PDS Tracing Guidance for Front Line NHS Staff

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Glossary of Terms:
List any new terms created in this document. Mail the NPO Quality Manager to have these included in the master glossary above [1].

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<tr>
<th>Term</th>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>Department of Health</td>
<td>DH</td>
<td>Also referred to as the Authority. Government department with responsibility for health.</td>
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<tr>
<td>General Practitioner</td>
<td>GP</td>
<td>A person who is fully registered with the General Medical Council to provide personal medical services.</td>
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<td>Information and Quality Assurance Programme</td>
<td>IQAP</td>
<td>Ensures that the quality of data with NHS CRS is of appropriate quality to support high quality clinical care</td>
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<tr>
<td>National Health Service</td>
<td>NHS</td>
<td>The publicly-funded health care organisations in the UK which are organised under the authority of the Secretary of State for Health. For the purposes of this documentation, the NHS is restricted to England.</td>
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<tr>
<td>Personal Demographics Service</td>
<td>PDS</td>
<td>NHS wide demographics service which can be used by all NHS systems to identify a Service User and to supply that Service User’s personal details to Authorised Users.</td>
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1. Introduction

The National Programme for Information Technology, (NPfIT) is a programme specifically aimed at the long term government-led vision of a unified NHS - which will be made possible by using a highly developed Information and Communication Technology (ICT) platform. This system will include the NHS Care Records Service (NCRS) which will enable patient record details to be accessed anywhere in England via the patient’s unique NHS number.

Ensuring a high level of data quality is therefore crucial for the success of the NPfIT. The function of the Information Quality Assurance Program (IQAP) is to ensure that guidance documents are set out to advise stakeholders of the data standards necessary, thereby ensuring that their data quality issues are recognised and resolved prior to data migrations.

2. Purpose

To act as the guidance for NHS staff to outline processes that should be employed in an effort to correctly, efficiently and securely trace and confirm patient demographic details via the Personal Demographic Service (PDS).

3. Background

PDS aims to be the master index for person/patient records for the NHS. Much of the demographic detail which will populate this index will be sourced by NHS staff and obtained through interactions with patients and carers.

The current practices relating to capture of demographic information from patients should be reviewed and improved to support efficient and accurate data collection of these key elements of data. The ability to uniquely identify patient is crucial to good effective clinical care.

Staff interacting with patients need to understand and appreciate the importance of obtaining and recording quality patient demographic information.

It is also considered that it will be beneficial if additional focus is paid to educating patients of the need to understand and appreciate the importance of providing the correct information, in terms of demographics, when using health services.

4. PDS Tracing Guidance

4.1. Confirm the patients identity

At the present time there is no mandated requirement for patients to validate their identity.

In the absence of any definitive guidance a number of trusts have introduced local processes for verification of patient identity.
4.2. Confirm the patients eligibility to receive NHS care

Guidance released from DH, effective from April 2004, does require Acute Trusts to interview all new referrals to determine eligibility for NHS care. This interview can require some elements of validation of patient identity. It is anticipated that this requirement for validation at point of registration will be extended to primary care in the future.


4.3. PDS Trace Options

PDS has functionality which allows users to employ various tracing options and input different subsets of data to search for patient. The key trace options are:-

- Simple search
- Advanced search

4.4. Simple Trace method

Most patients can be traced via asking the following simple questions to obtain simple basic patient identifiable information which can then be entered into the system to facilitate a simple trace.

- First Name
- Family name / Given name / Surname
- Date of Birth
- Gender
- Postcode

Where information is not readily available it is recommended that NHS staff can adopt principles and questions as detailed below to obtain more detailed information from patient. The questions included are best asked on face to face basis when patient attends NHS premises.

4.4.1. First Name

- Ask for the patients' full first name.
- Ask how they spell their first name as it maybe different to conventional spelling.
- Check to see if it is a shortened version of a forename – i.e. “Chris” instead of “Christopher” or “Christine”.

4.4.2. Family / Given / Surname

- Ask for the patients' full last name – i.e. Family name, Given name, Surname.
- Ask how they spell their last name as it maybe different to what you imagine.
4.4.3. Date of Birth
- Ask for the patients’ date of birth.
- If unknown do not estimate in first instance, but instead refer to Advanced Trace

4.4.4. Gender
- If a trace is to be required against information received as a result of a telephone or written communication it may be difficult to determine gender. In a number of cases gender may be derived from patients’ full first name, if this has been verified.
- However in the case of unfamiliar names it is always advisable to check gender with patient rather than making an assumption.

4.4.5. Postcode
- Ask for the patients postcode for where they live
- Check to ensure that the postcode provided is for their permanent address and not that of a temporary address – i.e. temporary resident or on holiday
- Ask if the patient has moved addresses recently and whether they informed their register GP, if not then ask for their previous address
- If unknown do not enter a default in the first instance, but instead refer to Advanced Trace

4.4.6. Previous Visits
- Ask whether the patient has received treatment before from this NHS organisation.
  - The date of any treatment may indicate whether local information is available on the local active computer or archive systems.
- Ask whether the patient has received treatment before from any other NHS organisational in England.
- Ask whether the patient is currently registered with a NHS GP for treatment in England.
- If the answer is yes to any of the above then it can be reasonably confident assumed that the patient will exist on PDS when traced using the correct pieces of patient identifiable information.
  - If patient indicates that there has been previous contact with NHS then user should set flag on registration screen to indicate that patient has confirmed previous contact. The setting of this flag will help the back office administrators identify that there may already be a record for this patient and that additional investigation will be required to ensure that any duplication resolved.

4.5. Advanced Trace methods

Advanced Trace methods should only be used where it has not been possible to trace a patient via the Simple Trace method.

Advanced Trace has 2 methods to trace and identify the correct patient.
- Trace (but with reduced subset of data) employing specific data item matches only. – i.e. “Chris” and not “Christopher” or “Christine”.
- Trace (but with reduced subset of data) employing use of wildcards to allow the matching of partial data and “match weight” to indicate a percentage degree of match confidence on the returned results.

Advanced Trace should be employed when only a subset of data required to enact a simple trace is available to the user. Subsets of data that could be employed by advanced trace are indicated below.

- Surname, First name and Date of Birth
- Surname, Gender, Date of Birth and Postcode
- First name, Gender, Date of Birth and Postcode
- Surname and Post Office Address File Key – ( internal database identifier )

Similar validation questions to those recommended for simple trace method should be used at point of face to face contact with patient. In fact it is more important to obtain detailed information from patient when the treating NHS organisations does not hold a full set of demographic data for patient. The questions included are best asked on face to face basis when patient attends NHS premises.

4.5.1. First Name
- Ask for the patients’ full first name.
- Ask how they spell their first name as it maybe different to what you imagine.
- Check to see if it is a shortened version – i.e. “Chris” instead of “Christopher” or “Christine”.
- Trace will match on specific data items unless a wildcard is used

4.5.2. Family / Given / Surname
- Ask for the patients’ full last name – i.e. Family name, Given name, Surname.
- Ask how they spell their last name as it maybe different to what you imagine.
- Trace will match on specific data items unless a wildcard is used

4.5.3. Date of Birth
- Ask for the patients’ date of birth.
- If only the year of birth is known try using the default values – i.e. “01.01.CcYy” where CcYy is the known year.
- If unknown a range of dates can be used. Details of date ranges that can be input to system will be released in operational guidance.

4.5.4. Gender
- If a trace is to be required against information received as a result of a telephone or written communication it may be difficult to determine gender. In a number of cases gender may be derived from patients’ full first name, if this has been verified.
- However in the case of unfamiliar names it is always advisable to check gender with patient rather than making an assumption.
4.5.5. **Postcode**
- Ask for the patients postcode for where they live
- Check to ensure that the postcode provided is for their permanent address and not that of a temporary address – i.e. temporary resident or on holiday
- Ask if the patient has moved addresses recently and whether they informed their register GP, if not then ask for their previous address
- If the postcode is unknown then the Date of Birth must be obtained

4.5.6. **Previous Visits**
- Ask whether the patient has received treatment before from this NHS organisation.
  - The date of any treatment may indicate whether local information is available on the local active computer or archive systems.
- Ask whether the patient has received treatment before from any other NHS organisation in England or Wales.
- Ask whether the patient is currently registered with a NHS GP for treatment in England or Wales.
- If the answer is yes to any of the afore mentioned questions then it can be reasonably assumed that the patient will exist on PDS when traced using the correct pieces of patient identifiable information.
  - If patient indicates that there has been previous contact with NHS then user should set flag on registration screen to indicate that patient has confirmed previous contact. The setting of this flag will help the back office administrators identify that there may already be a record for this patient and that additional investigation will be required to ensure that any duplication resolved.

Advanced Trace will where possible return a single best match for the patient data entered. Where this is not possible additional prompts for more information will be given to determine the single best match.

Where a unique match cannot be made it is possible for a user to request to see the returned summary details, which will in effect constitute a pick list. The summary details will show demographic details for all records returned as a possible match based on the initial search request. (Where a search has brought back multiple matches all possible match records will be stored in cache on local systems) Where access to summary details/pick list is requested by any user an alert will be generated to the PDS Central Back Office. PDS Central Back Office will monitor these alerts to ensure that pick lists are only be used as last resort and not as the conventional method of tracing.

Summary details will consist of Patient Title, Surname, First name, Gender, Date of Birth, Date of Death (where present), Postcode and if appropriate to the trace the “match weight” percentage.
In line with Information Governance principles multiple matches may be returned but currently this is limited to 50 summary records and the data returned will only be for that which a user as a legitimate interest.

Only when a patient is selected will their full demographics be returned, and then only those details which are appropriate to the user access.

4.6. Allocation

If a record cannot be traced, in effect if the demographics relate to patient a new patient to the NHS, it maybe necessary to allocate an NHS number. Separate guidance is available to describe processes associated with allocation of a NHS number.
5. **Appendix A – Simple Search Process Flow**
PDS Tracing Guidance for Front Line NHS Staff - Simple

Most patients can be traced via asking the following simple questions to obtain simple basic patient identifiable information which can then be entered into the system to facilitate a simple trace.

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- If a trace is to be required against information received as a result of a telephone or written communication it may be difficult to determine gender. In a number of cases gender may be derived from patient’s full first name, if this has been verified.
- However in the case of unfamiliar names it is always advisable to check gender with patient rather than making an assumption.

- Check to ensure that the postcode provided is for their permanent address and not that of a temporary address - i.e. temporary resident or on holiday
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- Ask whether the patient has received treatment before from this NHS organisation:
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- Trace will match on specific data items unless a wildcard is used.

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- If only the year of birth is known try using the default values - i.e. “01.01.00YY” where YY is the known year.
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