Information Standards Board
for Health and Social Care

Title	NHS Number Standard Specification		
Document ID	ISB 0149 Amd 136/2010 Full		
Sponsor	Sir Bruce Keogh	**Status**	Final
Developers	Vanessa Kaliapermall Jane Stewart	**Version**	1.0
Author	Vanessa Kaliapermall	**Version Date**	31/05/2012

NHS Number Standard
Specification

Amendment History:

Version	Date	Amendment History
0.1	27/02/2012	First draft for comment
0.2	06/03/2012	Amendments following feedback from project board held on 01/03/2012 and input from PW and JS
0.3	19/03/2012	Amendments following review by NHS Number Team, Phil Walker, Clive Thomas and Helen McElroy.
0.4	23/03/2012	Further amendments following feedback from ISMS and Demographics User Group
0.5	28/03/2012	Further amendments following steering group meeting 26/03/12 and discussions with ISMS
0.6	02/04/2012	Drafting amendments following 0.5 updates.
0.7	19/04/2012	Updated to address external appraisal comments and issues.
0.8	30/04/2012	Updated to address Technology Office comments.
0.9	08/05/2012	Updated to address ISMS QA review comments.
0.10	23/05/2012	Updated to rectify template issues and align to Information Strategy
0.11	31/05/2012	Updated to address conditions from ISB Board 30 May 2012
1.0	31/05/2012	Publication copy

Approvals:

Name	Organisation	Version	Date
Board	ISB	Final	30/05/2012
Technology Office	DH Informatics	Final	30/05/2012

Glossary of Terms:

Term	Acronym	Definition
NHS Number		The NHS Number is the national unique identifier that makes it possible to share patient information across the whole of the NHS safely, efficiently and accurately. The NHS Number is 10 numeric digits in length. The tenth digit is a modulus-11 check digit used to confirm its validity. Every individual registered with the NHS in England and Wales has a unique NHS Number.
All relevant bodies		All bodies that commission or provide health and care services in England in partnership with the NHS and their relevant system suppliers.
Applicable Systems		The following are applicable systems: • All information systems supporting the commissioning or provision of NHS Services

Term	Acronym	Definition
		that hold patient/service user demographic data. • All information systems supporting the commissioning or provision of health and care services that are used to transfer or otherwise communicate patient/service user information with other bodies that commission or provide health and care services in England in partnership with the NHS. • All new information systems procured after this standard comes into force. • All existing information systems where it is reasonably practicable, given cost and other constraints, to upgrade it to comply with this standard. • All existing or new information systems where the use of the NHS Number would not compromise patient/service user care nor provide a barrier to the uptake of care services – this to be determined by a local clinical risk assessment.
Involved in patient or service user care		Refers to those directly or indirectly providing patient or service user care and those providing administrative, clerical, strategic, technical or managerial support directly or indirectly related to patient or service user care.
Patient Identifiable Data	PID	Key identifiable information includes: • patient's name, address, full post code, date of birth; • pictures, photographs, videos, audio-tapes or other images of patients; • NHS number and local patient identifiable codes; • anything else that may be used to identify a patient directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.
Verified NHS Number		A verified NHS Number is one where the patient's identity has been cross-checked using demographic details on the Personal Demographics Service (PDS).
Validated NHS Number		A valid NHS Number is one that has the correct format and passes the Number check digit calculation.

Contents

1 Overview

1.1 Summary

Standard	
Standard Number	ISB 0149
Standard Title	NHS Number
Description	This standard provides the specification for use of the NHS Number by NHS bodies and by other organisations providing health and care services in England in partnership with the NHS. It defines how the NHS Number must be used in identifying people receiving health and care services, and in locating and communicating their health and care records and other information pertaining to the planning and provision of their care. The standard sets out how information systems must accept, store, process, display and transmit the NHS Number, and what organisations must do to ensure that they use the NHS Number correctly.
Applies to	This standard applies to all bodies that commission or provide health and care services in England in partnership with the NHS including their relevant system suppliers.
Release	
Release Number	Amd 136/2010
Release Title	Initial Standard
Description	The first full specification of this standard
Implementation Completion Date	01 April 2015

1.2 Related Documents

This Specification should be read in conjunction with the following documents:

Ref #	Reference	Title
1	NPSA/2009/SPN002	National Patient Safety Notice
2	11934 Gateway Reference	Caldicott Report (Report on the Review of Patient Identifiable Information)
3	17668 Gateway Reference	Information Strategy 2012 (The power of information: putting all of us in control of the health and care information we need)

1.3 Related Standards

This Specification should be read in conjunction with the following standards:

Ref #	Reference	Title
1	ISB 0149-01	NHS Number for General Practice
2	ISB 0149-02	NHS Number for Secondary Care
3	ISB 0086	Information Governance Toolkit
4	ISB 1512	Information Governance Standards Framework
5	ISB 1572	Sensitive Data
6	ISB 1077	AIDC for Patient Identification [1]
7	ISB 1555	NHS Number for Babies

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[1] An example of an operational standard making use of the NHS Number standard

2   Specification

2.1 Key Word Definitions

The key words MUST, SHOULD and MAY are defined in the information standards development methodology. They follow RFC-2119.

- *MUST* - This word, or the terms "*REQUIRED*" or "*SHALL*", means that the definition is an absolute requirement of the specification.
- *SHOULD* - This word, or the adjective "*RECOMMENDED*", means that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.
- *MAY* - This word, or the adjective "*OPTIONAL*", means that an item is truly optional.

The following are **APPLICABLE SYSTEMS**:

- All information systems supporting the commissioning or provision of NHS Services that hold patient/service user demographic data.
- All information systems supporting the commissioning or provision of health and care services that are used to transfer or otherwise communicate patient/service user information with other bodies that commission or provide health and care services in England in partnership with the NHS.
- All new information systems procured after this standard comes into force.
- All existing information systems where it is reasonably practicable, given cost and other constraints, to upgrade it to comply with this standard.
- All existing or new information systems where the use of the NHS Number would not compromise patient/service user care nor provide a barrier to the uptake of care services – this to be determined by a local clinical risk assessment.

2.2 Information Specification

All access to patient or service user identifiable data including the NHS Number must comply with confidentiality and data protection requirements.

Organisations using the NHS Number should conform to this standard, however, this standard does not mandate that organisations should if the NHS Number is not used (see also sections 2.4 Exceptions and 3.1 Implementation Timetable).

Ref	Requirement
	The following requirements apply to Applicable Systems (see glossary or key word section for definition):

Ref	Requirement
01	**MUST** be capable of storing the NHS Number as described in the NHS Data Dictionary[2] on patient/service user records.
02	**MAY** indicate whether/when the currently stored NHS Number has been verified by checking against the Personal Demographics Service.
03	**MUST** allow users to find a patient/service user record using the NHS Number as the only search criterion.
04	**MAY** allow users to find a patient/service user record using the NHS Number as part of the search criteria in conjunction with other demographic information.
05	**MUST** allow users to find a patient/service user record without using the NHS Number as part of the search criteria.
06	**MUST** include the NHS Number in any patient identifiable data/service user information sent electronically, with the following exceptions: • The NHS Number is not available at time of transmission. • The use of the NHS Number is in conflict with other requirements, standards, legislation, common law duty of confidentiality or policies.
07	**MUST** display the NHS Number on every screen showing patient identifiable data/service user information (if available). The verification status of the NHS Number **SHOULD** also be displayed if maintained.
08	**MUST** include the NHS Number on all hard-copy outputs containing patient identifiable data/service user information (if appropriate and available at time of output).
09	**MUST** display and print the NHS Number for people to read in 3 3 4 format (e.g. 123 456 7890).
10	**MUST** allow the NHS Number to be input into the appropriate data input field on the screen as 10 digits with or without spaces.
11	**MUST** validate (both format and check-digit) the NHS Number when input.
12	**MUST** be capable of reporting where the same NHS Number (verified or not) is recorded on more than one patient/service user record.
13	**SHOULD** be capable of reporting all patient/service user records without an NHS Number recorded.
	The following requirements apply to the **use** of Applicable Systems by commissioner and provider organisations, and to their communications, processes and behaviours
14	When a system user uses the NHS Number to retrieve an electronic record other demographic information supplied **MUST** be used to confirm the patient's/service user's identity and that the record retrieved belongs to that patient/service user.
15	When supplied, the NHS Number **SHOULD** be used instead of demographic data as the patient/service user identifier.
16	Data quality processes **SHOULD** be in place to resolve electronic patient/service user records where the same NHS Number (verified or not) is recorded on more than one

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[2] www.connectingforhealth.nhs.uk/systemsandservices/data/nhsdmds/dmd

Ref	Requirement
	record.
17	Organisations **MUST** ensure all staff are trained in the correct use of information management technology systems, human behaviours and business processes required to support this Standard.
18	At the start of each new episode of care or contact, or at the earliest opportunity the patient's/service user's demographic data, including NHS Number **SHOULD** be confirmed with the patient/service user or his/her parent or carer or other organisations working with the patient/service user.
19	The patient's/service user's NHS Number **SHOULD** be determined at the beginning of (or prior to) the episode of care, where possible and practical.
20	The parent or guardian **MUST** be given written confirmation of the NHS Number of a newborn child following allocation via the statutory notification of birth (through NHS Number for Babies Service (NN4B)) or the Personal Demographics Service (PDS).
21	The patient's/service user's NHS Number **SHOULD** always be included as part of all communications, correspondence and filing systems involving patient/service user identifiable data/service user information. Additional patient/service user demographic information **MUST** also be included with the NHS Number.
22	Organisations **MUST** promote the importance and use of the NHS Number to all staff.
23	Organisations **MUST** have processes in place to support patients/service users to know their NHS Numbers and to supply it to them when requested.

2.3 Conformance Criteria

Organisations using the NHS Number should conform to this standard, however, this standard does not mandate that organisations should if the NHS Number is not used (see also sections 2.4 Exceptions and 3.1 Implementation Timetable).

Organisations are expected to ensure that their information systems, communications, processes and organisational behaviours meet the requirements above within the implementation timescales set out in section 3.1 below. This means meeting the conformance criteria set out below:-

Ref	Conformance Criteria
	Information systems and communications
01	All new systems that support the delivery of NHS services or communications between NHS and social care services and contain patient identifiable data/service user information **MUST** comply with this Standard.
02	Existing systems that support the delivery of NHS services or communications between NHS and social care services and contain patient identifiable data/service user information **MUST** comply with this standard; those that do not presently do so **MUST** have plans for enhancement, replacement or deprecation within the timescales set in the Information Strategy, conditional on a business case demonstrating that the changes and

Ref	Conformance Criteria
	the resulting enhanced capability are beneficial to care and cost-effective.
03	The NHS Number **MUST** be used and referenced on all relevant patient and service user records and communication documents between organisations supporting the delivery of NHS and social care services.
	Organisational processes and behaviours
04	All relevant staff are aware of their responsibilities for recording, using and sharing the NHS Number, as and when appropriate.
05	All patients and service users will be made aware of their NHS Number, encouraged to reference it, understand the importance of it and how it contributes to the delivery of their care.

2.4 Exceptions

This standard is consistent with and reinforces long-standing policy direction and guidance, and applies to all bodies that commission or provide health and care services in England in partnership with the NHS and their relevant system suppliers. Given the range of processes and communications that the NHS Number applies to, there are unlikely to be many cases where non-conformance is justified. In most cases, introduction of the NHS Number will be undertaken as part of a wider change/improvement programme and/or as part of a requirement within contracts for service provision, and as such will not in itself account for significant cost or effort as a proportion of the total. Since there is a wide range of methods and tools for obtaining NHS Numbers, it is likely that organisations will normally identify a cost-effective method for initial loading and subsequent maintenance of NHS Numbers in their systems.

Should organisations or suppliers be concerned that use of the NHS Number risks breaching data protection or clinical safety provisions, they should seek formal clinical safety or information governance advice, escalating to appropriate oversight bodies should any doubt remain.

Where an organisation does decide **not** to comply with the standard on the balance of risks and costs, this should be formally documented and signed off. For example, by the clinical safety officer, senior information risk owner and information asset owner.

3 Implementation and Use

3.1 Implementation Timetable

Compliance with the standard is required from 1 April 2015. Organisations and system suppliers, however, are encouraged to comply with the standard as soon as possible.

3.2 Guidance

Implementation guidance can be found at:

www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber

3.3 Supporting information

NHS Number Programme website is a valuable source of information. Key areas of interest:

- Information for staff.
- Information for patients.
- Implementation Toolkit.
- Communications and awareness.
- NHS Number use in adult social care environments.
- NHS Number for Babies.

Link to the NHS Number programme website:

www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber

Link to the Personal Demographics Service compliance baselines:

www.connectingforhealth.nhs.uk/industry/docs/files/pds

Awareness and Communications
NHS organisations should be aiming to deliver structured communications using nationally driven key messages and standard materials that can be cascaded. Communication material is available for download and order online at the NHS Number website:

www.connectingforhealth.nhs.uk/nhsnumber

The NHS Number Programme has developed communication materials to raise awareness of the importance of consistent use of the NHS Number for both patients, service users and NHS staff.

Leaflets and posters can be viewed and downloaded on the website. These materials can be ordered as finished printed copy including the opportunity for a measure of local branding and inclusion of the organisation's details.

A dedicated email address is in place for all queries concerning the NHS Number with a short turn around response time from the team: nhsnumber@nhs.net.

4 Risks and Issues

4.1 Risks

#	Description	Priority (L/M/H)	Progress / Resolution	Resolve by
1.	**Specification** Ref 02 and 06 possible risk if the NHS number provided with all electronic tests etc is not correct or verified.	H	**19.04.12:** This issue focuses on whether or not there is any clinical risk of having the incorrect NHS Number against tests and results. It was agreed at appraisal that this would need to be considered as part of the implementation review.	Implementation Stage

4.2 Issues

None.

Appendix – Background Information

The history of the NHS Number dates back to 1939 with National Registration, primary legislation, a series of policy statements and initiatives since then. The NHS Number in its current form was introduced in 1995.

Key policy and regulatory drivers for the introduction of this standard include:

- The National Patient Safety Agency (NPSA) published a Safer Practice Notice (NPSA/2009/SPN002)[3] for the NHS Number in June 2009 which mandated (with some exceptions) the use of the NHS Number as the national patient identifier to reduce the risk of misidentification. The NHS Number must be included with other demographic information as part of safe practice to link together the correct records to a particular patient. Where a local identifier is used this must be in addition to and not instead of the NHS Number.

- The Operating Framework for the NHS in England 2012/13[4] (Section 3.29 Page 31) published 24 November 2011 which follows on from the 2011/12 Operating Framework to say:

  > *'No single technical change has greater power to improve the integration of services than the consistent use of the NHS number. NHS organisations are expected to use the NHS number consistently in 2012/13 and commissioners should link the use of the NHS number to contractual payments in line with the guidance. There will be punitive contract sanctions for any organisation not compliant by 31 March 2013.'*

- As referenced in the NHS Future Forum Recommendations document published 10 January 2012[5] (Item 10 Page 15 of the Overarching Report, or more detail in Item 10 Page 21 of the Information Report)

  > *'The universal adoption of the NHS number at the point of data capture and across health and social care must be turned from a long-held – and generally ignored – aspiration into reality by 2013.'*

The aim of the NHS Number standard is to:

- Ensure that there is a means to create and maintain an accurate and reliable link between a patient/service user and the records of their care.

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[3] www.nrls.npsa.nhs.uk/resources/?entryid45=61913
[4] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360
[5] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132026

- Enable patient/service user records to be safely transferred across organisational boundaries.

- Facilitate electronic referrals and prescription activity.

- Facilitate requests and reports for tests and investigations.

- Accurately and safely identify patient/service users in all communications with tertiary, primary, secondary, community and social care teams.

- Help to create a complete record, enabling the linkage of every episode of care across organisations.

- Encourage or ensure the use of the NHS Number (where appropriate) and contribute to an improved service provider and receiver culture.