NHS England

NHS Number Survey Report

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1 Executive Summary

1.1 Context

The ability to provide safe, urgent and integrated care is fundamental to the future delivery of the health and social care system. We need information to follow the patient along their pathway, so clinicians and patients can have access to the right information at the right time. In addition, commissioners need to be able to link patient information across multiple settings to improve the services provided to their population. This needs an underpinning primary identifier across the system - the NHS Number (NHSN).

Whilst the value of the NHS Number has been understood for a while, in order to meet the key needs of our health and social care system, the use of the NHS Number has to move from "good practice" to "core practice". This requires the use of the NHS Number as early as possible in the care process, and established as the primary identifier when sharing information across organisations.

To further this objective, NHS England launched a survey across all NHS Trusts on their usage of the NHS Number in clinical correspondence[1] that is shared across organisations. This created for the first time, a baseline of the use of the NHS Number in direct care.

This baseline information will enable commissioners to hold Providers to account on their compliance of existing NHS Standard Contract terms which states that "*The Provider must use the NHS Number as the primary identifier in all clinical correspondence (paper or electronic)". The Provider must be able to use the NHS Number to identify all activity relating to a Service User.*

To support the enforcement of the NHS Standard Contract terms, we will now look to introduce new powers to Commissioners, where funding to Providers will be withheld unless these obligations are met.

1.2 Key Findings

1. The overall figure for use of the NHS Number by NHS Trusts in England as the primary identifier in clinical correspondence shared across organisations was 97.6% (239 of the 245 Trusts surveyed). This result indicates that the Secretary of State's public commitment, for ***"95% of Trusts to be using the NHS number as primary identifier in clinical correspondence by the end of January 2015"*** has been achieved.

   However, whilst meeting this public commitment, the survey responses highlighted that the NHS Number is not used consistently in clinical

[1] e.g. Outpatient Letters, Discharge Summaries, A&E Letters, Out of Hours Reports, Ambulance Reports, Mental Health Discharge, Referrals. Consequently, this did not include correspondence where NHS Number is not to be included e.g. sexual health.

correspondence shared across organisations. The usage is shown in the heat map below.

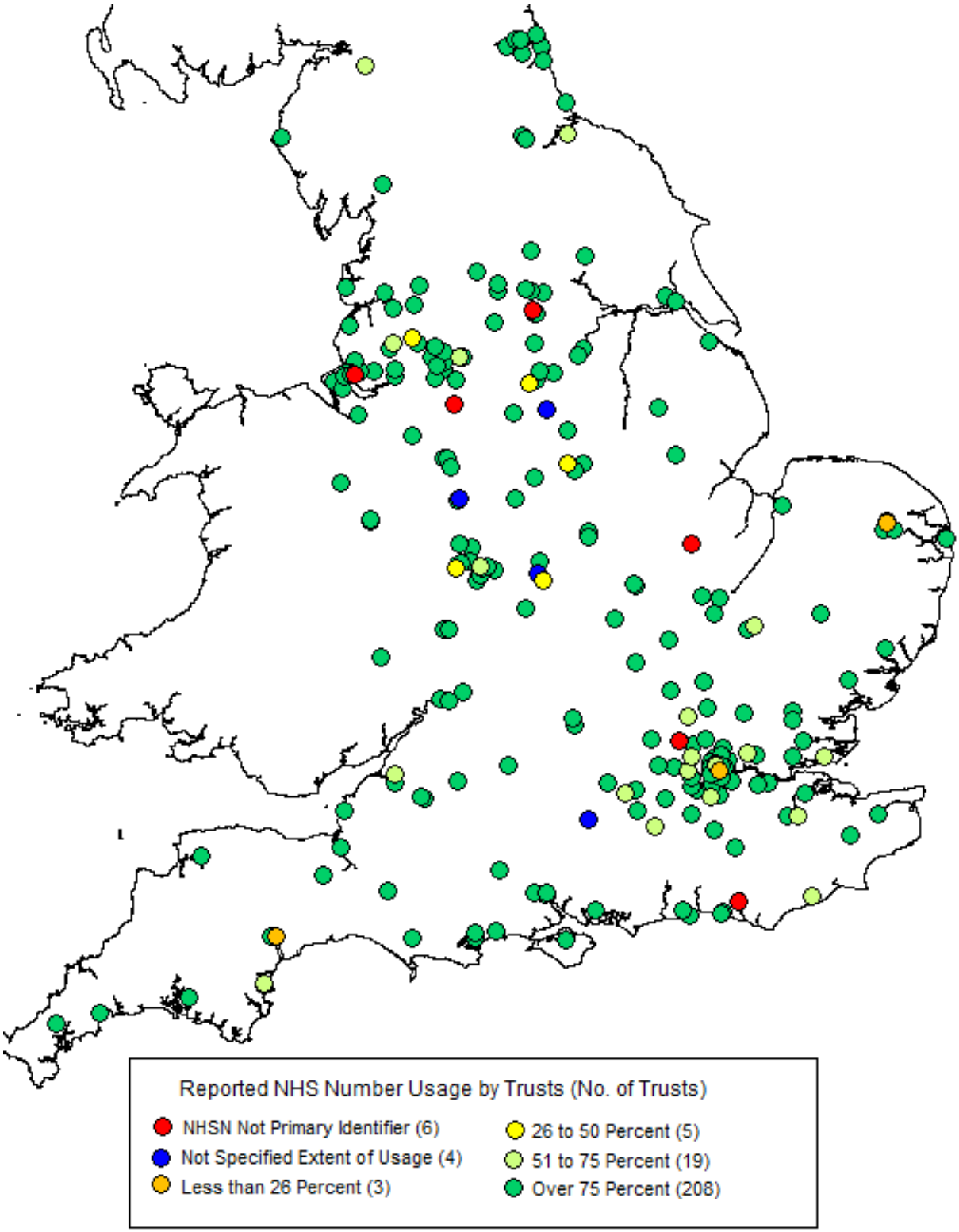
2. Six Trusts (three Acute, two Ambulance and one Community) responded that the NHS Number was not used as the primary identifier in their clinical correspondence.

3. 80% of Ambulance Trusts used the NHS Number only up to 50% of their clinical correspondence.

4. 15.1% of Trusts (across all care settings) responded that they used the NHS Number only up to 75% of their clinical correspondence.

5. There is inconsistency between the survey responses received from some Trusts and their submissions of their NHS Number initiatives to the Information Governance Toolkit.

1.3 Heat-Map showing the use of the NHS Number by Trusts



The heat-map shows that low usage of the NHS Number in clinical correspondence across organisations, is not a geographically specific issue.

1.4 Recommendations

1) All commissioners should now request clear plans from their providers, for ensuring that the NHS Number is used in all clinical correspondence shared across organisations. Commissioners must hold providers to account on their existing contractual terms - with specific focus on those Trusts that are less than 75% compliant.

2) A specific follow up from the NHS Number Programme in conjunction with regional teams on those Trusts that are currently not using the NHS Number as the primary identifier should take place, so as to understand the reasons for non-compliance and to propose corrective action that must be implemented.

3) The Programme to commission the production of Guidance on different approaches to tracing and retrieving the NHS Number from the central Personal Demographics Service (PDS).

4) The Programme to publish the names of those system suppliers that are already PDS compliant with live look-up facility, so that local organisations have a clear view of which products will provide a direct link to retrieve the NHS Number.

5) NHS England to include within the digital maturity index, an explicit measure on the use of the NHS Number as the primary identifier for clinical correspondence shared across organisations.

6) A review of the Information Governance Toolkit (IGTK) requirements relating to the NHS Number (401,421 and 422).

1.5 Next Steps

The following immediate actions will be implemented:

Action	Responsibility	Date
Issue clear communications to the Area Teams (ATs) and Clinical Commissioning Groups (CCGs) on those Trusts that are showing <75% use of the NHS Number.	NHSN Programme AT/CCGs	Nov ‘14
Undertake specific follow up by NHS Number Programme in conjunction with local teams on those six organisations that do not use NHS Number as primary identifier.	NHSN Programme AT/CCGs	Nov’14
Publish Guidance on approaches for tracing and retrieval of NHS Number for all care settings.	NHSN Programme	Nov ’14
Publication of PDS compliant systems suppliers across all care settings.	NHSN Programme	Dec ‘14
Inclusion of an explicit measure in the digital maturity index on the use of the NHS Number as the primary identifier in external clinical correspondence for health and social care.	NHSN Programme	Nov ‘14
Review of the IGTK requirements 401,421 and 422.	HSCIC	Nov‘14

Detailed Analysis of the Survey Responses

1.6 Levels of use of the NHS Number

Chart 1.1 shows the levels of use of the NHS Number as the primary identifier in clinical correspondence shared across organisations.

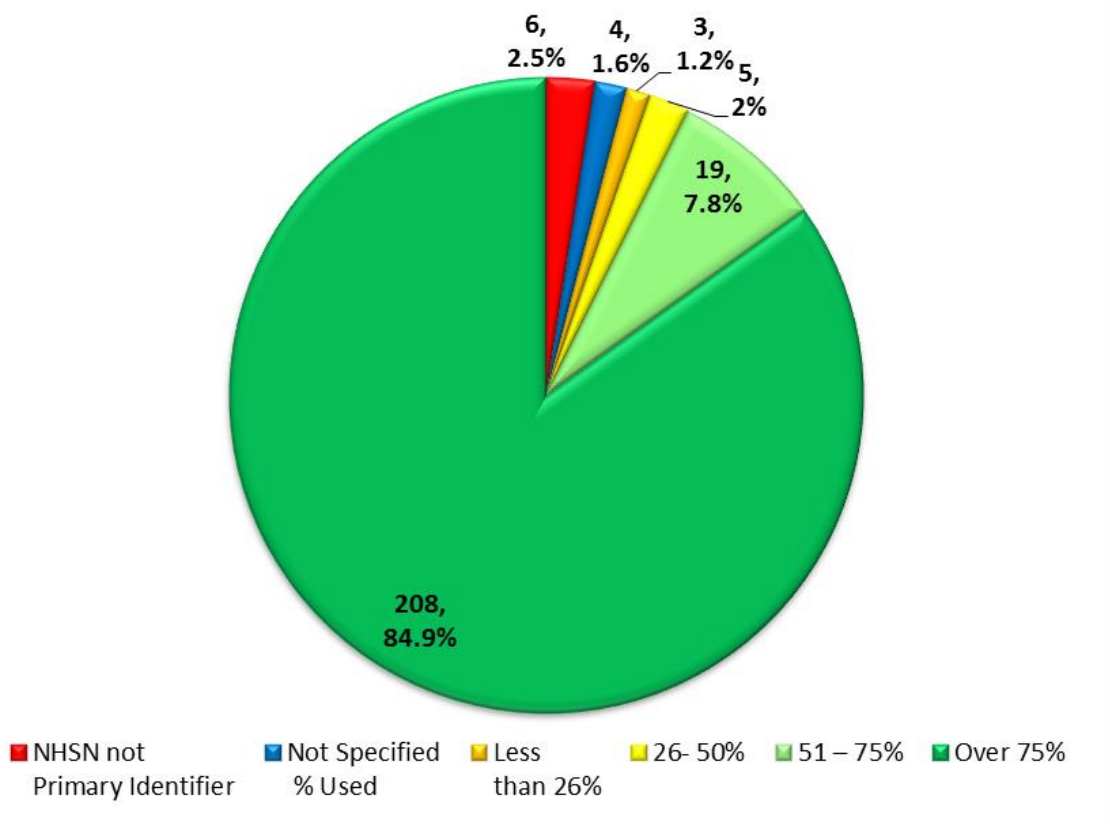


Chart 1.1 – Levels of use of the NHS Number as the Primary Identifier in Clinical Correspondence by Trusts

Of the 245 Trusts questioned:

- 208 (84.9%) responded that 'Over 75%' of the Trust's clinical correspondence shared across organisations contains the NHS Number
- 19 (7.8%) responded that coverage was between '51 and 75%'
- 5 (2%) responded that the coverage was between '26 and 50%'
- 3 (1.2%) responded that the coverage was 'Less than 26%'
- 4 Trusts (1.6%) reported using the NHS Number as the primary identifier in their clinical correspondence, but were unable to provide the proportion of coverage
- 6 Trusts responded that they do not use the NHS Number as the primary identifier in clinical correspondence shared across organisations

1.7 Proportion of use of the NHS Number by care setting

The analysis identified the proportion of use of the NHS Number as primary identifier, broken down by care setting.

The analysis shows that 80% (8 out of 10) Ambulance Trusts use the NHS Number in less than 50% of their clinical correspondence.

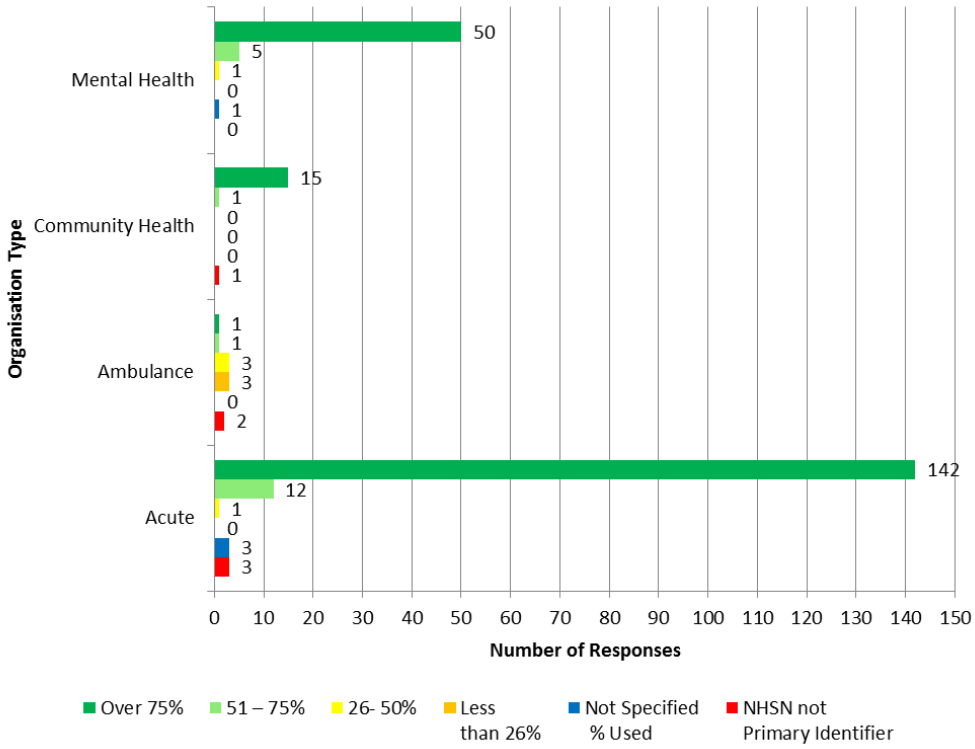


Chart 1.2 - Breakdown of use of the NHS Number as the Primary Identifier in Clinical Correspondence by Organisation Type

1.8 Mechanism used to retrieve the NHS Number by care setting

Trusts were asked to list the mechanisms used for sourcing and, or checking patients' NHS Number.

The results of the survey (shown in chart 1.3) indicate that the vast majority of Acute Trusts still rely on batch tracing as the primary mechanism. But a significant proportion supplements this with the use of the Summary Care Record/Spine portal application for real-time access to demographic information.

For Community and Ambulance Trusts, the Summary Care Record/Spine portal application is the primary mechanism used for retrieving demographic information.

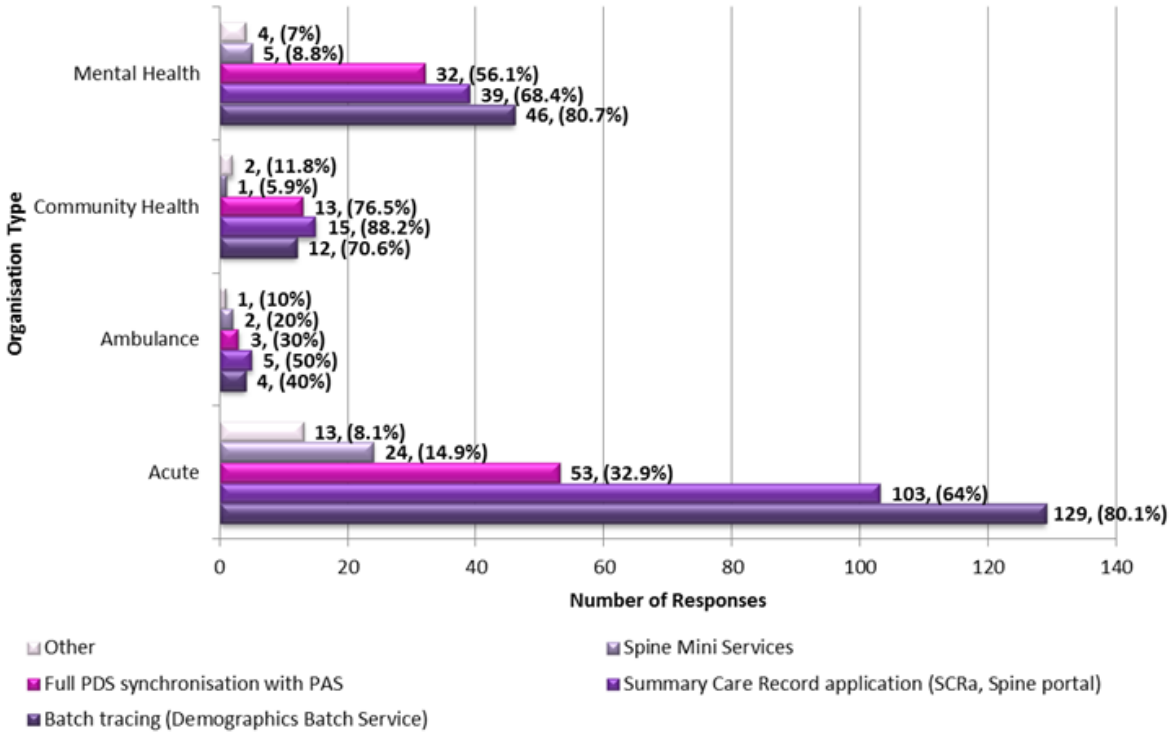


Chart 1.3 - Breakdown of Mechanism(s) used to source or check the NHSN from Personal Demographics Service

1.9 Benefits of using the NHS Number as the Primary Identifier

Those Trusts reporting use of the NHS Number as the primary identifier in their clinical correspondence, were asked to consider '***the benefits of using the NHS Number***' with choices from a drop down list. Trusts were able to provide multiple responses.

Table 1.1 shows that the two main benefits reported by most Trusts were patient safety and improved data quality.

Benefits of Using the NHS Number	Trusts Identifying Benefit
Patient safety	227
Improved data quality	227
Improved patient journey through health & care	209
Reduction in costs	79
Other - Joining data across systems/organisations	14
Other - Improved data sharing/security	8
Other - Improved governance/compliance	4

Table 1.1 - Key Benefits of Using the NHSN as Primary Identifier Based on Trust Responses