary clinical information for all patients in England.
- 1.2 Both the National Patient Safety Agency (NPSA) and the Information Governance Toolkit (Criterion 401) This is consistent and comprehensive use of the NHS Number in line with the National Patient Safety Agency requirements) mandate the use of the NHS Number as the national patient identifier.
- 1.3 The Informatics Planning Guidance 2010/11 which supports the NHS Operating Framework 2010/11 requires that organisations have plans in place to achieve a consistent and comprehensive use of the NHS Number in all applicable systems and communications of patient data, including on patient wristbands.
- 1.4 This policy details the approach to be adopted to ensure that the requirements of the NPSA, the Information Governance Toolkit Criterion 8-401 and the Informatics Planning Guidance 2010/11 are met
- 1.5 This policy will endorse the use of the NHS Number for the use of direct patient care and to meet the pseudonymisation requirements

2. Scope

- 2.1 This policy applies to all employees of the PCT, temporary employees, locums and contracted staff who create or maintain patient records or correspondence.

3. Responsibilities

3.1. Chief Executive

3.1.1. The Chief Executive has overall responsibility to ensure the PCT complies with the Registration Authority Policy.

3.2. All Managers

3.2.1. All Managers are responsible for implementing the policy within their business area, and for adherence by their staff

3.3. Employees

3.3.1. It is the responsibility of each employee to adhere to this policy

4. General NHS Number Principles and Compliance Target

4.1.1. **Find It:** find the NHS Number for the service user as soon as possible in the care pathway, ideally on initial contact with the service:

- Find the NHS Number on referral letters/forms or other correspondence received
- Determine and verify the NHS Number before or at the start of the episode of care.
- Where this is not possible then tracing should be performed as soon as possible after the start of the episode of care.

4.1.2. **Use It:** use the NHS Number to link a person to their health/care record:

- Where possible use the NHS Number to search for electronic records
- Where possible use the NHS Number to identify people presenting for care
- Include the NHS Number on electronic records, wristbands, notes, forms, letters, documents and reports which include patient identifiable data and are used for patients care
- Where possible use the NHS Number as the key identifier for service users
- Ensure both manual and electronic systems support the recording and use of the NHS Number
- Use the Personal Demographic Service (PDS) OR Demographics Batch Services (DBS) to trace NHS Numbers

4.1.3. **Share It:** For direct patient care share the NHS Number with other departments and organisations so that they can use it:

- Include the NHS Number in all communications – written, verbal, and electronic – during telephone calls, on letters, referrals, forms and documents
- Internally within your organisation and all organisations contacted as part of the provision of care
- Ensure the NHS Number is included in correspondence and communications to service users
- Supply the NHS Number as the key identifier for any patient identifiable data that passes across systems and organisations boundaries.

4.1.4. **Target:** The PCT aims to achieve 100% NHS number allocation within all PCT systems containing patient clinical records

5. Use of NHS Number - manual records and correspondence

5.1.1. All manual records of patients and patient clinical information must contain the NHS number, as required by the NPSA Alert.

5.1.2. Service Heads must ensure procedures have been put in place to collect and record the NHS Number at first point of patient contact and verify it against correspondence or other sources available at each visit to verify the number is correct and that the correct patient records have been selected

6. Use of NHS Number - IT systems

6.1.1. All systems that contain patient demographic and clinical information will:

- hold the NHS number against the patient record and use the NHS number as a key for identifying and accessing individual records
- link to the Spine Patient Demographic Service (PDS) when accessing a patient record so that patient demographic details including the NHS number are checked and any differences corrected

6.1.2. The NHAIS system will be used as the prime system for maintaining patient demographic details, including NHS number, for all patients registered to a GP with the PCT.

6.1.3. All system administrators must ensure procedures have been put in place to collect and record the NHS Number at first point of patient contact and verify it against correspondence or other sources available at each visit to verify the number is correct and that the correct patient records have been selected.

6.1.4. All new IT systems to be procured must support the principles of recording the NHS Number this has been required since June 2009.

6.1.5. All IT systems in use within the organisation will be reviewed to ensure they support principles of recording the NHS Number, where systems are identified that do not support these principles, system procedures must be reviewed to determine alternative methods of recording the NHS Number.

7. Use of NHS Number – Secondary Care

The PCTs prime source of secondary care data is the Secondary Uses Service (SUS). Approximately 1,750,000 patient level records are processed each year, covering NHS commissioned admitted patient care, outpatient, and accident and emergency activity.

NHS Number is the primary identifier for patients within the NHS in England and Wales. In general, it is not a mandatory field for submission of data to SUS. DSCN 41/98/P26 details specific instances (sensitive data) where it is illegal to include the NHS Number. In addition, NHS Numbers would not be expected from the following patient groups:

- Overseas visitors
- Scottish Patients
- Asylum seekers

- Private patients
- No fixed abode patients
- Referrals from non-NHS organisations (e.g. Social Services)
- Sexual Health Patients
- Prisoners
- Members of the Armed Forces
- Patients unable to provide personal details

The prime use of NHS number in secondary use services is to establish/verify the responsible commissioner, including invoice challenges.

Data from the SUS core datasets are processed using the PCTs Contract Monitoring System (CMS). NHS Numbers are currently extracted and held in clear format; however, additional functionality is currently being developed to pseudonymise patient identifiable details

At least 95% of planned care records should have an NHS number which has been traced and verified. The PCT will monitor monthly SUS submissions to assess the prevalence of valid NHS numbers. This will be achieved by the national SUS Data Quality Dashboard: <http://nww.connectingforhealth.nhs.uk/susreporting/dataquality>

8. Registering & Tracing Patients

8.1.1. When a patient is registered for the first time in a clinical system, full checks must be carried out to verify the patient demographic details, including the NHS Number, are correct and duplicate entries are minimised. Local procedures must be developed and maintained to cover cases where there are difficulties in confirming the identity of a patient and allocating a NHS number to ensure duplicate records are not created.

8.1.2. The Patient Services Department, will provide a service for more specialised searches to try to resolve queries that are more problematic.

9. Training and Awareness

9.1. Staff registering patients for the first time in a system will be fully trained in the use of the system and the need for accurate patient details including the NHS number. Procedures will be in place and staff fully trained to ensure that full use of patient tracing services, such as CSA (soon to be known as Summary Care Record), are used to verify demographic details and eliminate duplicate entries.

9.2. This policy is available on the PCT's intranet site

10. Equality & Diversity Statement

10.1. The PCT recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. All policies and procedures are assessed in accordance with the Equality & Diversity Assessment Toolkit, the results for which are monitored centrally.

11. Data Protection Act 1998 Statement

11.1. The Data Protection Act 1998 protects personal data, which includes information about staff, patients and carers. The NHS relies on maintaining the confidentiality and

integrity of its data to maintain the PCT of the community. Unlawful or unfair processing of personal data may result in the PCT being in breach of its Data Protection obligations

12. Freedom of Information Act 2000 Statement

12.1. Any information that belongs to the PCT may be subject to disclosure under the Freedom of Information Act 2000. Although personal information is not covered under Freedom of Information the PCT may be requested to provide summary information regarding the use of NHS numbers

13. Records Management

13.1. Records provide evidence and information about the business activities of the PCT and are corporate assets of the PCT. This policy should therefore be retained in line with the NHS Code of Practice on Records Management (Department of Health, 2006). Compliance with this code will ensure that the PCT's records are complete, accurate and provide evidence of and information about the PCT's activities for as long as is required

14. Review

This policy will be reviewed annually or earlier if required due to organisational change or changes in legislation or guidance.

15. Monitoring

Audits will be carried out annually to ensure that:

- Clinical communications, both internal and external, relating to individual patients contain the patient NHS number
- Patient details held within IT systems contain the correct NHS number

Do we want this in – is it going to be possible – can it be picked up through the Record Keeping Audit – should a link be made to this audit tool?