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NHS Number Policy

Scanning Cornwall's Hearts

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Please Note the Intention of this Document

The purpose of this document is to set out the organisations intentions with regard to ensuring the consistent use of the NHS Number in line with national requirements and standards.

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1 Introduction

The organisation has an accumulation of current and historic data held within its electronic systems and on paper. That data is fundamental to the business of the organisation, and forms the basis for clinical, corporate, and operational activity.

The key to effective sharing of information about patients in NHS information systems, whilst maintaining their privacy, is the ability to identify each person in an unambiguous and unique way which is common throughout the NHS. The use of a common, single identifier is a key enabler for all; the strategic objective of exchanging clinical and administrative information between systems, and for the effective transfer of care between clinicians and healthcare workers.

The presence of an NHS Number on all patient records, both paper and electronic, is now mandatory.

The National Patient Safety Agency (NPSA) published a Safer Practice Notice (SPN) for the NHS Number in September 2008 which mandated the use of the NHS Number as the national patient identifier OR alongside any local identifier used.

It must be used alongside other demographic information as part of safe practice to link together the correct records to a particular patient.

Babies born in England and Wales are allocated an NHS Number at birth. An NHS Number can also be allocated to a patient who:

- permanently joins an NHS GP surgery or Health Centre practice list
- receives treatment from a hospital able to allocate NHS Numbers
- requests one from a Primary Care Trust who will allocate them to a local NHS GP practice list

The general principles of the NHS Number standards are:

- Find It -find the NHS Number for a person as soon as possible in the care pathway, ideally on initial contact with the service.
- Use It -use the NHS Number to link a person to their care record; use the NHS

Number to search for an electronic record; use the NHS Number on wristbands, documents and reports used for the care of the person.

- Share It -share the NHS Number with other organisations so they can use it; include the NHS Number on all correspondence and electronic messages.

In April 2010, the NHS Operations Board agreed that the NHS number should normally form part of the datasets submitted for contractual payments under the NHS standard contract.

The NHS Operating Framework 2011/12 stated that from 2012/13, use of the NHS number will be linked to contractual payments from commissioners in line with guidance. The NHS Operating Framework 2012/13 states;

3.29 No single technical change has greater power to improve the integration of services than the consistent use of the NHS number. NHS organisations are expected to use the NHS number consistently in 2012/13 and commissioners should link the use of the NHS number to contractual payments in line with the guidance. There will be punitive contract sanctions for any organisation not compliant by 31 March 2013.

2 Definitions

The NHS Data Dictionary defines the NHS Number as a number used to identify a person uniquely within the NHS in England and Wales.

The use of unique identifier enables:

- Privacy and confidentiality of patient identity to be maintained;
- The speedy and secure transfer of personal information;
- The exchange of information between clinicians with the same organisation and between organisations;
- Health event linkage and greater understanding of patterns of care.

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3 Duties

The Chief Executive through the Director of Finance & Performance has overall responsibility for the policy.

The Chief Operating Officer is to ensure that all operational line managers are aware of the requirements of the policy and support its implementation with their staff.

The Information Governance Sub Committee has a specific remit for ensuring monitoring and a high level of data quality. There is a clear responsibility for addressing falling compliance with the use of the NHS Number.

Information Asset Owners must ensure that all information systems accept, store, process, display and transmit the NHS Number this includes patient systems, databases and spread sheets. Where it is decided not to comply with the standard on the balance of risks and costs, this should be formally documented and signed off by the Information Governance Manager. For more detailed information regarding the requirements please refer to the Information Standards Board for Health and Social Care; NHS Number Standard Specification document.

Administrative and clinical staff, within clinical teams, have a responsibility to:

- Capture, record and use the NHS Number on all clinical records and documents, both electronic and paper;
- Record the NHS Number as early as possible during any episode of care. Staff in contact with service users should also encourage them to know and use their NHS number.

The Records Manager will monitor paper records for missing NHS Numbers and undertake patient traces as necessary in order to complete them on the record.

The Computer and Information Technology Service (CITS) will provide support where NHS Numbers are missing and will undertake patient tracing to search for NHS Numbers and other demographic details as required.

4 The NHS Number

The NHS Number is:

- the unique national patient identifier used by the NHS and its partners for over 50 million patients across England, Wales and the Isle of Man.
- 10 digit number which uniquely and permanently identifies a person from birth. Even if a person changes their name, their NHS Number stays the same. NHS Numbers are never re-used.
- issued at birth or at the point of first contact with the NHS, by creating a record on the Personal Demographics Service (PDS, the national patient database for the NHS), normally via registration of a birth by a midwife or registration with a GP practice.
- a critical part of good patient record-keeping, ensuring patients can be identified correctly.
- used to help healthcare staff and service providers locate patients' health records.
- the key to sharing patient information safely, efficiently and accurately between NHS organisations and its partners; including wrist bands, patient records, referrals, correspondence and results across GP, community, secondary and social care for every care episode and pathway for each patient.
- an efficient and effective tool used to integrate health records and help clinicians form a complete set of clinical information for every patient.

A patient's NHS Number is used for linking everything from their first tests and inoculations to every separate, over-lapping and related care pathway they may follow throughout their life.

Therefore, using the patient's correct NHS Number helps to ensure that their clinical information is not fragmented or confused with another patient. Either could lead to patient safety issues.

NHS Numbers are randomly generated and do not include any patient information. The NHS Number has a 10 numeric digit format. The first nine digits are the identifier and the tenth is a check digit used to confirm the number's validity. The NHS Number is displayed, recorded and printed in a 3-3-4 formation and looks like this:

943 476 5870(example only)

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Any instances identified by staff where NHS number is not present in a computer record should result in action to obtain the correct number as soon as possible. In this instance please contact Cornwall Information Technology Service help desk Tel: 01209 881717.

4.1 When NHS Numbers must not be used

There are very few circumstances when it is not appropriate to use a patient's NHS Number.

If there is an existing policy which requires that patients be treated anonymously then the NHS Number must not be used:

- The Human Fertilisation and Embryology Act 1990 as amended by the Human

Fertilisation and Embryology (Disclosure of Information) Act 1992 imposes statutory restrictions on the disclosure of information about identifiable individuals in connection with certain infertility treatments. In these cases the NHS Number along with other patient details, should be omitted from the commissioning data.

- Providers and commissioners may agree further rules for other diagnoses or procedures (including, but not necessarily restricted to, HIV/AIDS and venereal disease) in line with requirements for Information Governance and Clinical Safety.

5 Reasons & Benefits in Using the NHS Number Clinical care

The NHS Number makes important contributions to clinical care because it:

- is the only National Unique Patient Identifier
- supports safer practice identification practices
- helps create a complete record, linking every episode of care across organisations.

Hospital administration

The NHS Number is important to hospital administration because:

- it helps create a complete record for each patient
- it enables information to be safely transferred across organisational boundaries
- babies are given their own NHS Number to link their healthcare records for life

Reception staff

Important improvements reception staff can make to patient safety, include:

- asking a patient to provide the appointment letter or card with their NHS Number printed on it
- checking if each patient has an NHS Number on your system
- asking each patient to check their names are spelt correctly to help determine their NHS Number and checking their date of birth
- obtaining the correct NHS Number for each patient at the beginning of the episode of care.

Identification

You can help identify every patient correctly whenever they seek care by:

- asking the patient to confirm that their NHS Number, first name, last name, date of birth and postcode are all correct
- asking the patient to confirm that this information is the same as that held at their GP practice.

6 Failure to Collect and Record Service User NHS Number

All local Service User Information systems are required to record NHS Number. This number is the National Identifier of all people registered on NHS Service User Information systems. Data that has a validated NHS Number will be transferred to new National Care Records Service. The National Programme has suggested that local systems that do not have at least 95 % overall collection of validated NHS Number, cannot be transferred to the National system.

It is important that Service User NHS Number is used on all clinical correspondence to ensure that clinical information is linked to the correct Service User. Failure to do so will potentially place Service Users at risk and does not meet the organisation's governance requirements.

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Tracing the Service User NHS Number will reduce and/or identify duplicate records on systems. NHS Number trace identifies previous known addresses, previous names, and aliases. This should enable on-line tracers to identify where possible duplicates have been made on organisation's systems. This is carried out by CITS on behalf of PCH.

7 Risk Management Strategy Implementation

7.1 Implementation

See the duties section contained within this document.

7.2 Training and Support

No further training is expected. Further information is available from the Information

Governance Team and/or the further links section within this document.

7.3 Dissemination

Once ratified a hard copy of this policy will be kept in Echogenicity's Head Office - all staff will be made aware of its presence and will have access.

7.4 Storing the Procedural Document

A hard copy will be kept in Echogenicity's Head Office

7.5 Equality Impact Assessment

Echogenicity aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

As part of its development, this strategy and its impact on equality have been reviewed in consultation with trade union and other employee representatives in line with the Equality and Diversity Policy. The purpose of the assessment is to minimise and if possible remove

any disproportionate impact on employees on the grounds of race sex, disability, age, sexual orientation or religious belief. No detriment was identified.

The Equality Impact Assessment Tool has been used to help consider the needs and assess the impact of this policy and has been completed alongside this document.

Staff who are dyslexic may find some difficulty in accurately copying NHS Numbers and should be given support as appropriate. The copy& paste function included with software & the automatic insertion of the NHS Number on standard letters should be used whenever possible to eliminate copying errors. In addition, the construction of the NHS number includes a "check" digit as the last character.

8 Process for Monitoring Effective Implementation

Monitoring Process and Data Quality Reports

The information systems maintained by CITS will be monitored to assess the prevalence of valid NHS numbers.

An audit of this policy will be carried out in line with the Information Governance Toolkit annual submission.

9 Associated Documentation

This document references the following supporting documents which should be referred to in conjunction with the document being developed.

10 References

- NHS Number Implementation Guidance – NHS Connecting for Health, December 2008
- Access Control Policy
- Confidentiality Code of Conduct for Employees
- Information Risk Management Policy
- Overarching Information Governance Policy
- Data Protection Policy
- Registration Authority Policy
- Disciplinary Policy
- Information Standards Board for Health and Social Care; NHS Number Standard Specification V1.0 31/05/2012

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11 Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Yes ✓ / No X

Comments

1. Does the document/guidance affect one group less or more favourably than another on the basis of:

- Race - No
- Ethnic origins (including gypsies and travellers) - No
- Nationality - No
- Gender - No
- Culture- No
- Religion or belief - No
- Sexual orientation including lesbian, gay, transgender and bisexual people No
- Age - No
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems
Yes Those with dyslexia may experience difficulty accurately copying NHS Numbers. Such staff should be given support. The policy also encourages the use of Copy & paste functions & automatic NHS Number entry on standard letters when replicating numbers in order to minimise errors.

The construction of the NHS number includes a “check” character as the last digit.

2. Is there any evidence that some groups are affected differently?

No

3. If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Yes
An NHS Number is the only national unique identifier for patient records.

Accurate recording is essential to minimise clinical risk.

4. Is the impact of the document/guidance likely to be negative?

No

5. If so, can the impact be avoided?

N/A

6. What alternative is there to achieving the document/guidance without the impact?

N/A

7. Can we reduce the impact by taking different action?

N/A

12 Useful LinksGeneral Information

<http://www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber/staff>

Frequently Asked Questions – for Staff

<http://www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber/staff/stafffaq.pdf>

Fact Sheet for NHS Staff

<http://www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber/staff/guidance/factsheet.pdf>

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