

NHS Number



Frequently Asked Questions For staff

This document aims to answer frequently asked questions from NHS staff about the NHS Number. If you have any feedback or need further information please contact the NHS Number team at nhsnumber@nhs.net or visit

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

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1 Using and Sharing the NHS Number

1.1 Benefits of the NHS Number and the importance of using it

The NHS Number is the only national unique patient identifier. Using the NHS Number helps share patient information safely, efficiently and accurately. This helps reduce clinical risk to patients and improves financial flows.

As the delivery of patient care is often shared across a number of health and social care organisations, the effective linking-up and flow of information related to a patient has become even more important, the NHS Number helps to link records across organisations.

1.1.1 General Practice

Using the NHS Number enables GP Practices to:

- Accurately link the patient to their record
- Transfer patient records electronically using GP2GP
- Make referrals using Choose and Book
- Send electronic prescription messages
- Accurately identify patients in all communications with secondary and community care teams.

1.1.2 Clinical care

The NHS Number is important to clinical care because it:

- Is the only national unique patient identifier
- Supports safer identification practices
- Helps create a complete record, linking every episode of care across organisations
- Supports health and social care integration.

1.1.3 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 at birth to link their healthcare records for life.

1.1.4 Reception & administration staff

To improve patient safety by ensuring the right records are connected to the right patient, reception and administration staff should:

- Ask a patient to provide their NHS Number; this should be printed on their appointment letter or card
- Check if each patient has a NHS Number on the local clinical system
- Ask each patient to confirm, name, address and date of birth including the correct spelling.

1.2 Do we need the person's consent to store, use and share their NHS Number?

The NHS Number is used to link a person to their health record. If the NHS Number is collected, stored and used for the purpose of caring for a person then consent is not required.

In social care, the NHS Number is not as well established, but there are Department of Health policies and guidance documents, stating that the NHS Number may be used for joint health and social care purposes. In 2008, Department of Health policy guidance stated that the NHS Number may be used for social care records (see link below).

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098444

The NHS Number programme's scope does not include the definition of data sharing principles between organisations. Therefore, it is important that local organisations establish data sharing agreements between themselves and other organisations, particularly in the private and voluntary sectors.

If you are unsure about data sharing and/or the use of the NHS Number you should in the first instance seek further advice from your Caldicott Guardian or local information governance team.

1.3 Can the NHS Number be used for occupational health records?

The NHS Number can be used on occupational health records. In line with the Data Protection Act, all staff should be informed that this information is being collected and how it will be used.

1.4 Who do I contact to get a NHS Provider Number?

To obtain a NHS Provider Number you need to contact the NHS' Organisation Data Service.

Their contact details are:

Organisation Data Service (ODS)
NHS Connecting for Health
Hexagon House
Pynes Hill
Rydon Lane
Exeter
Devon EX2 5SE

ODS helpdesk number: 01392 251289

Email: exeter.helpdesk@nhs.net

2 General Practice

2.1 How are NHS Numbers allocated in primary care i.e. to a patient who wishes to register with a new practice?

As part of registration patients will need to complete a GMS1 form at the new practice. The patient should be encouraged to provide as much information as possible, including their NHS Number if known. If the patient does not know their NHS Number, it can be traced if there has been previous contact with the NHS.

The practice will then pass the patient's information to the primary care registration back office, usually electronically, through their GP system. The patient's records will then be transferred to the new practice, either electronically using GP2GP, or by the paper-based transfer system.

Patients who have never been in contact with the NHS or previously registered with a GP Practice will be allocated an NHS Number by the primary care registration back office. The local GP record will then be updated to include the NHS Number and the PCT should communicate the NHS Number to the patient i.e. through the issue of a medical card or welcome letter in line with their usual new patient registration process.

General guidance for GP practices is available here:

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

2.2 Should GP Practices refuse to register patients who do not know their NHS Number?

No, GP Practices cannot refuse to register patients simply on the grounds that they do not know their NHS Number.

2.3 Do GP Practices need to inform patients of their NHS Number to comply with the NHS Number Safer Practice Notice or NHS Number standards?

GP Practices are asked to ensure that patients are aware of their NHS Number. The requirement can be met by the PCT sending out NHS Numbers to patients i.e. by issuing a medical card. Patients who ask for their NHS Number should be provided with it once they are correctly identified.

3 Newborns and the NHS Number

3.1 How can I allocate an NHS Number for a baby?

All babies born in hospitals in England have an application for an NHS Number made electronically by the midwife in charge of the birth. The midwife saves the babies information and applies for the NHS Number via NN4B (using either Maternity Information system: the Interim NHS Number Service (INNS) or local PAS application to N3 and Spine) to the NHS Number Central Issuing Service (CIS). As long as all the information is correct, an NHS Number will be emailed straight back (usually within seconds). Parents do not have to 'do' anything for an NHS Number to be allocated in this way.

Anyone born in England, Wales or the Isle of Man since October 2002 will have an NHS Number. Babies NHS Numbers are allocated by a system called NHS Numbers for Babies (NN4B). The allocation is totally random and NHS Numbers previously used will never be reused. The maternity unit will inform the mother of their baby's NHS Number directly, usually by printing out a label with the baby's details and NHS Number. This label may be attached:

- To a leaflet called 'NHS Number - From Birth for Life'
- To a letter / form
- Inside the baby's 'Red Book'

Reasons an NHS Number cannot be automatically allocated may include:

- Inaccurate or incomplete information entered by the midwife
- A technical problem at the hospital IT services
- The details submitted closely match another baby born at the same time elsewhere in the country.

If a baby does not have an NHS Number allocated automatically in this way, the child health services in an area are responsible for applying for the NHS Number. If parents are unsure about a baby's NHS Number they can ask their health visitor or GP.

3.2 I need an NHS Number for my system to operate and the baby does not have one yet. What do I do?

If the baby is a newborn, contact the midwife/system manager for NHS Number for Babies (NN4B) at the maternity unit where the baby was born.

If it is more than 48 hours after a baby's birth, contact the relevant child health department, who can see if a number has been allocated or allocate one if none is found.

3.3 Does the PDS include foetal information?

The Personal Demographics Service (PDS) does not include separate foetal information or have a separate record for the foetus. DH guidance is as follows:

- From 24 weeks pregnancy all foetuses, whether or not they survive, require an NHS Number

- A baby born showing any signs of life after birth – regardless of gestation period – is a Registerable Birth and will have an NHS Number allocated.

Therefore:

- a) Guidance and systems do not cater for allocation of an NHS Number to a foetus in the event of, for example, obtaining samples from that foetus
- b) A still-born, under 24 weeks - will not be allocated an NHS Number
- c) A still-born over 24 weeks - will be allocated an NHS Number
- d) Foetuses over 24 weeks - will get an NHS Number at birth.

3.4 Do NHS Numbers have to be used when prescribing medicines in advance for a patient who is not born? (for example HIV medicines to be given at birth).

An unborn foetus cannot be registered as a patient and as a result will not have a NHS Number. Therefore when treating an unborn foetus an NHS Number is not necessary.

4 NHS Number Communication

4.1 What communication material is available to support the NHS Number?

An NHS Number communications toolkit has been developed to support awareness-raising activity and support implementation of the NHS Number Standards and Safer Practice Notice.

The toolkit contains:

- An information leaflet for patients
- A NHS Number for Babies information leaflet for patients
- An information leaflet for staff
- A poster for patients
- A poster for staff
- Case studies of NHS Number awareness-raising projects undertaken in some areas, and the supporting materials they used.

The toolkit can be accessed at:

www.connectingforhealth.nhs.uk/nhsnumber/toolkit

4.2 Obtaining communication material

All NHS Number communication materials are available in the NHS Number communications toolkit. The toolkit includes web and print versions of the national NHS Number communications materials. The web versions are downloadable and the print versions can be used to print locally. These can be accessed at:

www.connectingforhealth.nhs.uk/nhsnumber/toolkit

Some of the NHS Number material is also available in printed format. You can see a list and place an order via the NHS Connecting for Health 'resources' webpage.

<http://information.connectingforhealth.nhs.uk/default.aspx?Category=NHS%20Number%20Awareness>

4.3 Communicating the NHS Number to a patient

It is helpful for NHS staff to obtain the patient's NHS Number as early as possible. This helps staff to find and share their patients' medical records more safely and easily. Ensuring patients know their NHS Numbers helps them to be identified correctly and their records found efficiently wherever they receive care.

Patients should be able to find their NHS Number on their medical card or letter provided when they registered with their GP, or recent correspondence from the NHS (e.g. prescription, appointment letter). Alternatively they can contact their local PCT and ask for the department dealing with NHS Number enquiries. Registration staff will take their name, date of birth and address and then send them their NHS Number. Staff may ask patients for written confirmation of their identity. Alternatively, the GP or practice staff treating the patient would be able to advise the patient of their NHS Number.

More information can be found at www.connectingforhealth.nhs.uk/nhsnumber

For more information please see the MOD FAQs at <http://www.connectingforhealth.nhs.uk/demographics/modfaqs>

5 Standards Implementation

5.1 Current NHS Number standards and implementation

The NHS Number full Operational Information Standards for General Practice and Secondary Care were published by the Information Standards Board (ISB) in December 2008.

<http://www.isb.nhs.uk/docs/instantiations/nhs-number>

An Implementation Guidance document has been developed to support the adoption of these standards. You can [download the fully-designed version of the NHS Number Implementation Guidance \(PDF, 9Mb\)](#).

Please note that this document is nine megabytes and, depending on your internet connection speed, may take some time download. The separate sections are listed below for your convenience. You can [download the full plain text version \(PDF, 422Kb\)](#).

6.2 Do you have any guidance / documentation on how to implement the NHS Number, e.g. business cases, project plans and project initiation documents?

Please contact your local SHA NHS Number lead for information relating to the implementation of NHS Number. Local contact details are available on the NHS Number website:

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

5.3 The NHS Number Implementation Guidance refers to patient-facing information. What does this mean?

The term 'patient-facing information' refers to documents/letters/outputs from electronic patient record systems that are meant for patients. These communications must bear the NHS Number as the key identifier for that patient, along with consistent demographic details (e.g. names and address).

Patient-facing information can also mean any generic information (i.e. not patient specific) that has been produced for patients, for example an information leaflet explaining what an NHS Number is and why it is important.

5.4 How do the Information Governance (IG) Toolkit timelines fit with the implementation timelines for the NHS Number standards?

The IG Toolkit version 8, requirement 401, level 2, says that trusts should be in the process of implementing the NHS Number standard by March 2010. All trusts should complete the Standard by December 2010. For further queries on the IG Toolkit please contact exeter.helpdesk@nhs.net

5.5 Do the NHS Number Standards just cover active patients?

The NHS Number Standards are for active patients. NHS Number Standards would need to be followed for a patient defined locally as 'active'. At present NHS organisations must ensure that a minimum of 95 per cent of all active patient records have a NHS Number. Processes should be put in place to escalate and resolve records locally where a NHS Number cannot be found.

5.6 Is there a standard format for the NHS Number?

The NHS Number must be displayed and printed in a '3 3 4' format (e.g. 123 456 7890). Systems must also allow the NHS Number to be input into the appropriate data field on screen as 10 digits with or without spaces. This is documented fully in the NHS Number Information Standards.

<http://www.isb.nhs.uk/docs/instantiations/nhs-number>

6 Finding NHS Numbers (NHS Number tracing)

6.1 What happens when a patient gives misleading demographics information, for example a drug addict who is seeking to receive treatment from multiple organisations?

As a matter of Department of Health policy, the NHS does not require a patient to verify their identity in order to receive NHS care. Although patients have the right to withhold their true identity, they should be made aware that if they do not give consistent information their continuity of care may be compromised. If their record cannot be traced then an NHS Number should be allocated.

Where a patient gives incorrect information and fraud is suspected, this should be reported to Counter Fraud and Security Management Services. You can find more information at:

- NHS Counter Fraud Services <http://www.nhsbsa.nhs.uk/fraud>
- NHS Security Management Services <http://www.nhsbsa.nhs.uk/security>

6.2 How can I populate my records with the NHS Number?

Finding an NHS Number for a person is achieved by searching for their record on the Personal Demographics Service (PDS), the national demographics database, and obtaining their NHS Number. This process is referred to as 'tracing'.

Tracing can be completed by one of 3 methods:

- Multiple records batched in a file through the Demographics Batch Service (DBS)
- One record at a time through the demographics tracing functionality within Summary Care Record Application (SCRa)
- Local IT systems with an online interface to the PDS service

All of these methods require an N3 connection, i.e. a connection to the NHS secure network. You can find more information at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/n3>

Please note that in order to use the demographics tracing within SCRa your staff will need Smartcards, so you will need to contact your registration authority.

Further information can be found on the following NHS Connecting for Health web pages:

- Personal Demographics Service and tracing
<http://www.connectingforhealth.nhs.uk/systemsandservices/demographics>
- Summary Care Record application
<http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/impguidpm/skra>
- Smartcards and Registration Authorities
(<http://www.connectingforhealth.nhs.uk/systemsandservices/rasmartcards>)

If you have a N3 connection and you would like to use the Demographic Batch Service (DBS) you can approach the Demographics team at demographics@nhs.net to find out more details.

6.3 I do not have a N3 connection or access to the Demographic Batch Service (DBS) in order to connect to the Personal Demographics Service (PDS) to obtain the patients details - how can I get NHS Numbers?

If you do not have a N3 connection you could approach your PCT so see if they can perform a trace on your behalf through their own N3 connection or by matching against their local database. This should be considered as a one-off solution to populate your current set of records, as it will be unlikely that the PCT will be able to do this on a regular basis. Following this, DBS and the demographics tracing functionality within SCRa can be used but it will depend on the number and frequency of new records on your system.

6.4 What is the Migration Analysis Clearing Services (MACS)?

MACS can be used for hard-to-trace patient NHS Numbers, where sufficient history does not appear on the demographic tracing functionality within SCRa or DBS.

Further information can be found at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/macs>

6.5 In what circumstances will I be unable to find a patient on the Personal Demographic Service (PDS)?

A small proportion of patients treated by the NHS will not have a record on PDS and NHS Number; this is less than 3% of all patients.

Guidance has been produced for NHS Trusts allocating NHS Numbers to patients, to help avoid the duplication of patient records on the Personal Demographics Service. This guidance applies to any organisation either currently 'allocating NHS Numbers' to patients or in the process of implementing this capability. It is available from:

<http://www.connectingforhealth.nhs.uk/demographics/allocatenum.pdf>

There are a number of circumstances when it may be difficult to find a patient on the PDS:

Category	Description
Adoption Cases	<ul style="list-style-type: none"> • Currently individuals who go through the adoption process will have their new details including a new NHS Number added onto Personal Demographics Service (PDS). • Department for Education Ministers have reconfirmed their agreement to retain the original NHS number of adopted children, and use the Personal Demographics Service (PDS) 'Sensitive' ('S') flag to shield the location of children placed for adoption (where the Local Authority (LA) believes this is necessary to protect the child). The assumption from NHS Connecting for Health is that there will be a relatively small number of cases where the S-flag is appropriate. The new process will help to ensure continuity of health records for an adopted child. • It has yet to be fully agreed how the new arrangement will work in practice, and the date the new arrangement will be implemented is therefore not yet known. Planning has begun under the leadership of DfE officials and with the involvement of representatives of the various stakeholders. • Post implementation, there will no longer be a requirement for the PDS National Back Office (NBO) to invalidate original PDS records and create new PDS records for all adopted children. Instead, the adopted child's new name will be recorded as a change of name on the child's original PDS record, and when the child registers with a new General Practitioner (GP), the child's medical history will be transferred accordingly. There will be additional steps built into the process to shield the child's location, where it is considered necessary by the LA. • The PDS NBO has proposed immediate changes to the way that in-family cases are handled, where the name has already been changed on health records prior to adoption. We are awaiting confirmation from DfE that this is acceptable, pending final agreement on implementation of the process as a whole.

Category	Description
Armed Forces Personnel and Service Dependents (MOD)	<ul style="list-style-type: none"> • The Ministry of Defence (MOD) is currently engaged, through a partnership agreement with the Department of Health (DH), in a cross government programme to enable access to a number of national NHS services and applications for military personnel and any civilian patients registered with Defence Medical Services (DMS). For more information please see the MOD FAQs at http://www.connectingforhealth.nhs.uk/demographics/modfaqs • When individuals enlist they are not removed from the PDS and their PDS record may contain a previous address. Organisations need to use the name, dob, NHS Number and previous addresses to identify the correct patient.
Dental	<ul style="list-style-type: none"> • In general dental practices do not use NHS Numbers but in response to requests from secondary care organisations some organisations are now requesting patients provide their NHS Number. • Dental practices are unable to validate or verify NHS Numbers so any NHS Numbers received must be traced as quickly as possible.
Gender Reassignment	<ul style="list-style-type: none"> • Further information related to gender reassignments can be found at the following link, http://www.connectingforhealth.nhs.uk/systemsandservices/demographics/pds/ig/access/gender_reassignment/?searchterm=gender%20reassignment
GUM/STD Cases	<ul style="list-style-type: none"> • To maintain the confidentiality of the patient, NHS Numbers do not have to be used in such cases. • Organisations must continue to treat patients without an NHS Number.

Category	Description
Identity Changes	<ul style="list-style-type: none"> • There are situations where there is a need to change a patient's identity, such as Adoption, Protection of ID and Gender Reassignment. The National Back Office (NBO) together with the Primary Care Registration Back Offices running the NHAIS system have an established process for handling Gender Reassignment and NHS Number allocation on central records. See NBO ID101 and NBO ID102 forms: <p>http://www.connectingforhealth.nhs.uk/systemsandservices/sd/downloads</p> <p>Additional information can also be found on the demographics website:</p> <p>www.connectingforhealth.nhs.uk/systemsandservices/demographics/pds/ig/access/index.html</p> <p>The patient's old identity may exist on the local system, so local records may need to be transferred to the new identity, subject to the IG rules.</p>
Mental Health (MH) Patients	<ul style="list-style-type: none"> • Most patients treated by mental health organisations will have a record on the Personal Demographics Service (PDS) and therefore an NHS Number. • There are a small number of patients who have been in residential mental health care for many years and do not have a record on the PDS and an NHS Number. • There may be individuals who are unable to provide details of their identity and in these cases it may not be possible to correctly find their record on the PDS and determine their existing NHS Number. • Individuals presenting to A&E for treatment may be referred into MH without an NHS Number if they are unable to provide their identity or the organisation has been unable to trace the individual against the Personal Demographics Service (PDS) before the referral has been made. • For "Secured Patients" – i.e. patients in secure units such as Broadmoor, there are already requirements to restrict disclosure of their status through their demographic details. Access to their medical records should be restricted for protective security reasons. Currently there is no national standard for accomplishing this. Each local unit is responsible for putting in place its own arrangements.
No Fixed Abode	<ul style="list-style-type: none"> • Often the information provided for individuals without a fixed abode may not be sufficient to find their record on the PDS and hence their NHS Number. • Sometimes individuals do not wish to be identified and will not provide the information necessary to identify their record on the PDS and NHS Number.

Category	Description
Northern Irish Patients	<ul style="list-style-type: none"> • Patients from Northern Ireland are allocated a “Northern Ireland H&C Number” by HSC, the integrated body providing Health and Social Care in Northern Ireland. • The H&C Number is in the same format as the NHS Number: 3 3 4 format with 10th digit being a checksum. H&C Numbers are always unique from NHS Numbers allocated in England because the H&C Numbers are taken from a range of NHS Numbers reserved for Northern Ireland: 320 000 001 to 399 999 999. • Patients transferring their GP Registration to England will be initially allocated an NHS Number which is then replaced with their NI H&C (Health & Care) Number as part of the transfer process, but there will be a delay. This will then be available on PDS. • Patients from Northern Ireland being referred for care or presenting for emergency care may not have a record on the PDS and therefore an NHS Number. • Organisations need to check PDS to identify an existing record for the patient and NHS Number. If the individual has ever been registered with a GP or attended secondary care for treatment they may already have a record on the PDS and an NHS Number. • Care must be taken to obtain sufficient information to correctly find existing records on the PDS
Overseas Visitors	<ul style="list-style-type: none"> • Note that this category includes: people from abroad working in the UK, patients from the UK other than England, Wales and Isle of Man; patients from the Channel Islands and the Republic of Ireland; Asylum Seekers. • If the individual has previously been registered with a GP or received care at a trust able to create patient records and NHS Numbers on PDS, they may already have a record on PDS and an NHS Number. • Care must be taken to obtain sufficient information to correctly find existing records on the PDS • Having an NHS Number does not make an individual eligible for free treatment, it is important not to assume that all individuals with an NHS Number or referred by GPs are eligible for free secondary care treatment. Further Department of Health guidance can be found at the following link, http://www.dh.gov.uk/en/Healthcare/Entitlementsandcharges/OverseasVisitors/Browsable/DH_074373

Category	Description
Patients providing incorrect Demographics	<ul style="list-style-type: none"> • The patient or carer may supply incorrect demographics, <ol style="list-style-type: none"> 1) unintentionally – e.g. married name quoted, but maiden name still held on PDS 2) Intentionally – hiding their identity • In these circumstances it may be impossible to identify an existing record on the PDS and therefore an NHS Number for the individual.
Prisoners	<ul style="list-style-type: none"> • When an individual is incarcerated they are not removed from PDS and their PDS record may contain a previous address. Organisations need to use the name, DOB, NHS Number and previous addresses to identify the correct patient. • Prisons are starting to use NHS Numbers and these may be received on referrals. Further information is available to help organisations treating prisoners, http://www.connectingforhealth.nhs.uk/prisonhealth/guidance/prisonreferrals.pdf • A prisons address paper is also available which explains why it is allowed that prison addresses be held on the PDS and locally, http://www.connectingforhealth.nhs.uk/prisonhealth/guidance/prisonreferrals.pdf
Private Patients	<ul style="list-style-type: none"> • Some Private Patients may never have registered with a GP practice or treated by a secondary care organisation that can add new patients to the PDS (this is also known as allocate NHS Numbers), especially private patients from overseas, and will not have a record on the PDS or an NHS Number. • Some organisations now have the ability to create records including NHS Numbers on PDS so it is important to check for an existing record on the PDS and NHS Number. • Care must be taken to obtain sufficient information to correctly find existing records on the PDS
Referrals (GP) without NHS Number	<ul style="list-style-type: none"> • All patients that have completed the registration process with a GP in England, Wales and Isle of Man will have an NHS Number. • There may be a minority of cases when a GP has to refer an individual for treatment urgently and an NHS Number is not available because they are in the process of completing the registration process: <ul style="list-style-type: none"> ◦ Patients moving practices (they will have an NHS Number) ◦ Patients new to the NHS (i.e. overseas visitors who may not have an NHS Number) • If the referral is from a GP in England, Wales or Isle of Man, contact the GP and request the NHS Number.

Category	Description
Referrals (non-GP) without NHS Number	<ul style="list-style-type: none"> • Many referrals may be received from organisations with no means to determine the NHS Number e.g. opticians, dentists and physiotherapists. • In these circumstances the NHS Number may not be provided even if the individual has an NHS Number. If an NHS Number has been provided it may not have been verified against PDS. • As most patients have a record on the PDS and an NHS Number if you are struggling to find an NHS Number ask the referrer for further information or check the details with the patient before treatment.
Scottish Patients	<ul style="list-style-type: none"> • Patients registered with a Scottish GP may have a record on the PDS and therefore an NHS Number if they have previously been registered with a GP in England or treated by a secondary care organisation that can add new patients to the PDS (this is also known as allocate NHS Numbers). • Scottish organisations will not know if their patients have an NHS Number and will not provide NHS Numbers on referrals. • Organisations need to check PDS to identify an existing record on the PDS and therefore an NHS Number. If the individual has ever been registered with a GP or attended secondary care for treatment they may already have a record on the PDS and an NHS Number. • Care must be taken to obtain sufficient information to correctly find existing records on the PDS
Unconscious patients	<ul style="list-style-type: none"> • Use the local identifier until demographic information is obtained and validated.

6.6 Does the NHS Number have to be recorded for people who wish to remain anonymous?

An NHS Number should not alter the way in which anonymous healthcare treatment is currently provided and where there is existing policy which would be contravened by its use.

The standard for the use of the NHS Number in secondary care states that the NHS Number should not be used in electronic and hard copy correspondence if it conflicts with a policy, e.g. patients are entitled to anonymous care from a sexual health clinic. This is specifically covered in the IM&T systems conformance requirements NN-SC-SR-06 and human behaviour and business process conformance requirements NN-SC-BR-0.

Full details of these requirements are included in the standard available from:

<http://www.isb.nhs.uk/docs/instantiations/secondary-care-1/SubOperational.pdf>

Where it is lawful and practical, individuals can seek treatment and services on an anonymous basis. It is up to patients to decide whether to include their NHS Number in

their record when seeking anonymous healthcare services. However, patients must be made aware of the risks resulting from being treated anonymously as medical staff will not be able to review their previous history. In addition some national systems and service such as Choose and Book and Electronic Prescription Service will not work without a patient's NHS Number

The approach agreed with the British Association for Sexual Health and HIV (BASHH) representatives is that it is a patient's choice whether they have their NHS Number included on the record.

6.7 How can I get a list of NHS Numbers for all our prison population?

The Prison Health IT programme within NHS Connecting for Health will be able to provide help with this matter.

Visit the Prison FAQs here

<http://www.connectingforhealth.nhs.uk/prisonhealth/faqs/implementation>

For more information email the Offender Health IT team at nhscfh.phit@nhs.net

7 Data Quality

7.1 What is the Personal Demographics Service (PDS) National Back Office (NBO)?

The PDS NBO is dedicated to resolving demographics data quality issues. These include:

- Duplicates - where two records exist for the same patient
- Confusions - where two patients are using the same record, or where two people are using two records but the wrong way round. Also known as mis-associated records.
- Incorrect information being added to a patient record
- Deceased patients - patients incorrectly set as 'deceased'
- Restricting access to a patient record for security reasons (known as 'sensitive flagging')
- Changes of identity - for example adoptions or gender reassignment.

The NBO has well-defined policies and procedures for processing PDS data, including the resolution of duplicates and confusions, merging and demerging and dealing with sensitive information, in which the staff are well-trained.

For more information on the PDS NBO visit:

<http://www.cfh.nhs.uk/demographics/backoffice>

7.2 How do I resolve a demographic data quality issue?

You need to log the issue with your local service desk for escalation to the PDS NBO.

Further details of PDS NBO can be found at the following link:

<http://www.connectingforhealth.nhs.uk/demographics/backoffice>

If your local service desk has been accredited, it should pass the call directly to the PDS NBO. If not, your local service desk should register the call with the NHS CFH Service Desk marking it as follows: 'FAO: PDS NBO'.

The NHS CFH service desk is the single help desk for all national application and service issues. It acts as the first point of contact for all calls against applications and services supported by NHS CFH. The NHS CFH service desk can be accessed from <https://www.nhs.cfh.servicedesk.nhs.uk> or on 08453 660 066.

7.3 How do I deal with a patient with two NHS Numbers?

One of these numbers may be the old style NHS Number made up of both letters and numbers.. This has now been replaced for all patients by a new NHS Number made up entirely of numbers. Therefore you should check in the first instance that both numbers are made up entirely of numbers. If they are, please follow the guidance below:

Primary Care Trust (PCT) or Acute staff: If you do not work in the data quality/information management team within your hospital or trust then you should contact them in the first instance.

If you do work in the data quality / information management team you should attempt to resolve the issue at a local level. If you are unable to establish which NHS Number is correct, this can be raised via an accredited service desk (if you have one) or via the NHS CFH helpdesk 0845 366 0066 <http://www.nhs-servicedesk.co.uk/>

If you are able to establish which NHS Number is correct there is still a requirement for the National Back Office to be notified so any duplications are resolved on national databases <http://www.connectingforhealth.nhs.uk/demographics/backoffice>

GP Practice staff: This duplication should be reported to your local registration agency for them to resolve. They will work with the Exeter helpdesk to resolve the duplicate and ensure that any corrections are also made on national databases.

7.4 I work in an NHS organisation and need to update the records of some patients, including the NHS Number. How can I find this information?

Primary Care Trust (PCT) or Acute staff: If you do not work in the data quality/information management team within your hospital or trust then you should contact them in the first instance.

If you do work in the data quality / information management team and are unsure how to proceed please raise via your local accredited service desk (if you have one) or via the NHS CFH helpdesk 08453 660 066 <https://www.nhs.cfh.servicedesk.nhs.uk>

GP Practice staff: Contact your local registration agency for guidance.

8 Technical implementation of standard

8.1 NHS Number vs. local identifiers

The NHS Number is a 10-digit national unique patient identifier, it uses the last number as a 'Modulus 11' check digit (see 8.5 'What is a Modulus 11 algorithm' for more information). Where a system uses this 'Modulus11' validation it checks the NHS Number is correct when it is entered. With this check there is a minimum of a 90% chance of catching an error from mis-keying (this increases to 100% for most common transcription and transposition errors).

Over time, due to organisations merging and dividing, more and more local identifiers have ended up in use. For example:

- In one city in the Midlands, each of the two hospitals there has a number - a north number for one and a south number for the other and there is also a district number. Different systems accept different numbers on different sites.
- In two community hospitals in a different part of the Midlands, there were so many local identifiers in use that they made the move to using the NHS Number as the primary identifier, and re-indexed their paper records accordingly.

Local numbers are typically short, do not have a check digit and are issued sequentially. The only argument given in favour of using local identifiers is that they are shorter than the NHS Number. So, as the length of the local identifier increases, this argument weakens.

Local identifiers that are issued sequentially carry an inherent risk with newborns, particularly with multiple births. "SMITH, Baby 1" and "SMITH, Baby 2" will have sequential local numbers, therefore the risk of misidentification is significant as with any babies born within relatively short time periods and having similar names. NHS Numbers are allocated randomly at birth and significantly reduce this risk.

Most significantly, the NHS Number can be used to link a person to their care record by any organisation; local identifiers are only useful within one organisation and cannot be transferred to another organisation that may also be providing care for the same patient.

8.2 What NHS Number verification statuses are acceptable?

The NHS Number verification status should be held in all systems. If you only share the NHS Number to departmental systems from a trusted source (i.e. you only send out verified NHS Numbers) then the systems can record this as verified upon receipt from that source. It is advised that only verified NHS Numbers be used, although we know that it is not always possible. Local organisations should risk assess their own systems and processes, and implement appropriate solutions.

The NHS Number Data Set Change Notice (DSCN) states that applicable systems must record the verification status of each recorded NHS Number. The verification status is returned when you trace against Demographics Batch Service (DBS) or the PDS. The Demographics team are responsible for these services.

Access more information on the NSTS or PDS from:

<http://www.connectingforhealth.nhs.uk/systemsandservices/demographics>

The NHS Number Status (received from DBS) is:

- 01 Number present and verified
- 02 Number present but not traced
- 03 Trace required
- 04 Trace attempted - No match or multiple match found
- 05 Trace needs to be resolved - (NHS Number or patient detail conflict)
- 06 Trace in progress
- 07 Number not present and trace not required
- 08 Trace postponed (baby under six weeks old)

8.3 What percentage of verified NHS Numbers do we need on our system?

For the safer practice notice (issued by the National Patient Safety Agency, June 2009) and the NHS Number operational information standards (developed by the NHS Number programme and published through the Information Standards Board) December 2008 there is no specific target for the percentage of verified NHS Numbers on local systems. However, the recommendation is to ensure all NHS Numbers are verified to support safer patient identification practices.

For more information refer to the guidance on our website:

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

8.4 What is a Modulus 11 algorithm?

The NHS number comprises 10 digits. The first nine digits are the identifier and the tenth is a check digit, used to confirm the number's validity. The check digit is calculated using the Modulus 11 algorithm.

There are four steps in the calculation:

Step 1: Multiply each of the first nine digits by a weighting factor as follows:

Digit Position (starting from the left)	Factor
1	10
2	9
3	8
4	7
5	6
6	5
7	4
8	3
9	2

Step 2: add the results of each multiplication together

Step 3: divide the total by 11 and establish the remainder

Step 4: subtract the remainder from 11 to give the check digit

There are two occasions where the check digit calculation process must be modified slightly:

If the result of step 4 is 11 then a check digit of 0 is used

If the result of step 4 is 10 then the number is invalid and not used

An example of this equation is shown below for an example NHS Number (401 023 213)

Step 1 - apply weighting factors:

Digit Position	Value	Factor	Result
1	4 x	10	= 40
2	0 x	9	= 0
3	1 x	8	= 8
4	0 x	7	= 0
5	2 x	6	= 12
6	3 x	5	= 15
7	2 x	4	= 8
8	1 x	3	= 3
9	3 x	2	= 6

Step 2 – add the results of each multiplication together:

$$40 + 0 + 8 + 0 + 12 + 15 + 8 + 3 + 6 = 92$$

Step 3 – divide the total by 11 ($92 / 11 = 8$, remainder 4)

Step 4 – subtract the remainder from 11 to give the check digit $11 - 4 = 7$

The complete new NHS number in this example is therefore: 401 023 2137

This NHS Number is only an example and should not be used as a patient's NHS Number.

8.5 How does a local organisation assess which systems are applicable and conform to the standard?

Local organisations will need to undertake a number of steps to ensure that all applicable systems conform to the standard. It is expected that not all systems within an organisation will need to conform to the standard.

Each organisation covered by the NHS Number Information Standards for General Practice and Secondary Care will need to review all systems to identify which systems need to conform (i.e. applicable systems). This assessment will need to consider the following criteria for any system that holds patient demographics:

1. Does the system act as a master index to send patient identifiable data and NHS Numbers to other systems?
2. Will the system be used to produce hard-copy outputs containing patient identifiable data (this includes patient facing information such as appointment letters)?
3. Does the system need to transfer information between organisations?
4. 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 questions is 'yes' then the system is an applicable system and the standard applies.

8.6 Are self check-in systems ‘applicable systems’?

Self check-in systems process patient data and they interact with the patient. They should be considered applicable systems as per the NHS Number Standards for General Practice and Secondary Care, published by the Information Standards Board (ISB) in December 2008.

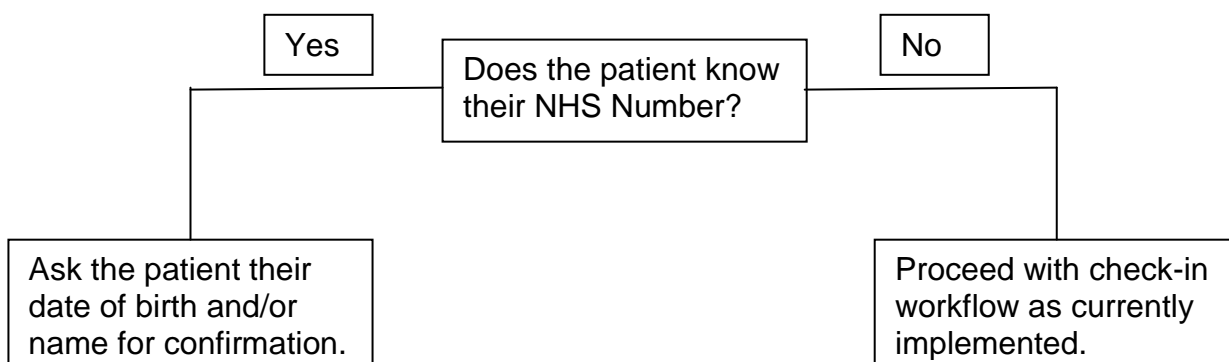
<http://www.isb.nhs.uk/docs/instantations/nhs-number>

Self check-in systems take the role of the receptionist during the check-in process so the system should ask the patient if they know their NHS Number (which is stated in requirement NN-GP-BR-04 of the standard).

A suggested workflow would be:

- 1 - ask the patient if they know their NHS Number
- 2a - if yes, ask patient for NHS Number and date of birth and/or name for confirmation
- 2b - if no, proceed with check-in workflow as is currently implemented.

This workflow will not only encourage patients to use their NHS Number, but provide a more efficient check-in process should they be able to enter their number.



8.7 What is happening with Picture Archiving and Communication System (PACS) with regard to the NHS Number?

The PACS team at NHS Connecting for Health are in discussions with Local Service Providers' (LSP) to develop roadmaps for compliance with the NHS Number Safer Practice Notice and Information Standards.

If you have any further questions please contact the PACS team at NHS CFH on pacs.query@nhs.net and they will be able to respond to your query.

9 Supplier Conformance

9.1 Where can I find information about the progress system suppliers are making in complying with the Data Set Change Notice (DSCN) 31/2008 (GP standard)?

The GPSoC (GP System of Choice) team at NHS CFH have published details of the current and planned DSCN compliance for GP systems. These can be found here:

<http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/systems/dscncompliance>

9.2 Where can I find information about the progress system suppliers are making in complying with the DSCN notice 32/2008 (secondary care standard)?

NHS CFH have been working with suppliers to determine their position and plans for complying with the NHS Number Information standard for Secondary Care (DSCN 32/2008). Many suppliers are still working to implement the necessary NHS Number changes. If you have concerns about supplier compliance with the standard please contact your SHA NHS Number lead in the first instance. Local contact details are available on the NHS Number website:

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

10 Safer Practice Notice

10.1 How should the Safer Practice Notice mandating the use of the NHS Number be implemented?

Safer practice notices are issued by the National Patient Safety Agency (NPSA). The notice in relation to the NHS Number can be found at:

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

Any specific questions related to the Safer Practice Notice should be directed to the NPSA at enquiries@npsa.nhs.uk.

Further guidance regarding the implementation of the Safer Practice Notice is available on the NHS CFH NHS Number web pages:

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

10.2 Is there any safer practice information available about the printing and use of wristbands for newborns?

The link below provides a table of safer practice notices including the wristband notice:

<http://www.npsa.nhs.uk/nrls/alerts-and-directives/notices/>

This link outlines further information:

<http://www.npsa.nhs.uk/nrls/alerts-and-directives/directives-guidance/patient-identification/>

Any questions should be directed to NPSA at enquiries@npsa.nhs.uk

11 Cross-border use of the NHS Number

11.1 How do I determine the NHS Number for a patient from another country within the United Kingdom, such as Wales?

Wales and the Isle of Man: The PDS holds records of all patients from Wales and the Isle of Man, not just those registered in England. The same format of NHS Number is used in Wales and the Isle of Man. This means that it can be used in the same way to trace a patient on the PDS.

Where this is part of a contracted commissioning arrangement, the NHS Number should be included as part of the referral documentation. Where this is emergency treatment and is non-contracted activity, the tracing procedures should be undertaken as early as possible in the patient's pathway, as for English residents.

Scotland: In Scotland there is a Community Health Index (CHI) number rather than an NHS Number. The format (3 3 4) of the CHI number is the same format as the 10 digit English NHS Number, but it uses a separate range of numbers. An NHS Number may be present in the PDS if a patient had previously been registered with a GP in either England or Wales. If there is no record of the patient on the PDS, the patient should be allocated an NHS Number.

Northern Ireland: Patients resident in Northern Ireland have a Health and Social Care Number (HSCN). The processes adopted for these patients are the same as those described for Scotland. The 10-digit format is the same but a separate range of numbers is used. The HSCN can be recorded by organisations in England to identify these patients.

Channel Islands: Patients from the Channel Islands should be treated as overseas patient's status.

The Department of Health's detailed 'overseas visitor' guidance (available at www.dh.gov.uk/overseasvisitors) is clear that the NHS Number is not to be linked to, or confused with, eligibility. People who are not eligible for free NHS treatment can and should still have an NHS Number where possible. Patients from the Channel Islands should be treated as overseas visitors.

Further information on the processes for non-contracted activity for cross border emergency treatment can be found in the DH guidance published in 2006.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139150

11.2 How can we be sure that the range of numbers used for Scotland Central Health Index (CHI) which begin with patients' date of birth will remain discrete and not be repeated within the generated NHS Numbers from the Personal Demographic Service (PDS)?

PDS does not use any numbers in the range **001 000 0010** to **319 999 9999**. This range is reserved for CHI numbers, the Scottish organisation that oversees this process, using the following logic: DDM MYY NNNC, where:

- DD is the person's day of birth
- MM is the person's month of birth
- YY is the person's year of birth
- NNN is the sequence number
- C is the Check Sum digit

12 Adult social care and local authorities

12.1 Can the NHS Number be used by social services?

The NHS Number can be used by any organisation for the provision of health and social care when commissioned by the NHS. This includes independent sector treatment centres, social services and other providers of care.

The following policy statement was issued by the Department of Health in 2008:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098444

12.2 Can I have more information regarding the NHS Number and social care?

The NHS Number team at NHS CFH is currently developing a standard for use of the NHS Number within Social Care.

Further information on the NHS Number and adult social care can be found at:

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

12.3 Can we store a carer's NHS Number?

If the carer is not the person being cared for, and there are no records relating to the care of the carer, then there is no reason to record the carer's NHS Number.

13 Future NHS Number standards

13.1 Do independent contractors need to use the NHS Number?

Independent contractors may need to conform to the NHS Number operational information standards for general practice and secondary care depending upon the services that they provide. Organisation's services that are currently out of scope will be covered in future standards but the timescales are yet to be agreed. The existing standards are available on the ISB website at:

<http://www.isb.nhs.uk/use/baselines/nhs-number>

13.2 Which areas will be included within the scope of the community care standard?

The scoping for the community care standard is not yet complete. .

13.3 Dentistry

There will be a separate data set change notice and operational information standard for the NHS Number for dentistry in the future, but this has still to be prioritised.

