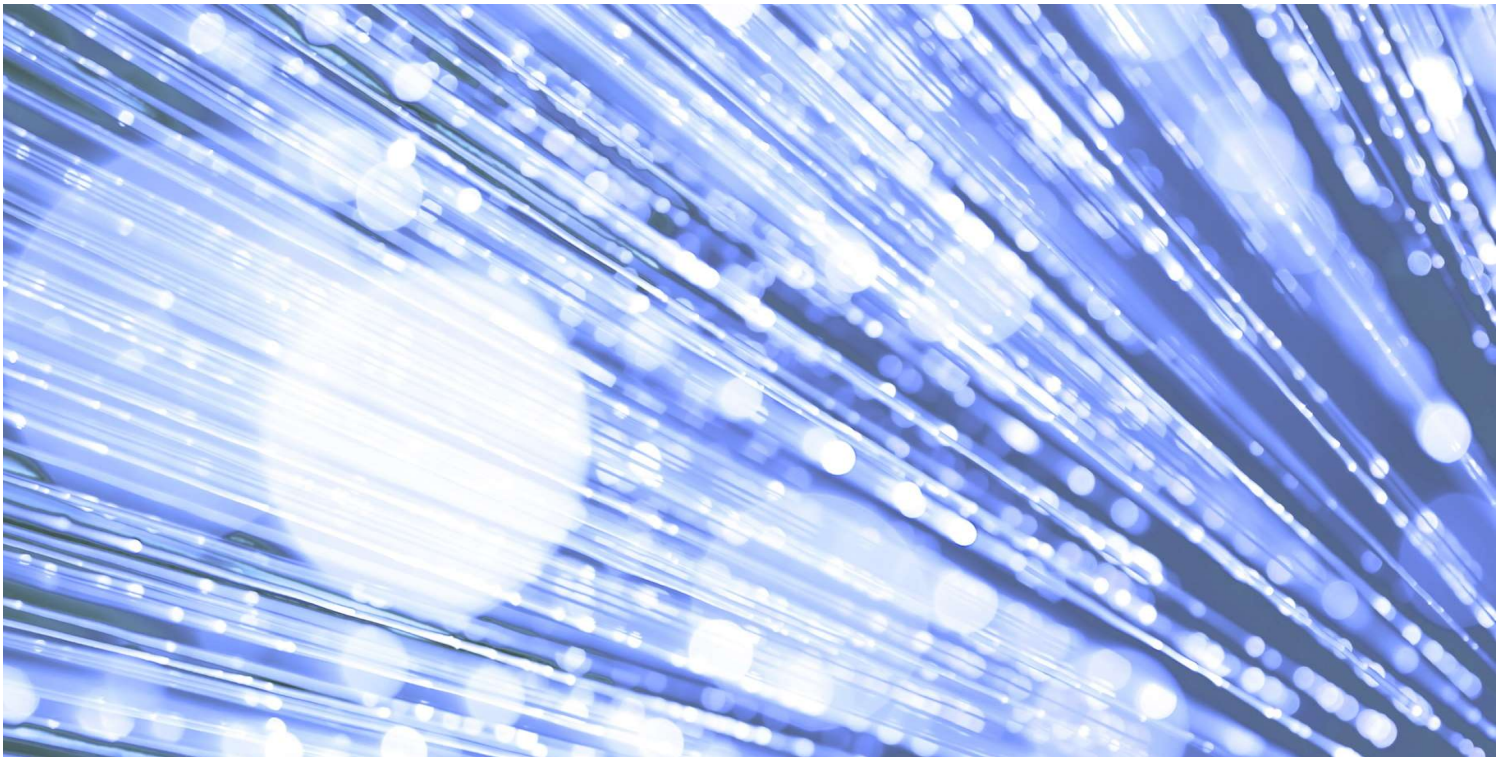


Consumer guidance

National Record Locator

V3.0 Published 12th October 2020



Information and technology
for better health and care

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Version History

Version	Date	Summary of Changes
V1.1	27/09/2019	First Draft for phase 2
V1.2	11/10/2019	Amendments post first review by NRL project team
V1.3	18/10/2019	Amendments following further NRL project team review
V2.0	23/10/2019	Published version for phase 2
V2.1	26/08/2020	Amendments to reflect introduction of care plans and change to communication of activity codes
V3.0	12/10/2020	Published version for introduction of care plans

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Glossary

Abbreviation	Definition
ASID	Accredited System ID. A unique ID code that identifies from which system a request to the NRL is made
NHS Identity	Authentication service that allows clinicians to access clinical information using a range of alternative devices as well as Smartcards
NRL	National Record Locator
NRL consumer organisation	An organisation that accesses / views record pointers from the NRL
NRL provider organisation	An organisation that publishes record pointers to the NRL
ODS code	Organisation Data Service Code. Code that identifies an organisation on the Spine Directory Service.
Pointer	A reference to a record that describes how it can be retrieved. The pointer is held on the NRL.
SCR	Summary Care Record
SCRa	Summary Care Record application
SSP	Spine Secure Proxy
UUID	The unique ID reference associated with a smartcard.

Introduction to the NRL

The National Record Locator (NRL) enables an authorised clinician, care worker and/or administrator, in any health or care setting, to access a patient's information to support that patient's direct care.

This is achieved by way of a national index of pointers that are essentially bookmarks that can tell authorised clinicians, care workers and/or administrators what shared records may exist for a patient and where they exist.

Pointers are created by the organisations that own the medical records. These pointers can then be viewed by other organisations in their own electronic clinical/care systems and/or SCRA. The information held on the pointer can then be used to retrieve and view the record itself (see figure 1). In some cases, the record will not be available to retrieve but instead contact details to the owner of the record will be provided (see figure 2). This will enable a verbal retrieval of information contained in the record. For a more detailed explanation of the data processing see the appendix.

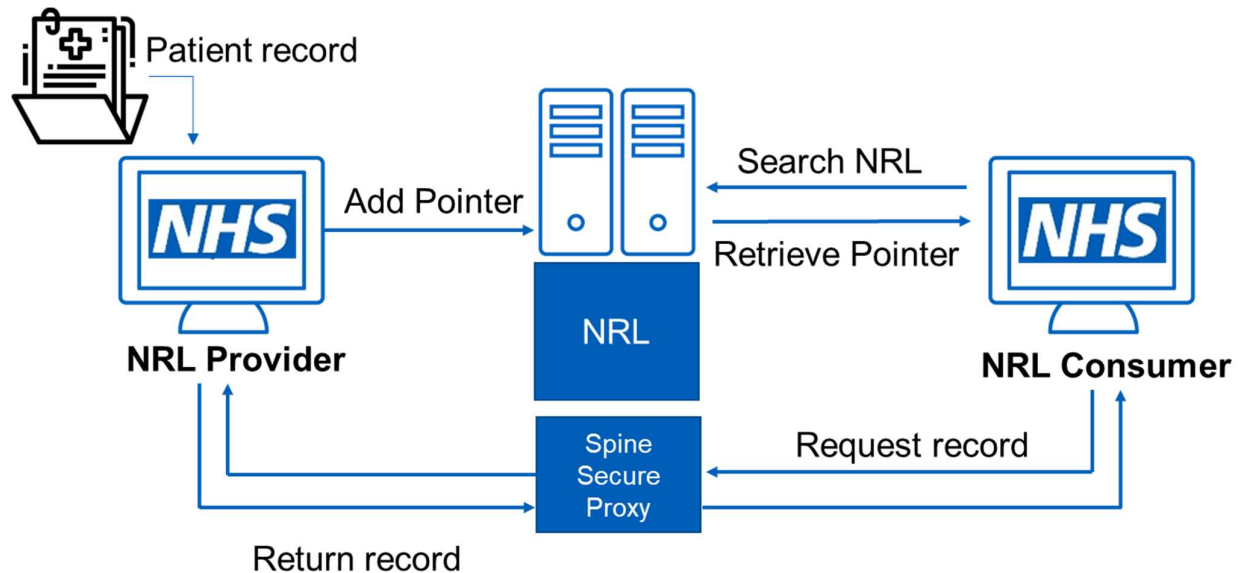


Figure 1: NRL overview of record retrieval

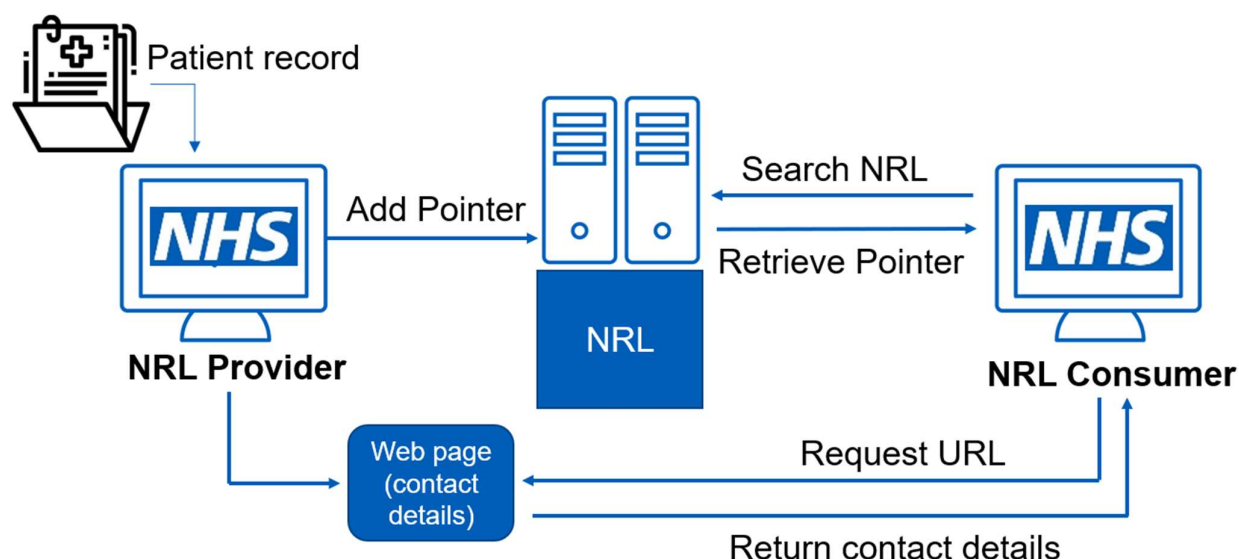


Figure 2: NRL overview of contact details retrieval

Connecting to the NRL

NRL Consumers can connect to the NRL either directly with their own authenticated system or using the national portal; the Summary Care Record application (SCRa). This document aims to provide generic guidance regardless of the consuming system being used. Some examples of how NRL information may be displayed have been taken from the SCRa for illustrative purposes. You will need to view local guidance for specific instructions on how the NRL will be presented on your system.

When to use the NRL

The NRL will be of assistance to you when you are treating a patient and want to view specific clinical records that exist for them in other organisations. The NRL will help you to understand what records have been made available for a patient and then allow you to view a record and/or contact details to the appropriate individual/team who can give more information about the record. Access to these additional clinical records should provide you with a more comprehensive understanding of a patient's health and the care they are receiving throughout the wider health system.

The contact details that are provided through the NRL should not be used to contact the individual/teams for general medical enquiries that are not relevant to that record. The individual/teams may not be able to answer such queries. It is recommended that other resources are used for such queries such as the Summary Care Record.

Access to the NRL

To access records that have been made available on the NRL you will need to have the appropriate activity codes added to your National Identity (e.g. Smartcard). If you don't have these codes, they will need to be added by the Registration Authority Manager at your trust.

An activity code gives access to a group of record types that have a similar level of sensitivity. Depending on your role, for each group of records, you will either have access to

view pointers and contact details only or be able to retrieve records as well. Details of the activity codes and which records they give access to will be made available to your Registration Authority Manager as your organisation prepares to use the NRL.

Pointer information

Your system, for example the SCRa, will display the available pointers for a patient that you have the activity codes to view, are relevant to your organisation and the type of care you provide. The steps you perform prior to this will depend on how the NRL is implemented in your system¹. You will not be returned pointers that are no longer relevant or useful, for example they have been superseded by a more up to date version or they have been marked as erroneous. Your system will filter out any pointers that you do not have permission to access. Your system may also provide additional functionality to filter and sort search results.

The screenshot shows the SCRa Private Beta interface. At the top, there's a header with the NHS logo and 'SCRa Private Beta'. On the right, there are links for 'Find a patient', 'Change Role', and 'Log Out'. Below the header, a patient card for Katherine WINSLET is displayed, showing her date of birth (13-Aug-1978), address (12 Sink Street, Glossop, SK13 8BH), and NHS number (990 001 9748). A 'Copy' button is next to the NHS number. Below the patient card, there are tabs for 'Overview', 'Patient', 'Clinical', and 'Documents (1)'. The 'Documents (1)' tab is selected, showing a section titled 'Available documents'. It states 'There is 1 entry available for this patient'. Below this, a table lists the available documents. The table has columns for 'Record creation date', 'Record type', 'Record owner', 'Clinical setting', and 'Record'. The single entry shown is for a record created on 02-Jan-2019, of type 'Mental Health Crisis plan', owned by 'SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST', in the 'Adult Mental Health Service' clinical setting. A 'View document' button with a green arrow icon is next to the record. A link 'View contact information (opens in a new tab)' is also present. At the bottom right, it says 'Showing 1 of 1 entries'.

Record creation date	Record type	Record owner	Clinical setting	Record
02-Jan-2019	Mental Health Crisis plan	SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST	Adult Mental Health Service	View document

Figure 3: Pointer display screen on SCRa

For each pointer returned there are a number of pieces of information that may be displayed to you. This information will help you to determine which records could assist you in providing care to the patient. How each piece of information should be interpreted is explained beneath in table 1. Figure 3 illustrates how this information is displayed on the SCRa. How this information is displayed in your system may vary and you should refer to local guidance.

Information type	Description
Creation date	The creation date refers to the date on which the record itself was created. It does not reflect when the pointer was created.
Record type	The record type tells you what type of clinical record the pointer is for e.g. mental health crisis plan.
Record category	The record category indicates at a higher level than the record type what type of record the pointer is for e.g. care plan. This may

¹ In some systems you may not be presented with an index view of available pointers. Instead information retrieved from the available records may be displayed within the context of patient information presented within your system. Your system may also retrieve an individual pointer rather than performing a search where it knows the details of the relevant pointer.

	help you to filter down a large number of pointers when you don't know exactly what record type will be most useful to you.
Record owner	The record owner refers to the organisation that created the record. Only authorised organisations can create NRL pointers. You will be able to see pointers from all record owners, regardless of your location or organisation.
Clinical setting	The clinical setting tells you in which type of organisation the record was created e.g. general medicine, midwifery services or physiotherapy. This may help you to determine the most useful record for you when more than one record of the same record type exist.
Period of care	The period of care describes the time period over which the documented care is relevant. Where more than one pointer of the same record type exist, this may help you to work out which one refers to the most recent episode of care.

Table 1: Pointer information description

Viewing the record and contact details

For each pointer you will either be able to view the record or the contact information of the record owner. For some pointers you can view both. Depending on your role permissions, if you select to view the document you will be presented with the record that the pointer refers to.

Selecting to view the contact details will display the details of the person or team within the record owner organisation who can provide you with further information about the record. The structure of this information may vary slightly between trusts, where they have different set-ups and procedures, but they should all provide the following information:

- Name of individual / team who can be contacted
- Telephone number for the individual / team
- Hours of availability for the individual / team
- Alternative contact details for out of hours (where available – it shall be clear no out of hours contact is available)

Variation in available information

In some circumstances the availability of a pointer, the information it contains or the content of the record it enables you to view may vary. The scenarios where this may occur are explained in this section.

Pointer availability

An NRL Provider will choose which of their patients they create pointers for and for which record types. Each NRL Provider's approach to this may be different, therefore the records they make available may vary. Scenarios also exist where for an individual patient a pointer may not be created or may be deleted at a later stage such as:

- Patient opts out of having their record made available on the NRL
- Period of care to which the record relates ends

- Where a patient has a new NHS number created – a new pointer should be created against the new NHS number and the old pointer made unavailable

Pointer information

As the NRL service develops the information that is held on a pointer may change to meet evolving demands. This means that there will be some variation in the level of detail presented for different pointers by your system. The following pieces of information may not always be available:

- Record category
- Clinical setting
- Period of care

Patient with an S-flag

Some patients have their NHS number marked with a sensitivity flag. This means that information about their location cannot be disclosed. If you view a pointer for a patient with a sensitivity flag you will not be told who the record owner is, no contact details will be provided and you will not be able to view the record. You will however be able to see what clinical records exist for a patient which may help with clinical decision making. Figure 4 illustrates how this is displayed on the SCRa.

Attention

This patient record is flagged as sensitive.

Available documents

There is 1 entry available for this patient

Care providers have shared these entries, which consist of uploaded documents you can view by selecting the 'View Document' icon. Alternatively, you can view contact details and get more information for entries that do not have a viewable document.

Record creation date	Record type	Record owner	Clinical setting	Record
02-Jan-2019	Mental Health Crisis plan	Restricted Contact information restricted	Mental health clinic	

Showing 1 of 1 entries

Figure 4: Pointer display screen on SCRa for patient with S-flag

Patient with an advanced decision

A variety of 'Care Plan' records are being made available to view via the NRL. Some of these care plans will be associated with end of life care e.g. *End of life care coordination summary* and therefore may contain information about advanced decisions such as a Do Not Attempt Resuscitation (DNAR) order.

You will not be able to tell if a care plan contains advance decision information from the pointer alone (see Figure 5). If you are treating a patient who you believe may have an advanced decision you should view all available, relevant care plans to see what information is available.

Available documents

There are 9 entries available for this patient

Care providers have shared these entries, which consist of uploaded documents you can view by selecting the 'View Document' icon. Alternatively, you can view contact details and get more information for entries that do not have a viewable document.

Record creation date	Record type	Record owner	Clinical setting	Record
15-Sep-2020	End of life care coordination summary	HYDEFALL LTD View contact information (opens in a new tab)	Healthcare services	

Figure 5: Pointer display screen on SCRA for patient with a care plan

Please be aware that a patient may have other care plans, possibly containing advanced decisions that are not currently available to view via the NRL. When using the NRL you should always follow standard clinical practice in assessing all available information sources.

One potential source of additional information regarding end of life care is the Summary Care Record which can include a resuscitation status under the 'Personal Preferences' heading. Further information is available on the [NHS Digital website](#).

Audit

A log will be maintained of the NRL activity you perform on your system to enable audit practices to be performed by your organisation. This information will only be visible to approved users within your organisation.

An entry will be made in the audit log when you perform the following actions:

- View pointers for a patient
- View record content

For each of these actions the following information will be recorded:

- Your smartcard / NHS Identity user ID number
- Your organisation
- The type of action performed
- The date and time of the action
- The NHS number of the patient
- The outcome of the action i.e. if it was successful or not

Further audit logs of your access to pointers and records will be maintained by NRL Providers and NHS Digital to fulfil their audit needs e.g. to monitor that access is appropriate and for system maintenance. Which of your NRL activity is recorded in the different audit logs is explained in table 2.

Audit log	When information is logged
System used by NRL Consumer	View any pointer View any record content
NRL Provider system	View record content owned by the NRL Provider

NHS Digital[View any pointer](#)[View any record content](#)

National Service Desk

If you experience any issues using the NRL, you should raise it with your local service desk in the first instance. If they are unable to resolve the issue, they should contact the National Service Desk at NHS Digital to obtain additional NRL support. The National Service Desk can be contacted via the following methods:

- Tel: 0300 3 035 035
- Email: ssd.nationalservicedesk@nhs.net
- [Weblog](#) – Account Creation Required (see guide)



Service Portal User
Guide.docx

Appendix

Data processing

1. The following section describes the data processing that takes place when users searches for pointers and retrieves a record via the NRL. Where a system automatically displays information retrieved from available records in the user interface, the steps relating to a user searching for a pointer will be performed in the background by the system instead. A system may also retrieve an individual pointer in which case the step relating to a user searching for a pointer will not take place. An NRL Provider can create, update, supersede and delete a pointer to a patient record on the NRL. The pointer is stored centrally on the NRL (i.e. by NHS Digital). The data held on a pointer is described in the [NRL technical specification](#) and explains when NRL Providers should perform the create, update, supersede and delete actions. An audit log is maintained on the NRL and by the NRL Provider when any of these actions takes place.
2. An NRL Consumer searches the NRL using a patient's NHS number. They are returned a list of all available pointers for that patient, unless they filter their search based on record type or record owner. No filtering of the pointers based on access permission takes place by the NRL – this is applied by the NRL Consumer system. For each pointer, the NRL Consumer is provided with the data as per the pointer data model on the [NRL technical specification](#). It is up to the NRL Consumer which of this data they choose to display to their users. An audit log is maintained on the NRL and by the NRL Consumer when a pointer retrieval takes place.
3. A pointer may contain a URL to contact details, to the record itself or both:
 - If the URL references contact details - this will be a link to a publicly accessible webpage that provides details of an individual / team who can provide the NRL Consumer with further details about the record
 - If the URL refers to the record itself - this will be a link to the location of the record on the NRL Provider's system.
4. Having viewed the list of pointers, the NRL Consumer can then decide if they wish to retrieve the contact details and/or the record for any of the pointers. The metadata within the pointer data model will help them decide which of the pointers are relevant / useful to them e.g. based on Record Type or Clinical Setting.
5. If the NRL Consumer chooses to view the contact details they will be taken to a publicly accessible webpage or PDF that displays the relevant contact details. The content of this webpage/PDF is entirely the responsibility of the NRL Provider. Accessing the webpage or PDF is handled by the NRL Consumer system; it does not take place via the NRL or SSP.
6. If the NRL Consumer chooses to retrieve the record, they make a request to the NRL Provider via the Record URL, which the NRL Consumer prefixes with the SSP base URL. This request is brokered by the Spine Secure Proxy (SSP) which provides a mutual authentication process. The record is then returned to the NRL Consumer via the SSP. The content of the record is the responsibility of the NRL Provider. The record is not stored on the SSP, it only brokers the transaction. An audit log will be kept of the transaction that took place on the SSP (this does not include any clinical data). The NRL Consumer and NRL Provider will also maintain an audit log of the retrieval.