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PDS NHAIS Interaction Procedures Guide

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Reviewers:

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All PCTs and Agencies operating the NHAIS System

National Back Office (NBO) Staff

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Document Status:

This is a controlled document.

Any printed copies of the document are not controlled.

List of Abbreviated Terms

Abbreviation	Definition
CFH	NHS Connecting for Health
CIS	Central Issue System
CSA	Clinical Spine Application
DSA	Demographic Spine Application
LSP	Local Service Provider
NBO	National Back Office
NSTS	NHS Strategic Tracing Service
PCT	Primary Care Trust
PDS	Personal Demographics Service
SCR	Summary Care Record
SCRa	Summary Care Record Application (formerly CSA)

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1 About this Document

1.1 Purpose

The purpose of this document is to provide detailed procedures for use with the PDS NHAIS Interaction software and has been written in conjunction with representatives from both the NHAIS user community and the National Back Office.

1.2 Audience

This document has been written to inform Registration staff working on the NHAIS System of the correct procedure to follow when they encounter a range of different circumstances.

It is therefore imperative that the document is distributed to all staff members that are working on the NHAIS patient registration system.

2 Introduction

Stage 3 of the PDS NHAIS Interaction project introduced the direct update of demographic data on the PDS by NHAIS systems.

This document provides full guidance on the procedures that must be employed when an NHAIS Agency utilises the NHAIS Stage 3 PDS Interaction software to ensure that NHAIS, the PDS and the CHRIS system are kept in line with one another.

If this guide does not cover the scenario you are faced with and you are at all uncertain on how to proceed, always SEEK HELP – you may be helping others too. In the first instance, discuss with your supervisor locally, and if necessary, raise an NHAIS Registration support call through the Exeter Helpdesk:

- Email: exeter.helpdesk@nhs.net
- Telephone: 01392 251289 / 0845 3713671
- Recommended best practice is detailed in the *PDS NHAIS Interaction Best Practice Guide* which should be read in conjunction with the procedures in this guide. The latest edition of this is published at:

http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsbpg4_2.pdf

3 Golden Rules

Stage 3 of the PDS NHAIS Interaction project introduced a series of 'golden rules' which need satisfying to achieve a successful update to the PDS. These are as follows:

3.1 General:

- No PDS update = no NHAIS update.

3.2 Amendments:

- Practice Code must match;
- NHAIS Posting must match;
- Gender must match (unless the gender is the data item being amended);
- Patient must not be "dead" on the PDS.

3.3 Deductions (except R, R/A, R/C and A/C):

- Practice Code must match;
- NHAIS Posting must match;
- Gender must match;
- Patient must not be "dead" on the PDS.

3.4 Registrations:

- Gender must match PDS¹;
- Patient must not be "dead" on the PDS.

¹ When trying to update a 1st acceptance registration, a warning message will highlight that the gender status is different between the PDS and NHAIS allowing the user to check carefully that the NHAIS value is correct before proceeding and updating the PDS.

4 Exceptions Handling

There are a variety of exception conditions which can occur during NHAIS/PDS interaction. Therefore a web page has been compiled to provide details of each possible exception and a set of actions to follow in order to resolve the exception condition.

This web page can be found at:

<http://nww.connectingforhealth.nhs.uk/nhais/nhais-pds/exceptions>

It is imperative that NHAIS Agencies refer to this web page and follow the 'User Action' to ensure that exceptions are dealt with as soon and possible, thereby avoiding any unnecessary delays in updating the patient's PDS record.

If however, you find a 'User Action' that does not fit in with your business processes and therefore find difficult, or impossible to implement, please raise a Registration support call with the NHAIS Exeter Helpdesk and we will look into rectifying this immediately.

- Email: exeter.helpdesk@nhs.net
- Telephone: 01392 251289 / 0845 3713671

NOTE: It is extremely important that full consideration is given to 'golden rule' failures² when processing Registration transactions rather than simply using the UP screen to update the PDS with the local NHAIS value. This is because, in most cases it is likely that the different value held by the PDS is actually correct, and the patient has recently re-registered or updated their details via another NHS organisation. Full guidance on the appropriate consideration and action to take can be found above and in Section 5.

² See Section 3 above for full details of the Golden Rules.

5 NHAIS Posting Differs on the PDS

One of the Stage 3 'Golden Rules'³ is that an amendment or deduction transaction will fail to update if the PDS considers the patient to 'belong' to a different NHAIS system to that making the update request.

There are five scenarios which arise from these differences in NHAIS Posting. Full procedures for handling these are documented below.

5.1 PDS has a 'recent' NHAIS posting

The patient has very recently (within the last couple of weeks or so) registered with a practice housed on a different NHAIS system and your Stage 3 NHAIS System has not yet received a deduction from CHRIS for that patient. In such a case, the NHAIS Posting on the PDS will be different and the History will show that the registration has occurred very recently (ie within the last couple of weeks).

For this scenario, it is likely that you would be trying to deduct the patient rather than amend the patient.

5.1.1 Procedure

Assuming that you are trying to deduct the patient (probably as a DDR, an FP69 or an O/R) the procedure to follow is either:

- If applicable, cancel the pending DDR using the DS screen or the pending FP69, using the AD screen.
- Proceed with the local deduction and then await the Deduction notification from CHRIS.
- On receipt of the Deduction notification from CHRIS, amend the Deduction Reason to reflect the new posting.

OR

- If you can, simply await the Deduction notification from CHRIS to effect the patient deduction.

NOTE: There is no requirement to effect changes to the NHAIS Posting for the patient on the PDS or CHRIS (as these will either have already occurred [PDS] or will be about to occur [CHRIS]).

There is NO requirement for an 'NBO Data Quality' incident to be raised for the NBO.

³ See Section 3 for full details.

5.2 PDS has an 'old' NHAIS posting

In this scenario, the new registration showing for a practice housed on a different NHAIS system on the PDS is not considered to be very recent (ie, it occurred more than 2 weeks ago). This being the case it is unlikely that your Stage 3 system will now receive a deduction from CHRIS.

For this scenario, it is likely that you would be trying to deduct the patient rather than amend the patient details.

5.2.1 Procedure

Because of the timings involved, there has to be some doubt as to whether the CHRIS System knows about this new Posting. To resolve the situation:

- The NHAIS Agency should raise an 'NBO Data Quality – PDS Data Quality' incident using Weblog with the CFH Service Desk:
 - https://nww.nhsctfh servicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
 - The procedure for raising 'NBO Data Quality' incidents is detailed in Section 17.
- The CFH Service Desk will pass the incident to the NBO and keep you informed of progress.
- The incident needs to ascertain whether the CHRIS System is aware of this subsequent posting on another NHAIS system.
- If the CHRIS System already reflects this posting, then (assuming you are trying to deduct the patient) you should continue and:
 - If applicable, cancel the pending DDR using the DS screen, or the pending FP69 using the AD screen.
 - Deduct the patient locally before using the DP Screen to change the Deduction Reason to reflect the movement to another area.
- If the CHRIS System doesn't already reflect this posting then NBO will update the patient's Posting on CHRIS. This will trigger a Deduction notification to be sent from CHRIS to your Stage 3 system.
- At this point, you can choose to either:
 - Await this Deduction notification to deduct the patient.

OR

- If applicable, cancel the pending DDR using the DS screen, or the pending FP69 using the AD screen, and
- Deduct the patient locally and then await the Deduction from CHRIS before changing the DP Screen for the patient to reflect the movement to another area.

5.3 PDS has no NHAIS posting

The patient has no NHAIS Posting on the PDS. This is probably either as a result of a failure in 2008-A data migration to load a CHRIS Posting for the patient or because the CHRIS System didn't actually have an NHAIS Posting to load. For this to occur, you could be either amending or deducting the patient.

5.3.1 Procedure

- Use the UP Screen to 'push' the NHAIS Posting onto the PDS.
- Having done this, use the ID Screen to send an electronic FP99 notification to the NBO to ensure that this posting is reflected on CHRIS.

NOTE: If the correct Posting is already on CHRIS (but wasn't reflected on the PDS) then this FP99 will not be required but will cause no issue.

NOTE: If you are trying to deduct the patient, it is recommended that you do NOT do a local update of the deduction until AFTER you have corrected the patient's NHAIS Posting on the PDS.

5.4 PDS has a 'previous' NHAIS posting

In this case, the PDS has an NHAIS Posting for the patient but this appears to be their previous posting, prior to them registering at a practice housed on your Stage 3 system. In other words, it looks as though the registration of that patient on your NHAIS system was never reflected on CHRIS and/or the PDS and therefore, the patient's old Posting was either loaded onto the PDS as part of 2008-A data migration or has not been updated to reflect the current Posting on your Stage 3 system.

For this scenario, you could be trying to either amend the patient or deduct the patient.

5.4.1 Procedure

- The same recommendations apply here as for section 5.3.1 above.

5.5 PDS has a 'confused' NHAIS posting

Although in this case there is an NHAIS Posting for the patient on the PDS, it makes no sense in terms of your knowledge of the patient now and where they resided prior to being posted to your system.

For this scenario, you could be trying to either amend the patient or deduct the patient.

5.5.1 Procedure

- In the first instance, contact the NHAIS Agency corresponding to the NHAIS Posting of the patient showing on the PDS. The purpose of this is to identify if the presence of that Posting can be understood in terms of one of above scenarios.
- If the Posting can be interpreted as one of these other scenarios, then the guidance for that scenario should be followed.
- However, if the NHAIS Posting on the PDS cannot be explained, then leave the NHAIS Posting of the patient on the PDS unaltered.
- The NHAIS Agency should then raise an 'NBO Data Quality - PDS Data Quality' incident using Weblog with the CFH Service Desk.
 - https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
 - The procedure for raising 'NBO Data Quality' incidents is detailed in Section 17.

The CFH Service Desk will pass the incident to the NBO for them to investigate further.

6 Adoptions

When a patient is adopted the NBO receive a Court Order from the GRO. On receipt of this they will invalidate the patient's existing NHS number on the PDS, and allocate a new NHS number. NHAIS Agencies will be notified by NHSmail of the new NHS number which the NBO has allocated to the patient.

Information Governance Policy guidance from the Department of Health is also provided below on the handling of medical records for adopted patients. This may be helpful in advising GPs on how to handle clinical records.

NOTE: It is expected that legislation will be passed in due course regarding the future mechanism for NBO procedures for handling entries for adopted patients with the preferred option being **not** to issue new NHS numbers unless the child is deemed 'at risk'. Further details will be published following any changes.

Any queries regarding the process for handling Adoptions or specific incidents concerning such cases should be raised as an 'NBO Data Quality – PDS Data Quality' incident using Weblog with the CFH Service Desk noting in the incident description that it is an Adoption enquiry. It is important to include this information so the Service Desk is able to identify the incident as such and raise the appropriate Work Item for the NBO.

- https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
- The procedure for raising 'NBO Data Quality' incidents is detailed in Section 17.

The CFH Service Desk will pass the incident to the NBO for them to investigate further.

6.1 Patient is adopted within same GP Practice area

- NBO will request the NHAIS Agency to which the patient is currently posted to cancel the patient's current registration using form NBO ADO101.
- On receipt of form NBO ADO101, the NHAIS Agency should deduct the patient using an A/C deduction type as soon as possible.
- The Agency should contact the GP Practice to advise that the patient has been adopted and that they should accept the deduction, but retain the Medical Records.
- NBO will also send notification of the patient's newly-allocated NHS number to the NHAIS Agency (based on the NHAIS posting of their address⁴) via NHSmail using form NBO ADO102.

⁴ See NOTE below.

- Once notified of the new NHS number the NHAIS Agency should advise the GP Practice to re-register the patient with their new details.
- On receipt⁵ of the new Registration from the Practice, the NHAIS Agency should process the transaction which will in turn update the PDS entry with any new information (eg, GP registration).
- Once the new record is fully instated, all details of the patient registration under the old details should be deleted from the NHAIS system.

NOTE: Because of the Resident to Registered project, it is possible that some NBO ADO102 forms will be sent to the 'wrong' NHAIS Agency (as the GP Practice is now housed on a neighbouring site). Should this be the case, the 'losing' NHAIS Agency should forward the form and notify the 'gaining' NHAIS Agency that they should expect to receive the new Registration from the Practice.

Another potential situation that may occur as a result of the Resident to Registered project is that some adopted children could be registered on the GP Practice's new housing NHAIS system, but their parents may still be housed on the NHAIS system based on the geography of their address. Whilst this is legitimate, it may be that, as the 'losing' Agency you would want to investigate and if necessary liaise with the 'gaining' Agency to arrange for the parents to be R/A deducted to the new housing system.

6.2 Patient is adopted in a different GP Practice area

- NBO will request the NHAIS Agency to cancel the patient's current registration using form NBO ADO103.
- On receipt of form NBO ADO103, the NHAIS Agency should deduct the patient as A/C as soon as possible and request that the Practice send in the Medical Records.
- The Medical Record should be placed in the 'withdrawn' file and stored at the PCT. In the event a request for the records is received from the Adoption Agency or Social Services, the PCT may forward these accordingly.
- NBO also send notification of the patient's newly-allocated NHS number to the NHAIS Agency (based on the NHAIS posting of their address⁶) via NHSmail using form NBO ADO102.
- The NHAIS Agency should then 'look out' for a Registration for the patient for one of their Practices.

⁵ It is recommended that the links are monitored for receipt of the new registration and regular 'chasers' sent to the Practice to ensure the process is completed.

⁶ See NOTE below.

NOTE: Because of the Resident to Registered project, it is possible that some NBO ADO102 forms will be sent to the 'wrong' NHAIS Agency and because the Practice with which the patient chooses to register is housed on a different NHAIS system , no new registration will be received.

6.3 Handling Medical Records for Adoption Cases

Current adoption legislation requires that all adopted children are given a new NHS number, and that all previous medical information relating to the child is put into a newly created health record. Any information relating to the identity or whereabouts of the birth parents should not be included in the new record. The change of name, NHS number and transfer of previous health information into a new health record should take place for both GP records and hospital records, and other health records as appropriate.

Whilst changing or omitting information from medical records would usually be contrary to ethical and professional guidance, this is not the case for the records of adopted children as there is a legal requirement that it takes place.

In terms of the requirement for handling of the paper records for adopted patients, guidance and procedures need to be developed locally with PCTs and their responsible GP practices. However, the following information which has been approved by the IG Policy team within the Department of Health may be of assistance:

6.3.1 Patient staying with the same GP

- The pre-adoptive Medical Record should remain with the GP.
- A new Medical Record envelope should be provided with the patient's new NHS number and other post-adoptive details. The old notes can then be placed in the new envelope.
- The GP must not make any changes that conceal or alter the patient's clinical history. However, steps must be taken to prevent disclosure of their pre-adoptive identity, perhaps blocking out all references to the previous name and any information that may identify members of the birth family.
- The pre-adoptive identity should be regarded as confidential and the GP Practice must ensure that they have robust systems in place to avoid disclosure and/or access.
- It is good practice for the GP to place a label on the front of the new Medical Record stating "Confidential Patient Data – take care on disclosure of information" or some other such message, not immediately visible to the patient.

- If possible, electronic Medical Records should be merged on the GP Practice system in the new post-adoptive details and all data relating to the previous identity or whereabouts of the birth parents not included in the new record. GP Practice staff should seek guidance from their system supplier on how to manage this.

6.3.2 Patient is changing GP practice and moving area

- The pre-adoptive Medical Record should be requested from the GP and held in the 'withdrawn' file at the current NHAIS PCT/Agency.
- The Adoptions Agency dealing with the case should arrange for the relevant GP (or PCT/Agency) to forward a summary of the patient's medical history or the entire Medical Record.
- The GP must not make any changes that conceal or alter the patient's clinical history. However, steps must be taken to prevent disclosure of their pre-adoptive identity, perhaps blocking out all references to the previous name and any information that may identify members of the birth family.
- It is good practice for the GP to place a label on the front of the new Medical Record stating "Confidential Patient Data – take care on disclosure of information" or some other such message not immediately visible to the patient.
- It is good practice for the GP to place a label on the front of the new Medical Record stating "Confidential Patient Data – take care on disclosure of information" or some other such message, not immediately visible to the patient.

7 Gender Reassignment

The Gender Recognition Act 2004 provides for transsexual people to apply to the Gender Recognition Panel to receive a Gender Recognition Certificate. Successful applicants, who are granted a full Gender Recognition Certificate, will, from the date of issue, be considered in the eyes of the law to be of their acquired gender. He or she is entitled to all the rights appropriate to a person of his or her acquired gender. The Act also provides transsexual people with special protection of their privacy and as such it is an offence for an individual to disclose to any other person the transsexual history of a patient who is in receipt of a Gender Recognition Certificate, without their explicit consent.

Prior to making any changes to a patient's registration, the GP should discuss the patient's wishes regarding transition and where this is intended to be permanent may provide them with a letter confirming this for use when approaching other institutions in respect of their name and gender change.

The GP should also provide the patient with advice on the process, and how their care will be managed going forward, for example their inclusion in 'regular' screening initiatives based on administrative gender which they should either ignore or seek further information if they have concerns. Similarly, the GP is obliged to ensure that arrangements are made for the patients to receive appropriate tests without any need to reference their previous gender.

To comply with the Gender Recognition Act, the following process is in place for managing cases where a patient wishes to become known by a gender and name other than that of their birth. This process is currently under review and may be subject to change at short notice.

Information is also provided below on the handling of medical records for patients who have chosen to 'acquire' a new gender. This may be helpful in advising GPs on how best to handle clinical records.

7.1 GP sends Registration in new details

- Patient advises GP that they wish to change their name and gender details.
- GP advises the Agency that this is the case and should be instructed to register the patient in their new details with no NHS number.
- The NHAIS Agency accepts the transaction and allocates the patient with a new NHS number in their new details.
- The NHAIS Agency completes form NBO ID101 and sends to HSCIC.NBOteam4@nhs.net to notify the NBO of the new number allocated.
- The NBO invalidates the PDS record in the old details and sends a request to the NHAIS Agency using a form advising them to cancel this registration O/R and advise the GP to accept the deduction.
- Any queries regarding the handling of such cases on the PDS should be referred to the NBO using the Team 4 generic email account: HSCIC.NBOteam4@nhs.net.

7.2 GP updates current PDS record with new details

- Patient advises GP that they wish to change their name and gender details.
- GP traces patient locally and updates the patient's PDS record with new details.
- The NHAIS Agency is notified of the change of details and informs NBO using form NBO ID102 to request that a new NHS number for the patient is allocated for the patient⁷.
- The NBO allocates a new number and notifies this to the NHAIS Agency.
- The NBO invalidates the PDS record in the old details and sends a request to the NHAIS Agency using a form advising them to cancel this registration O/R.
- The NHAIS Agency should then inform the GP Practice of the patient's new NHS number and request that they accept the deduction for the patient and re-register them in the new details.
- Any queries regarding the handling of such cases on the PDS should be referred to the NBO using the Team 4 generic email account:
HSCIC.NBOteam4@nhs.net.

7.3 Handling Medical Records for Gender Reassignment Cases

In such cases the patient is given a new NHS number, and to ensure continuity of care and avoidance of clinical risk, all previous medical information relating to the individual should be transferred to a newly created health record envelope. Any information relating to the patient's previous gender and name should be removed from the record. The change of name, NHS number and transfer of previous health information into a new health record should take place for both GP records and hospital records and other health records as appropriate.

Patients who are in the process of transitioning or who choose not to go before the Gender Recognition Panel are entitled to the same special protection against disclosure of their gender history, and therefore the following information may be of assistance in determining local procedures for managing medical records:

7.3.1 Best Practice

- It is inappropriate to use a gender value of Indeterminate for patients in the process of transitioning. Records should be updated with the acquired gender and local markers put in place by the GP Practice to ensure patients receive appropriate tests.

⁷ It is not possible for the NHAIS Agency to allocate a new number for the patient as the PDS will restrict based on the demographic data being identical to a record that already exists (the patient's original record).

7.3.2 Patient is staying with the same GP

- The Medical Record should remain with the GP.
- A new Medical Record envelope should be provided with the patient's new name, gender and NHS number.
- The GP must not make any changes that conceal or alter the patient's clinical history.
- All references to the previous name, gender and NHS number should be removed, or anything from which this might be derived. The old notes can then be placed in the new envelope.
- The previous identity and gender should be regarded as confidential – disclosure of this information to any person, even to other clinicians involved in the healthcare of the patient, without explicit patient consent is a criminal offence. The GP Practice must ensure that they have robust systems in place to avoid disclosure and/or access to historical information from which this may be implied due to the presence of certain treatments or conditions.
- It is good practice for the GP to place a label on the front of the new Medical Record stating "Confidential Patient Data – take care on disclosure of information" or some other such message, not immediately visible to the patient.
- If possible, electronic Medical Records should be merged on the GP Practice system under the new NHS number showing the new name and gender identity details and all data relating to the previous identity not included in the new record. GP Practice staff should seek guidance from their system supplier on how to manage this.

7.3.3 Patient is changing GP practice and moving area

- Record handling in this scenario is similar to that described above although if there is a change of GP practice and the patient is moving areas, the Medical Record should be forwarded to the new GP in the new area.
- This process will be managed by the NBO who when made aware of such a case will request the medical records from the previous Agency, create a new Lloyd George envelope into which the old records will be placed and pass this on to the new GP via the new NHAIS Agency using a form NBO ID108d.

NOTE: Obviously this may not be possible if the patient presents in their new details and makes no reference to their previous identity when registering.

8 Protection of ID

Cases for patients that require some form of protection of their identity are managed by the NBO Team 4. There are three levels within the Protection of ID category which are described here.

8.1 Tier 1

The NBO are notified of these cases and will withdraw the NHS number when the details held against it are no longer to be used for the care of that patient. Having invalidated the PDS record in the old details they will send a request to the NHAIS Agency using a form advising them to cancel this registration.

On receipt of a request to create a new identity for a patient with no link to their previous identity:

- The NBO will invalidate the patient's PDS record in their previous identity and send a request to the NHAIS Agency with which the patient was last registered, using the appropriate form to advise them to cancel the registration (O/R) and forward the patient's medical records to the NBO.

- Having forwarded the medical records to the NBO, in order to remove the patient from their system, the NHAIS Agency should raise an 'NBO Data Quality – PDS Data Quality - Sensitive' incident using Weblog with the CFH Service Desk:
 - https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
 - The procedure for raising 'NBO Data Quality' incidents for the NBO is detailed in Section 17.

- The CFH Service Desk will pass the incident to the NBO asking them to remove the 'I' flag from the record temporarily so as to allow the deduction(s) to be undertaken on NHAIS and the PDS.

- The NBO then allocates a new NHS number for the patient in their new details, and sets a temporary 'S' flag against the new record on the PDS. At this point the PDS record will have no NHAIS posting.

- On receipt of the patient's medical records the NBO 'sanitises' the contents of the record removing any reference to the previous identity, and places the records into a newly created medical record envelope showing only the new details.

- When the patient registers in their new details with a GP Practice in a new area the NHAIS Agency accepts the registration which will update the PDS⁸.
- Once the new registration is updated on the PDS, the NBO will forward the patient's medical record envelope to the NHAIS Agency with which the patient is now registered.
- The NBO will then remove the temporary 'S' flag from the patient's new PDS record.

8.2 Tier 2

Tier 2 cases are handled in a similar way to Tier 1 cases, with the main difference being the order of events and the fact that the medical records are not sanitised but the old records are simply placed in a new medical record envelope.

On receipt of a request to create a new identity for a patient with no link to their previous identity:

- The NBO will invalidate the patient's PDS record in their previous identity.
- The NBO then allocates a new NHS number for the patient in their new details, and sets a temporary 'S' flag against the new record on the PDS.
- When the patient registers in their new details with a GP Practice in a new area the NHAIS Agency accepts the registration which in turn updates their new PDS record⁹.
- The NBO will send a request to the NHAIS Agency with which the patient was last registered, using the appropriate form which advises the Agency to cancel the registration (O/R) and to forward the patient's medical records to the NBO.
- This notification to the NHAIS Agency also requests that they then remove the patient from their system. In order to do this, the NHAIS Agency needs to raise an 'NBO Data Quality – PDS Data Quality - Sensitive' incident using Weblog with the CFH Service Desk:
 - https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
 - The procedure for raising 'NBO Data Quality' incidents for the NBO is detailed in Section 17.

⁸ As the PDS record carries an 'S' flag, this will trigger a 'local-only' update and the NHAIS Agency will need to raise a Data Quality incident to notify the NBO that they need to update the PDS record with the NHAIS posting and GP details.

⁹ As the PDS record carries an 'S' flag, this will trigger a 'local-only' update and the NHAIS Agency will need to raise a Data Quality incident to notify the NBO that they need to update the PDS record with the NHAIS posting and GP details.

- The CFH Service Desk will pass the incident to the NBO asking them to remove the 'I' flag from the record temporarily so as to allow the deduction(s) to be undertaken on NHAIS and the PDS.
- The NBO will place the medical records into a newly created medical record envelope showing only the new details and forwards this to the NHAIS Agency with which the patient is now registered.
- Having removed the patient as O/R and forwarded the medical records to the NBO, the NHAIS Agency should delete the patient from the NHAIS system,
- The NBO removes the temporary 'S' flag from the patient's new PDS record.

8.3 Tier 3

Tier 3 cases are where a patient requires extra protection from unauthorised access. In such cases there is a mechanism to flag the patient's record such that a trace to the PDS will not return their address, telephone number or GP registration.

Additionally this flagging mechanism is used where a patient believes that regular access to their medical records could place them at risk and has requested that access to information about their location is restricted.

The process to follow if a patient has requested that their records are flagged¹⁰ is described at:

<http://nww.connectingforhealth.nhs.uk/demographics/backoffice/flag/process>

In particular it should be noted that the patient needs to complete a form which is then signed by themselves and their GP. Supporting guidance documents for patients and NHS staff and the pro forma for the patient to complete are published at: <http://nww.connectingforhealth.nhs.uk/demographics/backoffice/flag>.

The completed form should be sent to HSCIC.NBOteam4@nhs.net who will then flag the record on the PDS with a 'Sensitive' marker.¹¹

When the NBO set this status against a patient's record on the PDS this prevents the usual update of the record taking place on the PDS. Thus a 'local only' update will take place for any new registration or amendment to demographic data for the patient on the NHAIS System.

Following this 'local only' update, the NHAIS Agency needs to raise an 'NBO Data Quality – PDS Data Quality - Sensitive' incident via Weblog with the CFH Service

¹⁰ The process to follow should the patient then request that their record is no longer flagged is described at <http://nww.connectingforhealth.nhs.uk/demographics/backoffice/flag/remove>.

¹¹ These flags were previously known as stop-notes. For more information refer to the *PDS NHAIS Interaction Best Practice Guide* published on the Downloads page of the Systems and Service Delivery (NHAIS) Website at: http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsbpg4_2.pdf

Desk¹² requesting that the NBO apply the same change(s) to the PDS record. The text of the incident should read:

“Please update PDS record for S-flagged patient.”

To ensure that an incident is raised for the NBO to update the PDS record, each time a ‘local only’ update occurs for a patient who has a Sensitive marker set on their PDS record, an entry will be added to BQ Batch Zero (BQ-0). At the same time, a message will be sent to staff members in the SP-M email group PDSBQ. The BQ-0 entry and this email will be the trigger for raising the incident for the NBO. To resolve the BQ-0 entry, simply enter the NIN reference number in the “Service Desk Incident Number” field on the BQ-0 detail screen and mark with [R]esolved.

The NHAIS Agency must enter the National Incident Number (NIN) onto the BQ Screen in order to clear the Batch Zero as Resolved.

The CFH Service Desk will pass the incident to the NBO to enable NBO to apply the updates to PDS for the patient, using the details recorded on NHAIS.

Any queries regarding the handling of such cases on the PDS should be referred to the NBO using the Team 4 generic email account: HSCIC.NBOteam4@nhs.net.

¹² See Section 17 for full details of this process.

9 CHRIS Amendment Transactions

There are certain circumstances under which the NHAIS system would historically have sent an amendment transaction to the CHRIS system. On the whole most of these occurred when the CHRIS system sent suggested changes to the NHAIS system and the Agency 'disagreed' so subsequently rejected them.

For a variety of reasons, the majority of these transactions are redundant and have therefore been suppressed. This being the case, there are certain scenarios which in order to resolve the discrepancy, will require NHAIS Agencies to raise an incident with the NHS CFH Service Desk using Weblog:

- https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
- The procedure for raising 'NBO Data Quality' incidents is detailed in Section 17.

The CFH Service Desk will pass the incident to the NBO for them to investigate further.

The two scenarios where this is necessary are:

9.1.1 Deductions received from CHRIS which are rejected by the user

The NHAIS systems receive patient deduction requests electronically from the CHRIS system. These are processed by AJ-NXBV, which puts the deduction requests received into 'unmatched' and 'matched batches for the user to view on the NX Screen, for each type of Deduction received.

On looking at the entries in deduction request batches on the NX Screen, the NHAIS Agency may decide that the patient should not be deducted, and in such a case would then reject the request.

However, before rejecting the deduction request, the NHAIS Agency should raise an 'NBO Data Quality' incident via Weblog.

This incident should be raised as:

- An NBO Data Quality - Potential Confusion incident if you believe that this Deduction is incorrect and probably due to the patient having been confused with another patient.
- An NBO Data Quality - PDS Data Quality incident if you believe that this Deduction is incorrect and probably due to the patient having been registered as a Full Registration at a new practice (instead of as a Temporary Resident).

The NIN reference number should then be entered in the 'Service Desk Incident Number' (SDIN) field and this will then allow the transaction to be rejected.

Examples where this might be the case are:

- Death deduction – but evidence from the GP that they have recently visited the practice.
- Exit to Armed Forces – but the patient is a child.
- Transfer Out – but there is evidence that the patient has been seen by the GP Practice since.

9.1.2 Deductions undertaken as 'Registration Cancelled'¹³

In the event an NHAIS Agency identifies that a patient registration may be a duplicate of another, they will raise an incident for the NBO to investigate – see Section 10.1 below. Following investigation by the NBO, if it is confirmed to be a duplicate, then they will instruct the Agency to deduct the patient as an R/C. In order to process the deduction, the Agency is required to enter the Service Desk NIN reference number into the 'Service Desk Incident Number' (SDIN) field on the DL Screen.

NOTE: In the event the duplicate has been identified by the PDS Potential Duplicate Matching Algorithm, and the NBO are instructing the NHAIS Agency to deduct the patient R/C, no incident will have been raised. In these cases, a value of 'zero' should be entered in the SDIN field¹⁴.

NOTE: In the event the NBO have manually identified a potential duplicate, they will send an NBO DUP112 form to the NHAIS Agency requesting that they investigate and if they agree, raise a Weblog incident as described in Section 10.1.

¹³ See also information on procedures for resolving Duplicates in Section 10.

¹⁴ The NBO DUP102 form sent with the instruction to deduct R/C includes this information.

10 Duplicates

If a patient who is already on the PDS with a 10-digit NHS number is not traced successfully, then in order for the registration to be updated, NHAIS Agencies will have to have an NHS number allocated to the patient by the PDS. Obviously in the event the patient already has a 10-digit NHS number then this will create a duplicate entry on the PDS which will require resolution.

All PDS newly-allocated NHS numbered patients are automatically 'compared' against the PDS using the PDS Duplicate Matching Algorithm and a Potential Duplicate Work Item is created to highlight such records for operator checking. NBO operators then manually investigate and resolve the Work Items using the DSA. After investigation the NBO will respond as though they were dealing with a case reported to them by an NHAIS Agency (see below in Section 10.1).

During the course of their investigations, the NBO may require further information from the NHAIS Agency. In these circumstances, the procedure in Section 12 (Requests for More Patient Details) will be followed.

Effort should always be exercised to avoid creating duplicate records. However it should be noted that creating a duplicate is preferable to risking a misassociation which could result in more extreme clinical consequences.

10.1 Process for notifying the NBO of a potential duplicate record

When an NHAIS Agency identifies that a record may potentially be a duplicate, they should raise an 'NBO Data Quality – Potential Duplicate' incident with the CFH Service Desk using Weblog:

- https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
- The procedure for raising 'NBO Data Quality' incidents for the NBO is detailed in Section 17.

The CFH Service Desk will pass the incident to the NBO for them to investigate. You will receive an acknowledgement email from the Service Desk advising of the incident number together with the severity in which it has been logged and the resolution target within which it should be resolved.

Please ensure you complete the MDS in full and include any particular information which you wish to highlight to the NBO, for example, that you would like the NBO to retain the 'more recently allocated number because it holds more complete history for the patient.

Please avoid taking any action to resolve duplicate cases locally until the duplicate registration is confirmed to be such by the NBO.

In dealing with the reported 'NBO Data Quality – Potential Duplicate' incident, there are five possible outcomes:

- Where the reported incident results in a confirmed duplicate involving more than one NHAIS system, the NBO will take action to merge the PDS records. The NBO will issue NBO DUP103 form to confirm the result and action required.
- Where the reported incident results in a confirmed duplicate involving only one NHAIS system, the NBO will take action to merge the PDS records. The NBO will issue NBO DUP102 form to confirm the result and action required.
- Where the reported incident results in a case where the record is confirmed "not to be a duplicate", then the NBO will issue NBO DUP104 form to confirm the result and action required.
- Where the reported incident results in the NBO determining that the case is in fact one of confusion. Thereafter the investigations will continue according to the procedures detailed in Section 11.2 below.
- Where the reported incident results in the NBO investigating the case and despite all attempts to source additional identifying patient details they are unable to confirm whether the case is a duplicate or not, they will close the case¹⁵ and respond with an NBO DUP105 form. The NHAIS Agency should note that investigations have taken place, and if in future additional information becomes available, submit a further 'NBO Data Quality – Potential Duplicate' incident, clearly stating that the case has previously been investigated and that new information has been provided.

10.2 Procedures for resolving duplicates

All newly allocated numbers are checked at the NBO using a pre-defined 'duplicate algorithm'.

There are three types of duplicate that can occur. A method for resolving each type is outlined in the following sections.

10.2.1 Transfer In – Type 3 from another NHAIS System

A patient is registered with a newly-allocated NHS number; NBO staff subsequently identify that this patient is already on the PDS under a different NHS number and posted to a different NHAIS System.

- The NBO will merge the PDS records and retain the old NHS number¹⁶ as the effective number in preference to the newly- (or more recently) allocated NHS number.

¹⁵ In closing the case, NBO will set a data quality flag on the record status such that future traces of the patient prompt the tracer to seek further information.

¹⁶ Unless you have requested otherwise when reporting the incident.

- The NBO will issue NBO DUP103 to the previous NHAIS Agency, requesting the patient be deducted (using an R deduction type) and paper medical records transferred to the new area.
- The new NHAIS Agency will receive an NHS number amendment (NIC Amendment) from the CHRIS system to change the patient registration to contain the existing, retained NHS number.

10.2.2 Internal Transfer – Type 6 to a different GP Practice

A patient is registered with a newly-allocated NHS number; NBO staff subsequently identify that this patient is already on the PDS under a different NHS number and posted to a different GP Practice, but on the same NHAIS System.

- The NBO will merge the PDS records and retain the old NHS number as the effective number in preference to the newly- (or more recently) allocated NHS number.
- The NBO will issue NBO DUP102 to the current NHAIS Agency, requesting that the patient with the newly (or more recently) allocated NHS number is deducted as R/C.
- In order to process the R/C deduction, the Agency is required to enter a Service Desk NIN reference number into the 'Service Desk Incident Number' field on the DL Screen. This should be the incident number provided when reporting the record as a potential duplicate (see Section 10.1 above).
- The Agency should then ask the Practice to re-register the patient with the old (correct) NHS number. However if the newly- (or more recently) allocated number (or no number) is used, when the registration reaches the NHAIS system, the Agency should intercept it and update with the old NHS number. In these cases this will then send a reply to the GP system to change the patient registration to contain the existing retained NHS number.

NOTE: In the event an NBO DUP102 is sent in order to resolve a duplicate case created by the PDS Potential Duplicate Matching Algorithm, there will be no Service Desk Incident and therefore when deducting the patient, a value of 'zero' should be entered into the 'Service Desk Incident Number' field on the DL screen.

10.2.3 Internal Transfer – Type 6 within the same GP Practice

A patient is registered with a newly-allocated NHS number; NBO staff subsequently identify that this patient is already on the PDS under a different, original number and posted to the same GP Practice on the same NHAIS System.

- The NBO will merge the PDS records and retain the old NHS number as the effective number in preference to the newly- (or more recently) allocated NHS number.

- The NBO will issue NBO DUP102 to the current NHAIS Agency, requesting that the patient with the newly- (or more recently) allocated NHS number is deducted as R/C, and that paper medical records are amalgamated.
- In order to process the R/C deduction, the Agency is required to enter a Service Desk NIN reference number into the 'Service Desk Incident Number' field on the DL Screen. This should be the incident number provided when reporting the record as a potential duplicate (see Section 10.1 above).
- The Practice should be advised to update any new demographics for their patient under the old NHS number (ie, any data supplied with the new registration which was incorrectly allocated with a new NHS number).

NOTE: In the event an NBO DUP102 is sent in order to resolve a duplicate case created by the PDS Potential Duplicate Matching Algorithm, there will be no Service Desk Incident and therefore when deducting the patient, a value of 'zero' should be entered in the 'Service Desk Incident Number' field on the DL screen.

11 Confusions

NHAIS systems interact directly with the PDS. Therefore, in order to maintain a high quality of patient data on both the NHAIS system and the PDS, a set of 'Golden Rules' was devised during Stage 3 of the PDS NHAIS Interaction project which must be adhered to in order to achieve a successful update to the PDS. Full details of these Golden Rules can be found in Section 3 of this guide.

11.1 General Information

11.1.1 Principles of Resolution

The default resolution method for confusion cases is for records to be unpicked (ie, not through invalidation and new number allocation).

This is however with the exception of any cases involving records where a patient's date of birth or gender data has become contaminated on the PDS record. This exception is because the NBO has no ability to hide (ie, suppress from inclusion in the trace algorithm used as standard across the PDS) either the date of birth or gender.

In cases where either the date of birth or gender data has become contaminated on the PDS, the default resolution method will be for the NBO to invalidate the record(s) involved and allocate new NHS numbers.

Following the implementation of Stage 3 of the NHAIS PDS Interaction software, as a result of the Golden Rules governing updates, it is no longer possible to correct confusion cases involving patients from different NHAIS areas and/or different GP Practices simply by amending their ID screen.

Where NIC amendments are used in the resolution process, these are sent daily by the NBO and should be received within 48 hours allowing plenty of time for the corresponding NIC paperwork to reach the site. This being the case, NHAIS users should not process these until the appropriate NIC documentation has been received. In the event this is not forthcoming, **DO NOT REJECT** the amendment transaction, but escalate by email to NBO Service Management at:

cfh.nbo-servicemgmt@nhs.net

Full guidance on all scenarios you may experience is provided in the following sections.

11.1.2 Notification

A Site may be notified of a 'confusion' occurring by receipt of a NIC form which will provide appropriate instructions on action required.

Equally a Site wishing to notify the NBO of a suspected confusion case may raise an 'NBO Data Quality – Potential Confusion' incident with the CFH Service Desk using Weblog:

- https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
- The procedure for raising 'NBO Data Quality' incidents for the NBO is detailed in Section 17.

The CFH Service Desk will pass the incident to the NBO for them to investigate. You will receive an acknowledgement email from the Service Desk advising of the incident number together with the severity with which it has been logged and the resolution target within which it should be resolved.

As other organisations will notify the NBO of suspected confusion cases using the same method, it is possible that NHAIS teams will receive NBO notifications relating to resolved confusions which the NHAIS organisation has neither identified nor contributed towards.

11.2 NBO Investigations

Following receipt of a completed 'NBO Data Quality – Potential Confusion' incident MDS the NBO will undertake investigations as detailed below. During this process, it is possible that NHAIS teams may receive a request for further information in the form of a NIC5 form.

11.2.1 Procedure – 2 systems involved

After investigating the case, if the NBO agree that a confusion case has occurred, they will respond as follows:

- Send a NIC1 form to the NHAIS Agency whose system is **correctly** using the quoted NHS number which instructs the Site on actions required.
- Send a NIC4 form to the NHAIS Agency whose system is **incorrectly** using the quoted NHS number which instructs the Site on actions required.
 - The NIC amendment sent electronically from the CHRIS system updates the NHS number held on the ID screen to the correct number. This is subsequently sent via GP links to update the record at the GP Practice.

NOTE: When a NIC amendment is accepted, the incorrect details for the patient, including the number are added to history. Whilst they are visible on the CH screen the qualifier clearly shows the replacement NHS number. It is possible however to view the full history via the RA audit facility.

- Take action to hide any incorrect data on the PDS once these actions are complete.

11.2.2 Procedure – 1 system involved

After investigating the case, if the NBO agree that a confusion case has occurred, they will respond as follows:

- Send a NIC2a form if the NHAIS Agency is **correctly** using the quoted NHS number which instructs the Site on actions required.
- Send a NIC2b form if the NHAIS Agency is **incorrectly** using the quoted NHS number which instructs the Site on actions required.
 - The NIC amendment sent electronically from the CHRIS system updates the NHS number held on the ID screen to the correct number. This is subsequently sent via GP links to update the record at the GP Practice.

NOTE: When a NIC amendment is accepted, the incorrect details for the patient, including the number are added to history. Whilst they are visible on the CH screen the qualifier clearly shows the replacement NHS number. It is possible however to view the full history via the RA audit facility.

11.3 NHAIS Tracing

There are six situations in which an NHS number can be misassociated with another patient's record. All these situations can occur when a patient has been incorrectly traced and thus it is important to ensure that tracing procedures are followed rigorously.

The six possible situations where a confusion case may occur (for NHAIS systems) are detailed in the scenarios in the next two sections. In each situation, the NHAIS Agency should be able to determine which scenario relates to their confusion case and follow the guidance to rectify matters.

11.4 A New NHS number should have been allocated

11.4.1 Scenario One (Different NHAIS System)

An NHS number of another patient registered on a different NHAIS system has been used, but a new NHS number should have been allocated.

If either the patient's gender or date of birth data has become contaminated, the Site should use the Weblog facility and raise an 'NBO Data Quality – Potential Confusion' incident which the CFH Service Desk will register and forward to the NBO for investigation and resolution. Refer to section 11.2 above.

If neither date of birth nor gender data has become contaminated, to correct the situation, the process is as follows:

- Site A has selected and used a patient belonging to Site B.
- In order to reclaim the patient, Site B requests Site A¹⁷ to deduct the patient as R to Site B and add the comment 'No action NBO' to the AD screen.
- Site B then re-registers the patient.
- The Site which has identified the error notifies the NBO to remove the posting from the CHRIS System and hide the invalid PDS history by raising an 'NBO Data Quality – PDS Data Quality' incident using the Weblog facility.
- Site A then re-registers the patient getting a new NHS number allocated from the PDS.

11.4.2 Scenario Two (Same NHAIS System, but Different GP Practice)

An NHS number of another patient registered on the same NHAIS System and registered with a different GP Practice has been used, but a new NHS number should have been allocated.

If either the patient's gender or date of birth data has become contaminated, the Site should raise an 'NBO Data Quality – Potential Confusion' incident using the Weblog facility which the CFH Service Desk will register and forward to the NBO for investigation and resolution. Refer to section 11.2 above.

If neither date of birth nor gender data has become contaminated, to correct the situation, the process is as follows:

- Site has selected and used a patient who belongs to another GP Practice.
- If identified before the records have moved, then:
 - Contact the original GP practice to re-register the misassociated patient with the original number.
 - Contact the new GP practice to re-register the patient and a new number will be allocated.

¹⁷ Site A would investigate locally to ensure they are in agreement over the confused records and the corrective action proposed.

If identified after the records have moved, then in order for the patient to be reunited with their correct GP Practice, Site should deduct the patient as R/C.

(Alternatively the misassociated patient could be transferred as a Type 6 which will trigger a deduction to the Practice.)

- Site then request the original GP Practice to re-register the misassociated patient.
- Site then request the new GP Practice to re-register the original patient and this time the Site will get a new NHS number allocated from the PDS.
- Site then raises an 'NBO Data Quality – PDS Data Quality' incident using the Weblog facility which the CFH Service Desk will log and forward to the NBO so the incorrect historic details can be 'hidden' on the PDS.

11.4.3 Scenario Three (Same NHAIS System and Same GP Practice)

An NHS number of another patient registered on the same NHAIS System and registered with the same GP Practice has been used, but a new NHS number should have been allocated.

If either the patient's gender or date of birth data has become contaminated, the Site should raise an 'NBO Data Quality – Potential Confusion' incident using the Weblog facility which the CFH Service Desk will log and forward to the NBO for investigation and resolution. Refer to section 11.2 above.

If neither date of birth nor gender data has become contaminated, to correct the situation, the process is as follows:

- Site has selected and used a patient who belongs to the same GP Practice.
- Site must amend the ID screen to correct the patient's demographic information.
- Site then ask the GP Practice to deduct¹⁸ the newly re-registered patient and start the registration process again. This time a new NHS number should be allocated from the PDS.
- Site then raises an 'NBO Data Quality – PDS Data Quality' incident using the Weblog facility which the CFH Service Desk will log and forward to NBO so the incorrect historic details can be 'hidden' on the PDS.

¹⁸ It is recommended that this is done under high security to avoid the NHAIS Agency being sent the removal and any risk of the correctly registered patient being deducted.

11.5 The correct NHS number could have been traced

11.5.1 Scenario Four (Different NHAIS System)

An NHS number for another patient registered on a different NHAIS System has been used, but the correct number could have been traced.

If either the patient's gender or date of birth data has become contaminated, the Site should raise an 'NBO Data Quality – Potential Confusion' incident using the Weblog facility which the CFH Service Desk will log and forward to the NBO for investigation and resolution. Refer to section 11.2 above.

If neither date of birth nor gender data has become contaminated, to correct the situation, the process is very similar to that to be followed when a new number should have been allocated and is as follows:

- Site A has selected and used a patient belonging to Site B.
- In order to reclaim the patient, Site B requests Site A¹⁹ to deduct the patient as R to Site B and add the comment 'No action NBO' to the AD screen.
- Site B then re-registers the patient.
- The Site which has identified the error notifies the NBO to remove the posting from the CHRIS System by raising an 'NBO Data Quality – PDS Data Quality' incident using the Weblog facility which the CFH will log and forward appropriately. NBO will also take action to 'hide' any incorrect historic details on the PDS.
- Site A then re-registers the patient tracing the right patient and ascertaining the correct 10-digit NHS number.

11.5.2 Scenario Five (Same NHAIS System, but Different GP Practice)

An NHS number of another patient registered on the same NHAIS System and registered with a different GP Practice has been used, but the correct number could have been traced.

If either the patient's gender or date of birth data has become contaminated, the Site should raise an 'NBO Data Quality – Potential Confusion' incident using the Weblog facility which the CFH Service Desk will log and forward to the NBO for investigation and resolution. Refer to section 11.2 above.

¹⁹ Site A would investigate locally to ensure they are in agreement over the confused records and the corrective action proposed.

If neither date of birth nor gender data has become contaminated, to correct the situation, the process is as follows:

- Site has selected and used a patient who belongs to another GP Practice.
- If identified before the records have moved, then:
 - Contact the original GP practice to re-register the misassociated patient with the original number.
 - Contact the new GP practice to re-register the patient and a new number will be allocated.
- If identified after the records have moved, then in order for the patient to be reunited with their correct GP Practice, Site deduct the patient as R/C.
(Alternatively the misassociated patient could be transferred as a Type 6 which will trigger a deduction to the Practice.)
- Site then request the original GP Practice to re-register the misassociated patient.
- Site then request the new GP practice to re-register the original patient and this time the Site will trace the right patient and ascertain the correct 10-digit NHS number.
- Site then raises an 'NBO Data Quality – PDS Data Quality' incident using the Weblog facility which the CFH Service Desk will log and forward to the NBO so the incorrect historic details can be 'hidden' on the PDS.

11.5.3 Scenario Six (Same NHAIS Area and Same GP Practice)

An NHS number of another patient registered in the same NHAIS area and registered with the same GP Practice has been used, but the correct number could have been traced.

If either the patient's gender or date of birth data has become contaminated, the Site should raise an 'NBO Data Quality – Potential Confusion' incident using the Weblog facility which the CFH Service Desk will log and forward to the NBO for investigation and resolution. Refer to section 11.2 above.

If neither date of birth nor gender data has become contaminated, to correct the situation, the process is as follows:

- Site has selected and used a patient who belongs to the same GP Practice, thus the GP Practice only has one patient where they should have two.
- Site must amend the ID screen to correct the patient's information.
- Site then ask the GP Practice to start the registration process again. This time the right patient should be traced, ascertaining the correct 10-digit NHS number.
- Site then raises an 'NBO Data Quality – PDS Data Quality' incident using the Weblog facility which the CFH Service Desk will log and forward to NBO so the incorrect historic details can be 'hidden' on the PDS.

12 Requests for More Patient Details

12.1 Potential Duplicates

Although with PDS Interaction NHAIS Agencies undertake the allocation of new NHS numbers for primary care, in a case where the NBO consider a record to be a potential duplicate of an existing patient, they will reply with a request for additional information.

The procedure to follow is detailed here:

- On receipt of the NBO DUP101 form, the NHAIS Agency should retain the registration in its NHSCR batch and check with the patient's GP that they have no additional information about the patient.
- If there is still insufficient information to trace the patient then the NHAIS Agency should forward form NBO DUP108²⁰ to the patient for them to complete and return²¹.
- A covering letter should be included with the form to advise the patient that they may be removed from the GP's list if no response is received and their details cannot be traced. A link to a sample letter is also provided in Section 15.
- If after four weeks there has been no response from the patient then a second copy of form NBO DUP108 should be issued.
- If after a further four weeks there has been no response then an FP69 flag should be set against the patient to begin the patient removal process.
 - When the patient has been deducted (following the FP69) this will clear the outstanding registration from the NHSCR batch.
- When a response is received from the patient this should be forwarded to the NBO as soon as possible. The NBO will not confirm receipt of the data directly although in advising on the outcome of the incident it will be evident that it has been received.
 - Once this has taken place, the registration retained in the NHSCR batch will be cleared automatically.

²⁰ A link to the NBO DUP108 is provided in Section 15.

²¹ In order that patient records can be confirmed as 'duplicates' or 'not duplicates' it is important that these forms are sent out promptly.

13 Data Quality Investigations

The PDS has a facility to apply a 'marker'²² to a patient record to indicate that there may be 'data quality issues' with the demographic information held. Such markers cause the PDS to return a message when the record is returned as a result of a trace which requests that the party concerned 'validates the demographic details with the patient'.

Markers are applied in various circumstances if there is any cause to doubt the accuracy of the information held. Specifically they are applied to a record for which the NBO has undertaken investigations because it is suspected of being involved in either a duplicate or a confusion case and having exhausted all possible routes to resolution the NBO has not been able to confirm positively one way or the other. Thus a marker is applied so that any person tracing the record can take the opportunity if they have the patient present, to verify their data and move the case to a confirmed state.

Similarly there may be cases where the NBO have been unable to confirm whether a record is a duplicate and as a result will apply a data quality 'marker' to the record and in these cases, when tracing a patient the PDS will return a message advising that:

"There are possible data quality issues associated with these details. Please validate the demographic details with the patient, if possible."

This will require that you endeavour to contact the patient (either directly or via the GP Practice) with a view to obtaining further information which will help confirm their correct demographics. Both the NBO DUP108 form and sample letter referenced in the previous section could be used for this purpose.

In the event a staff member at a GP Practice has traced the record and received the message, you may also receive information confirming patient details from them and this can be verified locally and passed to the NBO following the procedure for raising an NBO Data Quality incident:

- The NHAIS Agency should raise an 'NBO Data Quality – PDS Data Quality' incident using Weblog with the CFH Service Desk:
 - https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
 - The procedure for handling these 'NBO Data Quality' incidents is detailed in Section 17.

The CFH Service Desk will pass the incident to the NBO for them to investigate further.

²² These markers were previously referred to as Stop Notes although now the NBO works directly on the PDS, they are applied on the Record Status tab within the DSA.

NOTE: Functionality contained within Release 4 of TPP SystemOne software certainly returns the data quality message so it is likely that information will be forthcoming from Practices when tracing patient records which have the data quality marker set on the PDS. Additionally, this release also contains the facility to produce a pro forma to be used for checking the data with the patient. The instruction is then that the form should be provided to their 'local back office'.

This being the case, NHAIS agencies and PCTs are asked to note that their NHAIS registration department is the local back office referenced in the messages.

At the time of writing (July 2012) TPP Release 4 is the only system which contains the pro forma functionality although others will trigger the data quality investigations message when tracing patient records.

14 Death Status

An NHAIS Agency will not be able to register a patient who is marked up as “dead” on the PDS. If the patient definitely matches with the patient on the PDS, then action needs to be taken to have the “death” status removed in order that the registration may be processed.

14.1 Procedure

- The NHAIS Agency should raise an ‘NBO Data Quality – General Query’ incident via Weblog with the CFH Service Desk:
 - https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLLogin
 - The procedure for handling these ‘NBO Data Quality’ incidents is detailed in Section 17.

The CFH Service Desk will pass the incident on to the NBO who will look into removing the ‘death’ status.

NOTE: Where a patient death has been incorrectly applied and the date of death is **very recent**²³, organisations should raise an incident via Weblog with the CFH Service Desk, although the ‘NBO Data Quality – Incorrect Death Status’ MDS should be used.

²³ A very recent date of death is defined as one which has been applied to the PDS in the preceding seven days. Where the recorded date of death is older than seven days the NBO would carry out a different type of investigation to determine whether two or more patients have become confused (misassociated) on the PDS.

15 Close Quarter

Because it is not possible to close the Registration quarter when there are outstanding transactions on the following screens, it is extremely important that NHAIS Agencies manage their workload to avoid any delays.

15.1 LX Screen

NHAIS Agencies must clear any outstanding Registration, Amendment or Deduction Request transactions from the LX screen.

Please refer to Section 'End of Quarter Issues' within the *PDS NHAIS Interaction Best Practice Guide*²⁴ for suggestions on how to alleviate work from building up on the LX screen.

15.2 AR Screen

NHAIS Agencies must clear any outstanding NHS Number Allocations transactions from the AR screen.

NOTE: Any transactions with a status of 'E-PDS' that appear to become 'stuck' on the AR screen (ie do not allow you to either 'Resubmit' or 'Delete' following a PDS 'Trace') may be due to the 'PDS Response Period' setting which currently defaults to 1 hour. If this is the case then after 1 hour the System should allow you to 'Resubmit' or 'Delete' the error following a further PDS 'Trace'. However, if you still have a problem then please raise a Registration support call with the NHAIS Exeter Helpdesk.

15.3 UQ Screen

NHAIS Agencies must clear any outstanding Registration, Amendment or Deductions transactions from the UQ screen.

NOTE: Any transactions with a status of 'E-PDS' that appear to become 'stuck' on the UQ screen (ie do not allow you to either 'Resubmit' or 'Delete' following a PDS 'Compare') may be due to the 'PDS Response Period' setting which currently defaults to 1 hour. If this is the case then after 1 hour the System should allow you to 'Resubmit' or 'Delete' the error following a further PDS 'Compare'. However, if you still have a problem then please raise a Registration support call with the NHAIS Exeter Helpdesk.

²⁴ The *PDS NHAIS Interaction Best Practice Guide* is published on the Systems and Service Delivery (NHAIS) Website at:

http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsbpg4_2.pdf

15.4 BQ Screen

Although any unresolved errors on the BQ screen will not stop the Registration quarter from being closed, these errors must still be dealt with ASAP to ensure that the quality of the patient data on your NHAIS system and the PDS is maintained.

16 Additional Data Quality Checks

The CFH NBO Service Management Team undertake various activities with a view to improving the data quality of national systems. Generally speaking, on a daily basis, a sample of patient data is taken and from the NHAIS systems (nationally) and a comparison of this data is made against the PDS.

As a result, NHAIS agencies may receive emails prompting that certain information is checked for one or more individual patients, and appropriate action taken. There are two main circumstances currently being identified which are detailed below.

16.1 Death Discrepancies

Where a patient is identified as having been deceased on the PDS for longer than 4 months but for whom there is no death recorded on the NHAIS system the following action is taken:

- In cases where the death is recorded as 'formal' the NBO will be asked to investigate and confirm, notifying all parties of any required action.
- For those where the PDS has an 'informal' death status, the CFH NBO Service Management Team will send an email to the NHAIS Agency housing the live patient registration, asking that they investigate and take action either to deduct the patient from the NHAIS system or to raise a Weblog incident for the NBO to unset the incorrect death status on the PDS.

In the event the patient is in fact deceased, the Agency should endeavour to work with the GP practice to ensure that they are processing such cases correctly. If a patient has died, there is **NO** reason for this not to be updated on the GP system or the NHAIS system.

In the event a case is waiting for a coroner's report the Practice may wish to retain the medical records following the outcome of an inquest and where this is the case, the Practice should be advised simply to communicate this requirement to you.

Some GP Practices appear to process death deductions in 'high security mode' which results in the NHAIS transaction being suppressed. The practice should be advised of the consequence of doing this and requested to deduct in 'normal' mode.

In other cases, rather than processing a death deduction correctly on their system, some Practices are just 'noting' the death on screen which obviously will not send any notification to NHAIS or the PDS.

All of these circumstances would appear to suggest that there are local training issues in Practices and some discussion should be undertaken with the Practice Manager to review their handling of records for deceased patients.

Obviously, not deducting deceased patients from the NHAIS system could result in their being called for screening or written to for other reasons which would be highly inappropriate and embarrassing. Similarly, not removing the patient would result in the Practice continuing to receive payment for the deceased patient which of course constitutes fraudulent activity.

16.2 Gender Discrepancies

Where a patient is identified as having a different gender value on the PDS than that recorded on the NHAIS system the following action is taken:

The discrepancies are reported to the NHAIS Agency responsible for the database on which the patient is registered and the recipient is asked to investigate and resolve the discrepancy.

It is important that these notifications are acted upon as patient gender (amongst other data items) is central to NHS organisations successfully tracing patients against the PDS. An incorrectly recorded gender value (amongst other things) on the PDS could result in a patient failing to be traced and therefore being allocated with a duplicate NHS number.

The notifications are sent weekly by the CFH NBO Service Management team into the generic NHS email account used for NBO communications.

16.3 Door Entry Codes

Whilst not identified as a result of data comparisons being undertaken between the PDS and the NHAIS systems, the issue regarding door entry codes is included here for information.

Following advice from the Head of Information Governance at the Department of Health it has been advised that under **NO** circumstances should any door entry 'pin' information be recorded in any field on the PDS. Obviously the reason for this is the fact that to do so constitutes a security risk to vulnerable/elderly residents. It is especially important as to include this data could result in it being printed as part of the address on correspondence, or labels.

If it is required to store these access codes they must be stored securely at a local level and if they are stored electronically the data must **not** be synchronised with the PDS.

The NHAIS system has been configured so that any new patient registrations or amendments to patient demographic data which appear to contain such 'pin code' access information will be rejected if they appear to contain such data. In the event this information is received via GP Links, you should remove/change the offending data before then updating the received transaction. You should not reject the received data²⁵.

Should you wish to review the local NHAIS database for records that may contain such data there is a Utility available (within the Additional Registration Utilities Menu) which allows you to identify a list of live patients with possible Key Code information in their House Name or Road/Street fields. For further information, please refer to the Registration User Manual for further details:

<http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/regref/index.html>

²⁵ If you receive such information from the GP Practice, you should always contact them and advise that this contravenes information governance and patient safety advice and strongly recommend that they review their local procedures.

Additionally, if you become aware of an address on the PDS where it appears that door entry code data is recorded you should raise an 'NBO Data Quality – PDS Data Quality' incident via Weblog with the CFH Service Desk following the procedure in Section 17.

The CFH Service Desk will pass the incident on to the NBO who will look into removing the 'pin code' information.

17 Procedure for raising Data Quality Incidents for the NBO

The Weblog application on the CFH Service Desk should be used to register all incidents of the following types:

- NBO Data Quality – PDS Data Quality
- NBO Data Quality – PDS Data Quality - Sensitive
- NBO Data Quality – Potential Confusion
- NBO Data Quality – Potential Duplicate
- NBO Data Quality – Incorrect Death Status²⁶

Communication will for the most part be received from the CFH Service Desk and the diagram on the next page shows the various stages in the process. In the event action is required by an Agency that is not party to the incident, the NBO will respond directly to the generic email account held for the organisation affected.

Full details of how to use the Weblog system is available at:

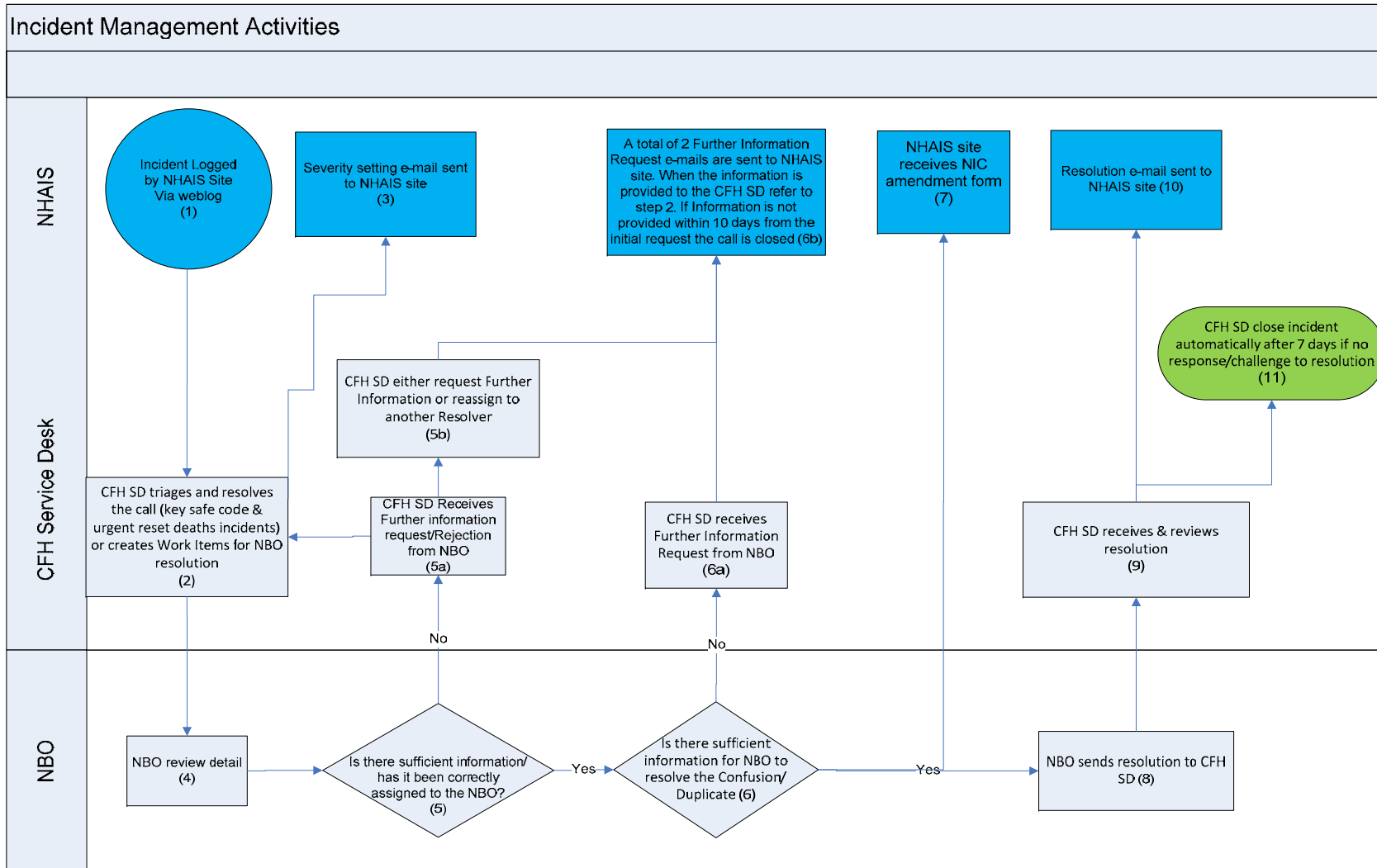
<http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/usingweblog3.pdf>

NOTE: To avoid creating a backlog of work at the NBO, please do not batch such queries but log them as the issue arises. This is particularly important at the Close Quarter period.

NOTE: In the event insufficient information is provided when raising a new service incident the CFH Service Desk may reject your enquiry and attempt to contact you to obtain further details. As such, please ensure that you include as much information as possible about the issue you are raising, for example, if you are reporting a PDS Error, do give details about the nature of the error and anything else that may assist the NBO when trying to resolve the incident.

NOTE: The preferred route for raising incidents is via the Weblog system although your organisation may have local arrangements such that incidents are logged by telephone (0845 366 0066) or via a local service desk.

²⁶ See also Section 14.



18 NBO Stock Draft Forms

Various forms are issued by the NBO instructing NHAIS Agencies on action to take in the resolution of duplicate or confusion cases as well as to trigger action required or advise of action taken in situations regarding Adoption, Gender Reassignment or Protection of ID. These are referenced throughout the text of the document to support the understanding of the full procedure. Sample copies of the forms have not been provided.

Following agreement between the Strategic Planning Group and the Summary Care Record Programme, future versions of these forms will include 'actions' required on behalf of the SCR Clinical Back Office. Full guidance will be provided.

Where this guide advises that NHAIS Agency staff should submit information to the NBO using a particular form, a link is provided here:

18.1 NBO DUP108 Form

The latest version of the form **NBO DUP108 – Patient Information** is available at:

www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/NBODUP108.pdf

www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/NBODUP108.doc

18.2 Sample Patient Enquiry Letter

A sample covering letter to accompany form NBO DUP108 – Patient Information is available at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/PDSenqlet.pdf>

<http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/PDSenqlet.doc>