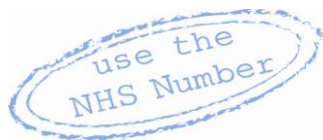
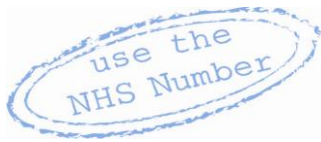


NHS Number Guidance for GP Practices V1.1



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1 Purpose of this Guidance

Further to the NHS Number Information Standard for General Practice issued in Dec 2008, this brief guidance is issued to:

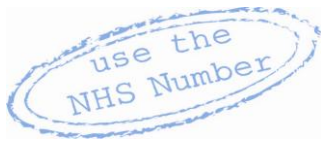
- Assist all GP Practices to maximise their use of the patient's NHS Number in order to identify the patient, particularly in all communications with the patient, other care providers, and other organisations.
- Enable all GP Practices to use the NHS Number correctly in all scenarios.
- Encourage all GP practices to increase patient awareness of why the NHS Number is important to the patient. Whilst the patient is not expected to know their NHS Number patients should be aware that they have a NHS Number and that it accurately identifies them as an individual and assists their care.
- Confirm that for the small minority of patients for whom the NHS Number is **not** available (i.e. patients without a note of their NHS Number and unable to give sufficient information for a trace e.g. distressed or confused patient), current procedures to treat the patient continue. The update(s) to the patient's demographics and NHS Number are then completed at later point in time.
The lack of a NHS Number must not prevent or delay patient treatment.

This guidance is of particular importance at this time of change when Primary Care Registration staff use functions such as Choose and Book and GP2GP for which the patient's NHS Number is mandatory.

This guidance can help GP Practices improve the quality of patient demographic data provided by GP Practices on behalf of the patient, to other GP Practices, and to other organisations involved in the care of the patient. This will **improve patient safety**, and **improve the efficiency** of matching the correct patient with the correct record, saving time throughout the NHS.

The use of the NHS Number for safety and quality of care will be comprehensively referenced in the [GP Good Practice Guidelines for Electronic Data Recording v4](#).

For practices who already follow current best practice for NHS Number usage there would be little or no change required to follow this guidance but for practices not following current best practice then some small procedural improvements would improve their NHS Number usage.



2 Endorsement and Support

The National Patient Safety Agency issued a Safer Practice Notice¹ in September 2009 recognising the importance of using the NHS Number to reduce risks to patient safety. The Safer Practice Notice asks organisations to take the following 4 actions which are in-line with the NHS Number standard for General Practice.

1. Use the NHS Number as the national patient identifier; OR the NHS Number as the national patient identifier in conjunction with a local hospital numbering system.
2. Use the NHS Number in / on all correspondence, notes, patient wristbands and patient care.
3. Put processes in place to ensure that patients can know their own NHS Number and are encouraged to make a note of it.
4. Primary care organisations should inform patients about their NHS Number in writing whenever they register as a new patient.

The correct use of the NHS Number is endorsed by the **Joint GP IT Committee** who stated in a letter as at the 11th December 2009.

“The Committee fully supports the use of the NHS Number as the unique identifier for patients and sees its use as best practice for patient safety but would like to make clear that there must always be a workaround available to practices.”

A letter of direction from **Sir Bruce Keogh** is included as [Appendix E](#)

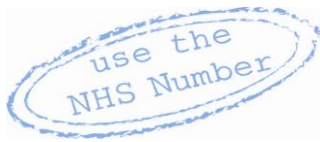
3 Summary of the Benefits of Using the NHS Number

The correct use of the NHS Number ensures that the correct patient record is used and so assists the safety of patient care.

By identifying patients using the NHS Number and another fixed demographic, e.g. Date of Birth, to find the correct patient record GP Practices have the opportunity of avoiding the creation of inaccurate records. Notably avoiding creating:

- **Duplicate registrations** – Creating a new NHS record for a patient who already has a NHS record. This means that a single patient has more than one NHS Number and so more than one record on the spine (otherwise referred to as the Personal Demographic Service PDS), the database of patient demographic records for England, Wales and the Isle of Man. With more than one NHS Number the patient has no continuous and complete unique record on PDS. Duplicate records will not hold any of the previous patient history, and so will not include critical information for the patient which pre-dates the duplication – some of this missing information could be critical to the patient’s care. The new duplicated record will not have any link to previous medical records for the patient on PDS. Duplicated electronic records usually mean that the GP practice paper medical records will also be split over more than one physical record. A duplication or split of the patient’s records will be carried across multiple organisations incurring further risks to patient safety and increased risk of duplication of effort and failed communications between organisations.

¹ <http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=61913>



- **Confused Patient records** – Writing one patient’s information to another patient’s record. This means that two patient records are affected and so patient safety is compromised for two patients. One patient record will incorrectly hold information for more than one patient, and one patient record will be incomplete. Confused patient records are particularly difficult and costly to resolve. Resolution requires specialist resources and may take months – during which time episodes of care for one patient may continue to be written to the wrong patient records. There is also a risk of breach of privacy if information about one patient is included in another patient’s record.

The NHS Number is the only unique, consistent patient identifier in use across all care settings. This means that using the NHS Number helps to share patient information **safely**, efficiently and accurately particularly across organisational boundaries. This assists each care setting in holding complete patient records, and so reduces clinical risk.

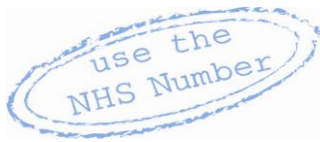
The delivery of patient care is now often shared across a number of NHS and non- NHS clinical or business areas and suppliers. This flow of information and records related to a patient between organisations and social care are effectively linked up by use of the NHS Number, particularly where the local authority uses the NHS Number within its social care services.

As patients move between organisations each care provider holds records for that patient. Because each patient’s NHS Number **always remains the same** it is the most reliable way to identify the correct patient, particularly within electronic systems. This rapid, safe identification of patient records removes delays in finding the correct patient records and forwarding them to the requesting organisation.

Use of the NHS Number aids organisations to resolve common demographics issues.

For example:

- Patient provides different names - Elizabeth – Betty
- Staff use a different spelling – Humpfries – Humpfryes
- Staff unintentionally insert or omit characters e.g. extra space before forename ‘ John Smith’.
- Patient forename and surname are reversed – Mohammed Ali becomes Ali Mohammed.
- Patient changes their name e.g. a change of marital status but does not inform their GP practice.
- Patient names are not unique. Hundreds of different patients named ‘John Smith’.
- Patients do not always inform the NHS when their demographics change, e.g. change of address, change of name; or they inform one NHS organisation but not others e.g. hospital discharge forms for recently married Mrs Jane Smith who has now moved house sent to Miss Jane Preston at Jane’s previous address.
- Each Date of birth is shared by around 2,000 NHS patients.
- Date of Birth format may be DD/MM/YYYY **or** MM/DD/YYYY.
- Handwriting on GMS1 forms may not be clear.



- Details on the GMS1 form may not be checked whilst the patient is present to correct any omissions, mistakes or misunderstandings, leading to recording incorrect or incomplete demographics.

Future services to be offered may include patients having on-line access to their NHS records. The identification required would include the NHS Number, and so it is the patient's best interest to know where to find their NHS Number, and use it to identify their records.

Using the NHS Number as the patient record reference enables **2 checks** that ensure that the correct NHS Number is being used for a patient, and so ensure that the correct patient record is found:

- **Validate:** GP Practice systems and most NHS IT systems automatically check the format of the NHS Number when it is entered. This format check uses an algorithm applied to the first 9 digits to confirm that the 10th digit, the "check digit", is correct. Validation of NHS Numbers substantially reduces the risk that the NHS Number may have been recorded against the wrong patient, or that NHS Numbers may have been incorrectly entered or incorrectly recorded.
- **Verify:** A trace against the Personal Demographics Service (PDS), the national electronic database of NHS patient demographic details, using the NHS Number and another reliable demographic item, e.g. date of birth, enables accurate identification of a patient record. The NHS Number provided to the General Practice when a new patient registers has been verified. When a GP practice system makes a Choose and Book appointment, it always verifies the patient's information against PDS before sending the NHS Number with the appointment.

4 Impact of NOT using the NHS Number

4.1 Increased risk that the correct patient record will not be found

Not using the NHS Number increases the opportunity of **not** finding a unique matching patient when tracing. Identifying the correct patient is essential to patient **safety**, mistakes in patient identification are a real risk to the patient.

Examples of the risks to patient safety of not using the NHS Number are referenced below.

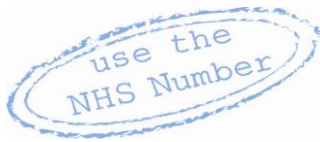
<http://news.bbc.co.uk/1/hi/england/derbyshire/8459365.stm>

www.npsa.nhs.uk/patientid/

4.2 Increased administration time and cost

Using the NHS Number makes it easier to identify the correct patient and can save as much as 1 – 10 minutes processing time per patient for organisations outside of GP practices, depending upon the organisation and the circumstances. E.g. in commissioning, charging and payment, **not** including the NHS Number on referrals makes it more difficult to identify the correct patient and associated charge - and so takes more administration time. This is especially true when commissioning and treatments are charged using Payment by Results. The NHS Number assists the provider to accurately charge the commissioner for patient treatments, particularly for high priced treatments which may require prior approval and are billed separately.

Other examples of tasks subject to increased administration without the NHS Number are:



- Transfer of paper medical records,
- Payment of invoices for treatment,
- Linking treatment spells to PCTs,
- Linking treatment spells to approvals,
- Comparing actual and budget treatment spells,
- Tracking duplications,
- Reviewing outcomes.

NB. No estimates of time savings for the above are included here as this depends upon time spent looking for the patient, which in turn may depend upon the cost of the treatment. More time may be dedicated to tracking down a high cost treatment.

4.3 NHS Number facilitates interoperability

The NHS Number becomes even more important as commissioning plans to move from PCTs to GP consortia introducing new organisations and changes to organisational boundaries.

NB1 the NHS Number is **not** linked to eligibility for treatment or to eligibility for free treatment. Individuals without a NHS Number may still be entitled to receive care free at the point of delivery, and individuals that have to pay for treatment will be allocated a NHS Number in order to identify them uniquely to the NHS.

NB2 using the NHS Number does **not** make identity theft easier and will **not** allow any unauthorised access to a patient's NHS records.

5 Current NHS Number Use at GP Practices

All NHS patients that present to a GP will either:

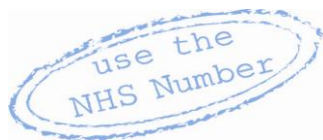
- Already have a NHS Number, or,
- Will be allocated a NHS Number through the GP registration process.

Everyone born in England, Wales or the Isle of Man, and **everyone** who has ever registered with a GP practice in England, Wales or the Isle of Man will have a NHS Number.

Most patients will not know their NHS Number but it is present on their patient records, in both electronic (computer based) and paper form, and can be pointed out to the patient.

Many GP Practices already use the NHS Number in most patient encounters and patient records management wherever possible.

It is appreciated that some GP Practice systems may use an internal patient identity number, as well as the NHS Number, and that some GP Practice systems may not have the NHS Number available on all screens. However in **all** GP Practice systems the NHS Number is easily available and there are **no** known obstacles to GP practices using the NHS Number.



6 Best Use of the NHS Number within GP Practices

There are 3 principles to NHS Number use:

- Find it** Find the NHS Number for a person as soon as possible
- Use it** Use the NHS Number to link a person to their record
- Share it** Share the NHS Number with colleagues so they can use it

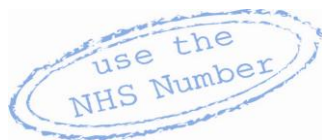
Where the NHS Number is genuinely **not** available then the current care continues, i.e. the patient is treated and the correct patient records are found using other patient demographics and updated (later if necessary).

The lack of a NHS Number must not prevent or delay patient treatment.

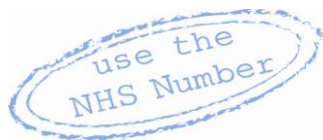
GP practices may assist patients in understanding and appreciating the importance and value to them of the NHS number during routine contacts. This can include supporting patients to carry a note of their NHS number with them.

The table below describes the source and usage of the NHS Number for each type of patient encounter with a GP Practice.

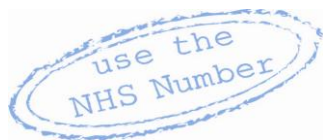
Encounter Description	NHS Number Source	NHS Number Usage
1. Registration of a patient already registered with the NHS, usually a patient transfer from a previous GP Practice.	The PCT will provide or confirm the patient's NHS Number which can then be recorded on the GP system. The NHS Number will also be received through GP2GP.	<p>Registration to the local system should use NHS Number - when provided.</p> <p>Wherever possible ask the registering patient if they have a note of their NHS number. This will encourage the patient to understand that their NHS number is important to them.</p> <p>If available from the patient e.g. on a NHS document - use in all traces for the patient with another demographic, e.g. date of birth.</p> <p>If NOT available e.g. patient was previously registered in Scotland or Northern Ireland, then registration to the local GP Practice system takes place without the NHS Number, which will be requested from - and supplied by - the local PCT via the GP Links service.</p> <p>NB. If the local GP Practice system has access to spine then the NHS Number can be found and confirmed by a Trace to the spine.</p> <p>The local practice system may produce a reminder to the Practice staff to add the NHS Number to the local record when it is available.</p> <p>When the unique patient record match is found, add the NHS Number to the GMS1 Form and file</p>



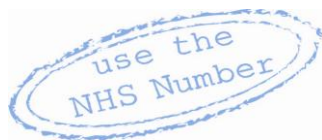
Encounter Description	NHS Number Source	NHS Number Usage
		<p>within the new patient paper medical record folder. NHS Number will be present on all GP2GP transactions. Add NHS Number to the Paper Medical Record folder if not already present.</p> <p>Add the NHS Number to the local GP System electronic patient record if not already present.</p> <p>Include the NHS Number in any documentation to the patient which confirms the registration, e.g. a Registration Confirmation letter.</p>
<p>2. Registration to the GP Practice of a Patient over 6 months old who is new to the NHS. (Non-Birth First Acceptances).</p>	<p>NHAIS will allocate the patient a NHS Number as part of the GP registration process.</p>	<p>Establish that the patient is genuinely new to the NHS by asking the standard list of questions in Appendix A.</p> <p>Request a NHS Number from the PCT via GP Links. Please refer to section 3 of the PDS Guide for GP Practices available at: http://www.connectingforhealth.nhs.uk/systemsand services/demographics/docs/comms/pdsguide.pdf In the event of any problems with new registrations contact the GP Links staff at the local NHAIS agency in the first instance.</p> <p>Update local records with the NHS Number when the NHS Number is received from the PCT. Add the NHS Number to the paper medical records envelope when either received from the PCT or generated at the local GP Practice.</p>
<p>3. Registration to the GP Practice of a new Birth patient. (Birth First Acceptance).</p>	<p>When the birth was recorded by the midwife the NHS Numbers for Babies system (NN4B) will have allocated a NHS Number to the baby, and a record for the baby will have been created on the spine.</p>	<p>Where the local maternity unit provides a list of births to Mothers registered with the practice, use the NHS Number from the list to register those births.</p> <p>Find the baby's NHS Number on the baby's maternity discharge summary or on the parent-held child health record (the 'Red Book'), and add to the local records.</p> <p>If the local GP Practice system has access to PDS then the NHS Number can be found and confirmed by a PDS Trace. Special care must be taken when tracing babies – see Appendix B.</p> <p>Babies born in Scotland or Northern Ireland have special tracing considerations, see Appendix C.</p>



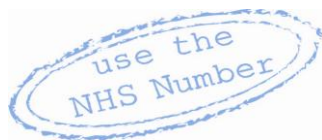
Encounter Description	NHS Number Source	NHS Number Usage
<p>4. Temporary Registration e.g. for Emergency or Immediately Necessary Treatment.</p>	<p>PDS Trace. Via the practice system where available to access the patient's details from the spine.</p>	<p>Where the NHS Number is not immediately available consultation will commence without the NHS Number, as at present.</p> <p>Treatment is NOT dependent upon having a NHS Number available.</p> <p>Then register the patient as a Temporary patient.</p> <p>If the GP Practice has access to PDS then trace the patient on PDS and if a unique match is found (by confirming other demographic data matches e.g. on Date of Birth and/or full name), record the NHS Number to the local system as a temporary registration.</p> <p>Special care needs to be taken when tracing emergency treatment patients, see Appendix B.</p> <p>The use of the NHS Number will assist the PCT in finding the correct Home GP Practice for the patient when the medical record of the treatment is transferred to the Home GP Practice, and will assist the home practice to find the patient and update their record with the treatment.</p> <p>No update to spine should be made by the GP Practice for a temporary registration as the patient's demographic details for a temporary registration (e.g. address) are not likely to be permanent.</p> <p>NB. In particular the patient's practice details must NOT be changed.</p>
<p>5. Appointment with GP Practice initiated by the Patient.</p>	<p>Local GP Appointments Service.</p>	<p>Include the NHS Number from the local Practice system in 3-3-4 format on any documentation produced for the patient. This may require amendments to the electronic templates used to generate letters to the patient.</p> <p>If practical include the NHS Number on the appointment card.</p> <p>New patients may be waiting for a NHS Number to be provided by the PCT.</p> <p>Where the NHS Number is NOT available the appointment can still be made using other demographic data and the NHS Number added to the local record when received.</p> <p>The lack of a NHS Number must not delay urgent consultation or treatment.</p>
<p>6. Appointment</p>	<p>Screening or</p>	<p>Include the NHS Number from the local Practice</p>



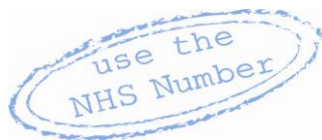
Encounter Description	NHS Number Source	NHS Number Usage
with GP Practice initiated by the NHS or by the practice e.g. screening, health checks, or inoculation programme.	Inoculation Programme records and local patient records at GP Practice.	<p>system in 3-3-4 format on any documentation produced for the patient. Newly registered patients may be waiting for a NHS Number to be provided by the PCT.</p> <p>Where the NHS Number is NOT available the appointment can still be made using other demographic data.</p>
7. Prescription and Repeat prescription.	Local GP System.	<p>NHS Number is included on the green portion of prescriptions printed from the GP Practice system. The NHS Number should be clearly associated with the 'NHS Number' Heading on the prescription.</p> <p>The NHS Number should also be on the white repeat prescription portion.</p> <p>If the format of the prescription is under the practice control then please ensure that the NHS Number is present and is displayed in the correct place. Otherwise contact your supplier to organise the necessary changes.</p> <p>Where electronic prescriptions are sent to local pharmacist(s) the NHS Number should be included on all pharmacy labels produced, e.g. medication instructions.</p> <p>Where hand-written prescriptions are produced, e.g. home visits - the NHS Number should be included wherever possible.</p> <p>Pharmacists can be more confident when receiving electronic prescriptions or reviewing paper prescriptions complete with the NHS Number that the 'script' is matched to the correct patient, resulting in safer dispensing of medications. Practice staff will find it easier to match manual prescriptions to patient records if the NHS Number is included on the prescription.</p>
8. Maternity or other Specialist Services provided by a GP Practice OTHER THAN the patient's usual GP Practice.	Usual GP Practice produces a referral which includes the patient's NHS Number, and in Maternity cases includes the Mother's NHS	<p>Ensure that the NHS Number is on all printed communication with the patient in 3-3-4 format.</p> <p>Include the NHS Number on any patient records held at the treating GP practice.</p> <p>The NHS Number assists the organisation and specialist who are treating the patient to efficiently find existing records for the patient.</p>



Encounter Description	NHS Number Source	NHS Number Usage
	Number on the baby's record.	
9. Electronic Referral	Choose and Book service. Or Local GP System	NHS Number is mandatory for Choose and Book. The NHS Number assists the organisation and the specialist treating the patient to efficiently find existing records for the patient.
10. Paper Referrals	Referring GP Practice.	Ensure that the NHS Number is included in all referral communications in 3-3-4 format. This is most easily achieved by using a standard paper referral template which includes the NHS Number in a standard position, e.g. always top left, as agreed with the care provider.
11. Management of the movement of Electronic Patient Records via GP2GP	Sending and requesting GP System.	All GP2GP transactions include the NHS Number. The NHS Number assists the identification and transfer of the correct patient's records, and saves time at the requesting GP Practice, the sending GP Practice and the PCT involved in the transfer. NB. Not all GP practice systems currently support GP2GP.
12. Management of paper patient medical records within the GP Practice.	Local GP Practice System.	Record the patient's NHS Number in a visible place on the paper records folder to assist patient identification. Filing systems for paper patient medical records do not need to be re-organised by NHS Number.
13. Management of the transfer of paper medical records between Practices.	The losing GP practice.	Auto-matching at the PCT using the NHS Number speeds up the transfer of the paper medical records. Faster receipt of paper medical records enables improved patient care. E.g. it facilitates recalls to be arranged quickly for Health Reviews for patients on the Quality Operations Framework (QOF) Clinical Indicators Registers. Newly registered patients may not volunteer that they are on a Health Review register with their previous practice and the new practice may not know until they receive the paper medical records, and check them for any on-going treatments.
14. Pathology Tests	Test request from the GP Practice.	Include the patient's NHS Number on the Test Request from the GP Practice to the Path Lab, and on any labels attached to samples. This will assist the path lab to accurately identify the patient. Where the path lab is associated with a Hospital the NHS Number will make it easier to link the results to the patient's Hospital record.



Encounter Description	NHS Number Source	NHS Number Usage
		<p>If the NHS Number is not included in the pathology request and/or the pathology sample label, then the results are more likely to be returned without a NHS Number which will incur more effort at the Practice in matching the results to the correct patient – particularly for patients with common names.</p> <p>NB1. Some pathology labs will not process test requests without the NHS Number, and will return the request - without any results.</p> <p>NB2. The inclusion of the NHS Number on test labels will not prevent or contradict any current pathology standards. Specifically the label still needs to be signed by the person taking the sample and dated. Hospital Number may be used as well as - but not instead of NHS Number.</p> <p>NB3. There have been reports of GP practice labels becoming detached from samples, so please ensure that the label is correctly attached, particularly for blood samples.</p>
15. Request for Imaging. X Rays or Scans.	Imaging request from the GP Practice.	Include the patient's NHS Number on the request and any other messages or documents sent to the imaging provider, and request that the NHS Number is returned with any information sent to the practice.
16. Out-of-Hours treatment or home visits.	GP System or spine if access available.	<p>Scheduled out-of-hours treatment or scheduled home visits should include the NHS Number on the information for the patient so the NHS Number can be included on any documentation produced even if the documentation is produced manually.</p> <p>If the NHS Number is available - include the NHS Number on the out-of-hours contact notification (which could be a telephone call) and any other documentation produced.</p> <p>Finding the correct patient's record to update with the record of the out-of-hours episode is made easier and safer by the use of the NHS Number.</p> <p>Wherever possible the out-of-hours services should have the ability to print out electronic prescriptions which include the NHS Number.</p>
17. Document or electronic message received from another care provider. E.g.	On Document or message.	Updating a patient's local GP Practice record with information generated from outside of the GP Practice is made safer and easier if the NHS Number is provided. Other care settings are being encouraged to use



Encounter Description	NHS Number Source	NHS Number Usage
Discharge Summary from a Trust.		<p>the NHS Number in their communications with GP practices so that the practice can use the NHS Number.</p> <p>Use of the NHS Number reduces clinical risk to the patient.</p> <p>Where the patient's demographics have changed the change may not always have been recorded by the care provider onto the spine. So when the latest demographics have been confirmed update the local record and if connected to the spine the update will automatically go through to the spine.</p>
18. Compiling Did Not Attends	Patient's local record.	<p>Patient safety issue. Grouping together 'Did not attend' (DNAs) for children and vulnerable adults, to see patterns where care arranged is not being completed. If a spreadsheet is maintained of DNAs then including the NHS Number will make it easier to identify patients, particularly patients who often change address or name.</p>
19. Practice Websites		<p>Please use appropriate extracts from this guidance within your practice website, in order to encourage patients to be aware of and to use their NHS Number.</p>

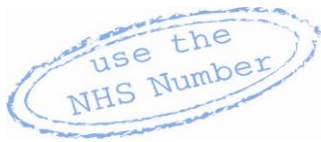
In addition to using the NHS Number in all patient encounters – wherever possible - the GP Practice has an opportunity to build Patient Awareness of the NHS Number by taking the following steps:

1. Display NHS Number posters² and leaflets in waiting areas
2. Remind patients where they can find their NHS Number, and why it is important to them. **The NHS Number can be found on:**
 - Letters from GP or hospital referrals – Always use standard templates which include the NHS Number in 3-3-4 format.
 - Prescriptions and repeat prescriptions.
 - Medical Card or Registration Confirmation Letter when last registered with GP/PCT.
 - Patient 'accounts' on GP Practice websites, particularly for on-line activities, such as requesting repeat prescriptions, or maintaining demographics.

NB. It is very important that the NHS Number always appears in the same place on the same document. A clinical neurophysiology department NHS usage study in 2008 identified that:

“Variation in the position of the NHS Number on letters of referral means that the NHS Number may be present but not noticed by the registering secretary.”

² <http://www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber/staff/toolkit>

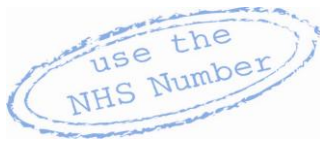


NHS Number leaflets for both NHS staff and patients have been designed to support local NHS Number awareness campaigns. Please follow the link below to order information material for your practice:

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

A full communication toolkit is available including guidance and best practice examples of NHS Number awareness activities. The toolkit contains current NHS Number collateral and high level case studies from Primary Care Trusts who have undertaken independent awareness campaigns.

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



7 Ten Opportunities to Use a Patient's NHS Number Correctly.

1. Assist and encourage the patient to provide as much information as possible to uniquely identify them during registration. The standard set of questions to be used to establish any previous NHS contact is presented as [Appendix A](#).

The correct identification of the registering patient will prevent:

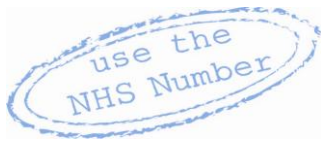
- The creation of a new NHS Number for a patient who already has a NHS Number. Multiple NHS Numbers for the same patient are known as a “duplicates”.
 - The confusion of one patient's record with a different patient's record.
2. During contact with patients practice staff make patients aware of their NHS Number and where it can be found. Practice staff may provide patients with a printed note of their NHS Number wherever possible.
 3. Assist patients to keep their NHS Number safe and use it when accessing NHS Services e.g. by showing the patient their NHS Number on a NHS document, so that the patient can identify the NHS Number and carry it with them.
 4. Identify patients safely when tracing the patient by using their NHS Number and one other patient demographic data item e.g. name or date of birth.
 5. Upon each patient encounter check if any of the patient's demographic information has changed since their previous encounter.
 6. Wherever possible use standard electronic referral letters and templates which include the NHS Number in the 3-3-4 format displayed below to produce letters to patients,

9	4	3		4	7	6		5	9	1	9
---	---	---	--	---	---	---	--	---	---	---	---

(This is an example number only)

NB. If your practice system prevents printing in 3-3-4 format please contact your supplier.

7. When the patient's NHS Number is known include the NHS Number in all paper referral letters produced, including any hand-written referrals.
8. When the patient's NHS Number is known include the NHS Number in all communications from the GP Practice to the patient.
9. When the patient's NHS Number is known include the NHS Number in all patient records in both electronic and paper form.
10. Make GP Practice staff members aware of this NHS Number Guidance and include the guidance as part of their training where appropriate.



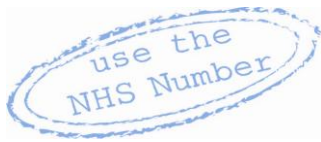
APPENDIX A: Standard Questions to Establish Previous NHS Contact

Prior to requesting an allocation of a NHS Number the GP Practice confirms whether the patient has had previous contact with the NHS by asking the following standard set of questions:

- Have you ever previously registered with a GP Practice in England/Wales/Isle of Man?
- Were you born within England/Wales/Isle of Man?
- Have you ever been a serving member of the armed forces?
- Have you ever been a dependent of a serving member of the armed forces?
- Have you ever attended any NHS hospitals or other NHS clinics or establishments?
- Are you returning to England/Wales/IoM after a period abroad?

If the answer to any of the above questions is “Yes” then the patient **has** had previous NHS contact and should have an existing NHS Number. Therefore the patient should be found on spine and should NOT be allocated a new NHS Number.

If not found on first trace - re-trace using any additional information supplied by further questioning.



APPENDIX B: Guidance on Patient Tracing

Where the patient's NHS Number is available use the NHS Number and another known demographic e.g. Date of Birth, or name, to trace the patient.

Always confirm a trace match BEFORE selecting a response by checking other demographic items from the response NOT used in the trace. In particular use **previous address** in the case of new GP registrations.

Please note that in **Adoption cases, a new NHS Number should always be allocated**. This will be undertaken by the National Back Office on receipt of the Court Order from the General Register Office.

Special care needs to be taken when tracing **emergency treatment patients**, as some emergency patients may not give accurate demographic details and so may either:

- not be found on the spine, or,
- be easily confused with other patients.

If the trace does not find a single undisputed match then GP Practices may choose not to attempt to associate the patient to a NHS Number.

Special Care needs to be taken when tracing babies for registration purposes.

When recording information from the baby's representative ensure that the information given applies to the baby not the representative, e.g. check that the address given is where the baby lives, which may be different from where the representative lives.

If the representative cannot provide the baby's full forename and surname, establish whether the baby has been registered with the registrar of births. If so encourage the baby's representative to find the baby's civilly registered full name, e.g. by phoning the baby's parents. If not then follow the standard baby name recording conventions examples below at section B2.

This will avoid over-writing the baby's civilly registered name recorded on the spine from the civil registration process, with an incomplete or incorrect name given by the baby's representative.

Extracts from "PDS NHAIS Interaction Project Best Practice Guide".

Please note: In the following extracts the terms 'spine' and 'PDS' are interchangeable.

B1 General Patient Tracing (minimum requirements)

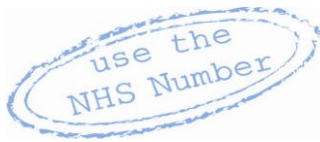
Important

Please ensure that ALL members of staff follow these tracing strategies exhaustively when searching for patients. Any queries should be double checked with colleagues or supervisors BEFORE a decision to allocate a new NHS Number is taken, and the questions to establish whether or not the patient has had previous NHS contact (see [Appendix A](#) above) must be asked and answered.

Please utilise other tools e.g. SCRA to help improve on data quality and eradicate potential duplicates and confusion cases.

Swap sections in the date of birth

This strategy is very useful in cases where the date of birth has been recorded in the American format i.e. with the Month first, MM DD YYYY.



- For example, if for 2nd November 2006, 11/02/2006 was entered instead of 02/11/2006, the displayed value would be 11th February 2006.
- Equally, it is possible that the date of birth could have been transposed, e.g. 12th June 2006 instead of 21st June 2006.

Swap forename/surname/middle name

If a patient is known by their second forename, they may have been recorded on the System incorrectly, for example,

- 'Simon Anthony SMITH' could have been recorded as 'Anthony Simon SMITH'.
- Similarly, a name of 'Martin ROSS' may have his forename and surname recorded incorrectly as 'Ross MARTIN'.

Use wildcards

NOTE: statistics gathered demonstrate that making correct and full use of wildcards is VERY beneficial in tracing patients and therefore reducing the number of duplicate records created during the registration process.

When tracing surnames and forenames, try using the first few letters only (a minimum of 2 characters are required), followed by an asterisk 'XX*'. This is particularly useful when tracing long and unusual names as it is generally easier to get the first two or three letters of a name correct.

For example, when searching for Jonathan, it could be spelt Jonathan or Jonathon, so it could be helpful to enter: JON*.

This may also highlight names that have been entered incorrectly and thereby encourage further improvements in data quality.

Use Minimum Data Set.

In addition to using wildcards in surnames and forenames, it is also worth considering omitting sections of the date of birth. For example, try tracing using just the month and year:

- For July 1964, enter ".07.1964"
- Or just the year of birth, for 1965, enter ".1965"

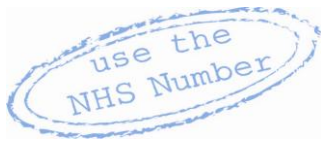
B2 Special Considerations when tracing Babies.

The NHS Numbers for Babies service (NN4B) creates a PDS record including the NHS Number for each birth in England, Wales and the Isle of Man, so the baby should be found on PDS. But the demographics for the baby may be incomplete so special care is required when tracing babies.

Surname search

New-born babies are often entered onto maternity systems using the Mother's surname. If the Mother's and Father's surnames are different and the child is then subsequently registered on the GP Practice system with the Father's surname, the PDS will not return a correct match to the GP practice when searching for the baby using the Father's surname.

The same would apply if the Mother's and Father's surnames are different and the baby was entered on to the maternity system with the Father's surname and then on the GP Practice system under the Mother's surname.



Forename search

When searching for new babies, it should be remembered that at the time the child's details were entered onto the maternity system, the child may not yet have been named by the parent(s). Where this is the case, the child may have been initially established on the PDS with a forename of 'BABY', 'BABY BOY', 'TWIN ONE', 'TWIN TWO', 'SON OF', 'GIRL', 'UNKNOWN', 'NOT DECIDED' or other such generic descriptions.

Address search

Another useful action for hard to trace babies is to use a postcode trace (if access to PDS is available) to search for other members of the family who are resident at the same address. This may offer an indication as to the baby's possible surname.

Gender Difference

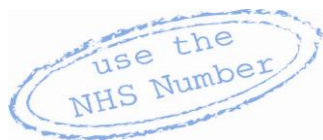
New-born babies, for whatever reason, can be entered onto maternity systems with an incorrect gender which is then passed to the PDS. If the child is subsequently registered on the GP Practice system with the correct gender, the results will differ and a mismatch will be highlighted.

B3 Other tips to consider

- Spelling - is the name easy to misspell?
- Gender - has it been assumed based on the name?
- In double-barrelled names, replace hyphens with SPACES and vice versa.
- Might the name be an abbreviated version of a more formal full name which is spelt differently? For example, the forename Bob, instead of Robert, or Jim instead of James.
- Refer to the IQAP guidance on *Ethnic Naming Conventions*², and the use of default dates of birth which can be sourced at:

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

- A patient SHOULD NOT be allocated with a new 10-digit NHS Number after simply performing the same PDS trace a number of times. Before allocating a NHS Number a series of attempts to trace should be made submitting different sets of demographic data to the PDS each time.



APPENDIX C: Patients Born in Scotland or Northern Ireland

Patients born in Scotland will not have a PDS NHS Number and should be treated as NON-Birth First Acceptances.

Patients born in Northern Ireland will already have a Northern Ireland Health & Care Number taken from the Northern Ireland range of PDS NHS Numbers, the series starting "3".

Initially a new NHS Number is allocated upon registration to the NHS in England/Wales/IoM. This is superseded by the original NHS Number - which was originally allocated in Northern Ireland - when the paper Medical Records from Northern Ireland arrive at the new GP Practice.

APPENDIX D: Frequently Asked Questions (FAQs)

Q1 . What if the GP Practice can't get access to the NHS Number – for any reason?

E.g. Patient is new to the practice and patient cannot provide their NHS Number, PDS connection not available, Local GP system not available.

A1. Complete the treatment without the NHS Number. No change to current procedure. The NHS Number is NOT a pre-requisite of treatment.

Once the NHS Number is known, update the patient's record to include their NHS Number and if possible also inform other NHS organisations to whom you have referred the patient for care.

Q2. What if letters or referrals from the practice IT System do not include the NHS Number?

A2. If the templates can be amended by the practice – amend them. Otherwise contact your system supplier for assistance to include the NHS Number in 3-3-4 format.

Q3. What is the best way to include the NHS Number in a referral?

A3. Generate the referral from the GP system. If creating a paper referral ensure that the standard template includes the NHS Number. Avoid using non-standard templates for printing letters to patients.

Q4. What should I do if I receive a document with the incorrect NHS Number?

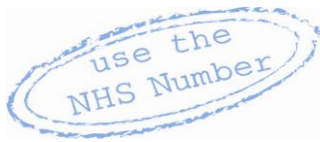
A4. Notify the source organisation and the associated back office.

Q5. How do I deal with a patient with two NHS Numbers?

A5. Check the format of the NHS Numbers. If one of the NHS Numbers is the old style NHS Number made up of both letters and numbers and one the new style NHS Number made up entirely of numbers then inform the patient to use the NHS Number containing only numbers. If both of the formats are numbers only then notify your local Back Office who will work with the Exeter helpdesk to resolve the duplicates, merge the two records, and notify you of the resultant corrections to the patient's demographics.

Q6. Where can I provide feedback or ask NHS Number questions?

A6. If you have any further NHS Number queries, want to provide feedback on this Guidance, or simply want to tell us your NHS Number stories, please contact nhsnumber@nhs.net



APPENDIX E: Letter from Sir Bruce Keogh NHS Medical Director



19 August 2010

*Professor Sir Bruce Keogh
NHS Medical Director*

*Room 504
Richmond House
79 Whitehall
London SW1A 2NS*

Tel: 020 7210 6302

Dear colleagues

Re: The NHS Number Programme

The April NHS Operations Board discussed the NHS Number Programme, and determined that a technical assessment should determine the earliest practicable date for complete mandation of the NHS Number; that this date should drive inclusion in the standard contracts for NHS service providers and therefore contractual payments should become dependent on the use of the NHS Number; and that we should look again at how the NHS Number is used in conjunction with death certificates.

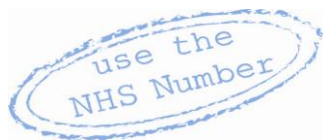
In July 2010, the Government issued the White Paper on the future of the NHS: Liberating the NHS. Several core principles of the White Paper underline the need for consistent use of the NHS Number - the only national unique patient identifier - in all patient encounters including Information and Money to follow the Patient, Inter-operability of information across NHS organisational boundaries and Transparency in Outcomes.

It is important that all relevant departments work with the NHS Number Programme to deliver these actions, ensuring that the levers, necessary to ensure organisations delivering NHS services use the NHS Number, are put in place. I would personally like to request your support with this work and thank you, in advance, for all your efforts.

Yours faithfully

Professor Sir Bruce Keogh
NHS Medical Director
Email: bruce.keogh@dh.gsi.gov.uk

CC: Bob Ricketts
Bob Alexander
Christine Connelly
Barbara Hakin
Gerard Hetherington



APPENDIX F: Acknowledgements

The NHS Number Programme would like to thank the following staff and organisations for their assistance in compiling, reviewing and 'Road Testing' this Guidance.

Name	Post	Organisation
Caroline Isaac	Data Quality Team Leader	Devon Primary Care Support Services
Sarah Brandhuber	Information Systems Manager	Royal Devon and Exeter Foundation Trust
Jackie Smith	Data Quality Lead	Royal Devon and Exeter Foundation Trust
Cath Thompson	Data Manager	Central Lancashire PCT
Louise Killick	Practice Development Manager	Modbury Health Centre, Modbury
Gill Hepple	Practice Manager	St Thomas Medical Centre, Exeter
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