

NHS Number

Working Towards Full Implementation –
NHS Number & Pathology at Lancashire Teaching Hospitals NHS Foundation Trust

“Pathology is a department where patient samples have to be clearly and accurately identified in order to process them in a safe and timely manner. It is also important to avoid creating duplicate records appearing on the system” Ruth Rhodes, Pathology Governance Manager.

The trust decided to implement NHS Number as a primary identifier when a new pathology IT system was installed. At this time most request forms and samples were manually labelled; the trust has found that use of the NHS Number is even more critical now that electronic requesting is employed.

Ruth Rhodes explains: “We were spending a significant amount of time merging records in order to cleanse the data on the pathology system, where individual patients appeared with multiple entries. We felt that using the NHS Number as standard when processing samples would significantly improve the quality of patient care. For example, it would help reduce risk of harm to patients by minimising the potential for incorrect results to be used when treating patients. Also, by limiting the occurrence of duplicate records, staff would be provided with a set of consistent criteria aiding the processing of samples in a safe and timely manner.”

Fast forward to today and full adoption of NHS Number is a reality, not just within the Pathology department itself but also in those areas that request tests, and staff barely remember a time before the NHS Number was the most commonly used identifier in the trust. But it was not

without some challenges, and following initial implementation the trust took several measures towards full utilisation:

Working practices in the hospital

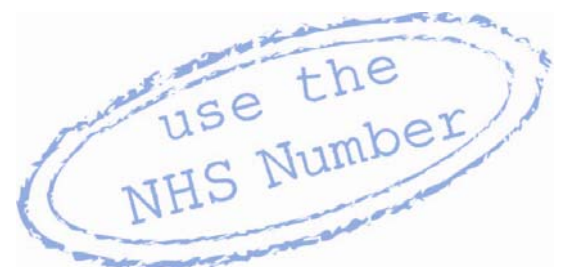
The project team worked hard to drive change in working practices within the hospital sites. The pathology department informed wards that sample requests without the NHS Number would not be processed. The medical records department provided a 24 hour telephone service to provide ward staff with NHS Numbers where access was limited.

Improved engagement with GPs

The trust focused on engaging with GPs, placing articles in local GP publications and telephoning those practices who were sending samples without NHS Numbers to make them aware of the new data set. A subsequent audit showed a marked improvement in NHS Number inclusion. Any samples received and analysed without NHS Numbers were reported with the following comment: “Request received does not comply with Minimum Data Requirements. Sample(s) analysed but the laboratory cannot guarantee patient identity.” This was accompanied by a letter calling for all sample labels to carry two patient identifiers such as the patient’s full name and NHS Number.

Continued vigilance

Whilst the initial deployment was successful, the team has remained vigilant in pushing for NHS Number as



the primary patient identifier in pathology. Regular audits on areas such as outpatients, GPs and wards to check the percentages of samples that did not contain the NHS Number have been conducted. One week of data from an audit revealed 99.5% patient requests from GPs included the patient's NHS Number.

Stressing the importance of constant vigilance, Ruth adds that "full uptake takes time. We had a big challenge in moving from multiple embedded case note formats and are definitely coming out the other side now, but we will continue to audit and push 100% inclusion of NHS Number, as the benefits of doing so make life so much easier and safer for hospital patients and staff."

Worth the effort

The project team identify three areas where they have seen improvements through the adoption of NHS Number:

- Less time spent clarifying a patient's identity.
- Safer and timelier analysis of samples.
- More accurate patient records.

Karen Mahon, Clinical Risk Manager for the trust, stresses the patient safety aspect of NHS Number as the major improvement for her, saying that "the importance of using the NHS number has always been promoted within the trust as an important factor to ensure accurate patient identification, and is invaluable in developing patient safety processes."

"It took us some time to get there", she adds, "but there was never any question about not implementing NHS Number. It is absolutely essential that we have a single method for identifying patients, in order to achieve a streamlined, joined-up, and most importantly, clinically safe service throughout all our hospital departments."

Recommendations for other trusts

The team at Lancashire Teaching Hospitals NHS Foundation Trust pass on their tips on how best to approach NHS Number implementation:

1. Set out a clear standard of sample acceptance for lab staff and users. Get a policy accepted by the acute trust then move to community/ external users.
2. Communicate this by any means possible: through letters, newsletters, displays in relevant locations, emails and by embedding it in new doctor training. It is also important to remind lab staff of the importance of identifying the patient and sample correctly.
3. Set out a clear implementation methodology including development of a sample pathway.
4. Ensure 'front end' staff are supported for a few weeks after implementation.
5. Re-do this process a number of times using audit data to inform users of improvements whilst eliciting their further support.
6. Stress patient safety in terms of patient identification and patient records, and explain that if the wrong result goes to the wrong patient this could lead to the wrong treatment.