

PACS and RIS - NHS Number (DSCN 32/2008) compliance

PACS NHS Number approach

The document "PACS Programme - NHS Number Approach for PACS and RIS Compliance to DSCN 32/2008" (NPFIT-PAC-DES-0412) details the approach for NHS Number compliance by PACS and RIS systems and has been agreed by the PACS and NHS Number programmes.

This document was issued to all LSP PACS and RIS providers March 2011, with the intent that they will achieve compliance within 12 months from issue. This approach was deemed, by the NHS Number Programme Board, to implement the intent of the NHS Number programme and that the variations to the DSCN, detailed below, were acceptable given the context in which the products are being used.

The NHS Number Programme Board had already begun discussions with the Information Standards Board to review the verification requirements within the DSCN and the clinical risk assessments undertaken by the PACS programme are in-line with the NHS Number programme's findings.

The conclusion of the clinical risk assessment, discussed with the National Patient Safety Agency, was that the following requirements were not applicable to PACS and RIS:

1. 'The risks associated with meeting the DSCN requirement that 'Only verified NHS Numbers should be sent electronically' is greater than the risk of including the unverified NHS Number in downstream systems', particularly as the majority of PAS systems do not currently support real-time verification. PAS, RIS and PACS systems will still be required to propagate all NHS Numbers as soon as they are available via PAS to ensure data integrity is maintained.
2. The DSCN requirement that 'The verification status of the NHS Number should also be displayed' is considered to increase clinical risk as it is likely to add confusion in conjunction with the business process requirement that 'When the NHS Number is used to retrieve an electronic record other demographic information supplied must be used to confirm the patient's identity and that the record retrieved belongs to that patient'. The verification status will be maintained within PAS and the NHS Number will be propagated to RIS and PACS as soon as it becomes available.
3. Updates to patients' demographics, including NHS Number within the PAS, will be passed to the RIS and PACS.
4. From a demographic workflow perspective, imaging modalities and third party integrated applications (e.g. 3D reconstruction and orthopaedic templating) are considered to operate as a single applicable system with RIS and PACS, providing that:
 - a. Patient identity and demographic integrity are assured through use of DICOM Modality Work Lists and General Purpose Work Lists operating as a 'closed loop' system (IHE scheduled workflow).
 - b. Business processes are in place following each acquisition to confirm that images sent to PACS are assigned to the correct patient record.

