

	UNCLASSIFIED PDS NHAIS Interaction Best Practice Guide			
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PDS NHAIS Interaction Best Practice Guide

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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
PCRBO	Primary Care Registration Back Office
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 best practice for use with the PDS NHAIS Interaction software and has been written in conjunction with representatives from the NHAIS user community.

In so doing, it seeks to provide guidance which when adhered to will serve to improve the general data quality of primary care patient registrations. This in turn will benefit patients by ensuring that when required their records can be traced accurately and quickly and clinical risk is reduced.

This *Best Practice Guide* should be read in conjunction with the *PDS NHAIS Interaction Procedures Guide*¹. As well as best practice and procedures these documents provide comprehensive information on the mechanisms for liaising with the National Back Office (NBO) in respect of the quality of data stored on the PDS.

1.2 Audience

This document has been written to inform Registration staff working on the NHAIS System who, as part of their daily duties, are required to trace patients via the PDS and may need to have new 10-digit NHS numbers allocated by the PDS.

It is also designed to offer support to NHAIS Agency staff or their colleagues in PCTs in their work with GP Practices in order to raise awareness of their role in ensuring accuracy and completeness of patient records. Additionally it may also prove useful for operational managers working in hospital or community trusts especially those that have deployed or are deploying PDS compliant systems.

Thus it is imperative that the document is distributed widely and its content incorporated in any local training activities.

2 Introduction

The accuracy and quality of patient information is of paramount importance in ensuring that patients' records are available quickly to facilitate their care requirements. As increasing numbers of administrative and clinical systems are linked together (in health and now social services), this is even more crucial and with NHAIS systems updating the PDS directly, Primary Care Registration staff working on NHAIS are directly involved in ensuring that data provided by GPs is complete and accurate. Additionally members of staff in these teams have a major role in both avoiding and identifying duplicate or confused PDS records, as well as generally in terms of maintaining a high quality of data.

¹ This is available at: http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsprocdoc2_2.pdf

This document, therefore, provides full guidance on the best practice to be employed when an NHAIS Agency utilises the NHAIS PDS Interaction software. In particular, it focuses on the tracing activities that should be adopted prior to taking any action on a patient, in particular having a new 10-digit NHS number allocated. Guidance is also offered on the correct process to follow in certain scenarios.

If this guidance document does not cover the scenario you are faced with and you are at all uncertain on what to do 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

3 General Patient Tracing (minimum requirements)

3.1 Important

Please ensure that ALL members of staff follow these tracing strategies exhaustively when searching for patients. Any queries should be double checked with colleagues or supervisors BEFORE a decision to allocate is taken². Please utilise other tools (eg SCRa, CIS/NN4B) to help improve on data quality and eradicate potential duplicates and confusion cases.

3.2 Date of Birth Checks

Sometimes dates of birth are recorded in the American format and it can therefore be a useful strategy to swap sections in the date of birth. For example, if for 2 November 2006, 11/02/2006 was entered instead of 02/11/2006, the displayed PDS value would be 11 February 2006.

Equally, it is possible that the date of birth could have been transposed, eg, 12 June 2006 instead of 21 June 2006.

There may be differences in the use of the date of birth depending on the cultural history of the patient's family. For example, a patient may come from a background or generation that do not use the western Gregorian calendar and in such cases the date of birth may be recorded as 1 January YEAR (01/01/YEAR) where the year is the correct but the actual day and month of birth are not formally recorded. Similarly, if a patient was born before 1918 in a country using the Julian calendar, their date of birth recorded on the PDS may differ by 12 or 13 days to that recorded on their birth certificate.

For further information, refer to the IQAP guidance on the use of default dates of birth which can be sourced at:

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

3.3 Name Checks

3.3.1 Check spelling of forename/surname/middle name

Often duplicate records are created on the PDS because the correct record has not been identified because it is spelt slightly differently to that for which a trace is being attempted. Also, checks should be made to ensure that the name may have been recorded as the formal or familiar name.

² Please note that in Adoption cases, a new NHS number should always be allocated. This will be undertaken by the NBO on receipt of the Court Order from the General Register Office. Please refer to Section 6 of the *PDS NHAIS Interaction Procedures 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/pdsprocdoc2_2.pdf

Some examples of such cases might be:

- Catherine, Kathryn, Katherine, Catharine
- Stuart, Stewart, Steward
- Connor, Conner
- Tracey, Tracy
- John, Jack
- James Jim
- Dorothy, Dot
- Robert, Bob, Rob
- Patricia, Trish
- Elizabeth, Elisabeth, Betty, Beth, Lizzie, Liz

3.3.2 Swap forename/surname/middle name

If a patient is known by their second forename, they may have been recorded on the system incorrectly. For example, 'Simon Anthony SMITH' could have been recorded as 'Anthony Simon SMITH'.

Similarly, a name of 'Martin ROSS' may have his forename and surname recorded incorrectly as 'Ross MARTIN'.

3.4 Use wildcards

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

When tracing surnames and forenames, try using the first few letters only (a minimum of 2 characters are required), followed by an asterisk 'XX*'. This is particularly useful when tracing long and unusual names as it is generally easier to get the first two or three letters of a name correct. For example, when searching for Jonathan, it could be spelt Jonathan or Jonathon, so it could be helpful to enter:

JON*

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

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

For July 1964, enter ".07.1964"

or even just the year of birth:

For 1965, enter "..1965"

3.5 Other tips to consider

- Gender - has it been assumed based on the name?
- In double-barrelled names, replace hyphens with SPACES and vice versa.
- Contact local child health unit for verification. This may be the preferred route when approaching the end of the Registration quarter and a quick solution is sought.
- Check cultural naming conventions, for example the use of religious names in preference to family name. Further information is available in the IQAP guidance on *Ethnic Naming Conventions* which can be sourced at:
<http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources>
- A patient SHOULD NOT be allocated a new 10-digit NHS number after simply performing the same PDS trace a number of times. Before allocating a new NHS number, a series of attempts to trace should be made submitting different sets of demographic data to the PDS each time.

4 NHS Strategic Tracing Service (NSTS) Tracing

The NSTS is now closed and online tracing services have been replaced by the Summary Care Record application³ (see Section 5).

5 Summary Care Record Application (SCRa) Tracing

The Summary Care Record (SCR) application is a web-based user interface that facilitates the access to information held on the NHS Care Records Service (NHS CRS). As such it replaces the online tracing facility available through NSTS.

The SCRa provides a means to view the patient's demographic details with the ability to update these details if your job role allows.

The SCRa offers options for searching the PDS giving trace results that 'best fit' or 'sound like' the search criteria as well as standard exact match based on alphanumeric characters submitted. For example, a trace on the name 'Robert Smith' living at '25 High Street' may find patients with the name 'Rob Smith' or 'Bob Smith' as well as 'Robert Smith' living at '24', '25' or '26 High Street'.

This application is not 'integrated' into the NHAIS System and therefore will be slower to use as the patient details will have to be re-entered each time a different patient is to be traced

Tracing can be performed in three ways:

- NHS Number Search - Enter an NHS Number only.
- Basic Search - Search using:
 - Gender (Mandatory)
 - First name
 - Surname (Mandatory)
 - Date of Birth (Mandatory)
 - Full Postcode

The Basic search will only return a single matched record. If more than one record is found, the user is informed and given various options to proceed.

³ Full details of the SCRa can be found at <http://nww.connectingforhealth.nhs.uk/demographics/scr>.

- Advanced Search - Search using:
 - Gender (Mandatory)
 - Surname (Mandatory)
 - Given Name
 - Other Given Names
 - Date of Birth (Range) (Mandatory)
 - Date of Death
 - Address (Lines 1-5)
 - Postcode
 - General Practitioner (GNC) Code
 - General Practice (NACS) Code

An advanced search enables you to search using a wider range of patient details compared to the basic search. The mandatory fields remain the same as that of the basic search however you can be more flexible through the use of wildcards and 'Widen search' options.

If the trace returns an exact match then the user will be shown the patient's full demographics record. If the trace returns between two and fifty matches then the user can either refine the search or view a pick list of the returned results. If the trace returns more than fifty matches then the user must refine further.

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

- Find A Patient - Postcode

A third search option, Find a Patient – Postcode is available (with the appropriate activity on your smartcard). This allows for an Address and Postcode lookup, a full postcode search and offers the use of an 'effective date' range within the search.

If all you have to find a patient is a postcode then use the Full postcode search option. Searching by postcode only can return multiple patients for each household within the specified postcode area.

NOTE: Searching by postcode alone significantly increases the time the search will take to complete, so where possible always endeavour to include additional data items.

For comprehensive guidance on the use of all SCRa tracing functionality please refer to the User Guide available at:

<http://nww.connectingforhealth.nhs.uk/etd-nasp-learning-material/spine-applications/9879-2008-B-SCR.doc>

The implementation guidance and other reference documentation on the use of the SCRa can be found at:

<http://nww.connectingforhealth.nhs.uk/demographics/scr/implementation>

6 Demographic Spine Application (DSA) Tracing

6.1 Why should NHAIS use the DSA?

The Demographic Spine Application (DSA) is a web-based user interface that facilitates a number of management and maintenance functions for the Personal Demographics Service (PDS).

The National Back Office (NBO) use the DSA to access the PDS in order that they may resolve data quality incidents with a patient's demographic record and assist in the maintenance of data quality on the Spine.

Primary Care Registration staff operating the NHAIS system also require access to PDS data in support of their work managing GP lists and contractor payments, performing GP registration, and supporting the transfer of paper records. Whilst both PDS tracing and new number allocation are provided through the NHAIS PDS interface, and the Summary Care Record application (SCRa) has been implemented at most organisations to replace NSTS online tracing, the DSA offers alternative tracing facilities which may be helpful and complement existing processes.

In the main, NHAIS users will find that tracing through the PX screen provides sufficient tracing capability for the majority of cases. However, on occasion the flexible tracing capabilities available in the DSA (and the SCRa) will provide for the tracing of 'hard to find' patients. Neither the DSA nor the SCRa is 'integrated' into the NHAIS System and therefore will be slower to use as the patient details have to be re-entered each time a different patient is to be traced.

6.2 Other uses of the DSA

The DSA provides functionality allowing users (with the appropriate access control) to allocate new NHS numbers, trace patients, update patient demographics, update death status⁴ and consent (to Spine data sharing) details, merge patient records, investigate and resolve potential duplicate patient records, and allow update of data sensitivity status.

The DSA is the tool that was to be deployed for PCRBO staff to administer patient registration following migration of this functionality to the Spine (and the rollout of NHAIS PDS Stage 4). This project was suspended in March 2010 and therefore NHAIS users have no need to use any DSA functions other than 'trace' in their daily business operations for Registration.

However, having access to the DSA may present opportunities for organisations to provide 'added value back office' services in their local areas. For example, a hospital trust with a compliant PAS system may need to allocate a new NHS number on such an infrequent basis that it is not in their interests to maintain the knowledge and skills for doing so.

⁴ For a definition of death status, please refer to:
<http://www.connectingforhealth.nhs.uk/nhais/nbo/deathincadv>

With the experience already present in the NHAIS teams, in such circumstances, this activity can be undertaken on their behalf under a pre-agreed SLA arrangement. Equally, using the DSA trace and update facilities, other associated services could be offered or relationships built across care settings to develop best practice and improve data quality.

Obviously such a service needs defining in greater detail and CFH would be pleased to work with any organisation wishing to offer such activities or put them in touch with others already doing so. In particular, consideration needs to be given to the 'minimum demographics dataset' required from client organisations before an allocation could be undertaken on their behalf, how that data should be presented and controls around the sharing of PID. Additionally, local negotiation would be needed between individual organisations in respect SLAs for the service provision to define whether charging would be levied, what turnaround timescales would be practical etc.

6.3 Implementation

Access to the DSA is via the Spine Portal authenticated by smartcard. The following activity codes are required:

R5110 - Demographic Administrator

B0098 - View Patient Demographics (Perform Extended Person Trace)

B0089 - Access DSA

Users who already have the ability to update the PDS and allocate new NHS numbers will also be able to conduct these activities using the DSA. It should therefore be noted that in order to ensure NHAIS systems are updated correctly and medical records managed appropriately, all primary care registration activity must continue to be undertaken via the NHAIS system.

If it is decided to implement the DSA in your organisation and consideration is being given to using it to allocate new NHS numbers, please advise that this is the intention to: clare.westrop@nhs.net. This is particularly important in order that CFH are able to monitor usage and ensure agreed message volumes are not exceeded.

NOTE: When first launching the DSA, users may experience an error message stating that 'There is no organisation assigned'. This is due to the fact that organisations have not been setup for Work Item Management⁵ used by the NBO. Simply clicking OK allows the user to proceed past this point and access the other functionality.

⁵ The NBO use WIM to manage their workflow when resolving duplicates, confusions and other demographic incidents. In the event the Registration Programme is restarted, WIM may in future be deployed for PCRBOs.

6.4 Training

NHAIS Registration staff will find the system fairly straightforward to use, especially those already familiar with the SCRa. However, an e-learning course is available at:

<http://nww.connectingforhealth.nhs.uk/etdnasp/spine-applications/dsaelearning/index.htm>

In addition, a comprehensive user guide for the DSA is available at:

<http://nww.connectingforhealth.nhs.uk/demographics/docs/dsa-user-guide/2008B.pdf>

Sections you may wish to refer to are:

Section 11 - Tracing guidance

Section 12.3 – Updating guidance

Section 15 – How to Allocate an NHS Number

6.5 Support

Any data quality issues identified when using the DSA should be reported to the NBO via the CFH Service Desk following the usual procedure for raising 'NBO Data Quality – PDS Data Quality' incidents.

The procedure for handling these 'NBO Data Quality – PDS Data Quality' incidents is detailed in Appendix 3 (Section 32).

Issues with the application itself should be reported similarly using the Weblog tool, instead selecting the 'BT Generic MDS and DSA – Demographic Spine Application' from the drop-down list prompting for Name of the Application / Service affected.

7 Central Issue System (CIS) Tracing

The CIS is populated with birth details using data entered by maternity units and child health departments into their maternity system/web browser interfaces. The CIS then allocates a 10-digit NHS number to the baby, and almost concurrently the NHS numbers and certain demographic details for the new babies are transferred to the PDS.

Any births entered without a surname on the CIS will be populated onto the PDS with the Mother's surname; any births without forenames will, dependant on a 'birth order' figure held on the CIS system, be populated onto the PDS with BABY, TWIN ONE, TWIN TWO, etc. As a result while the CIS may have missing information, the PDS will hold birth registrations where missing name elements have been populated by the CIS to PDS link.

Thus, access to the CIS allows users to search for babies and ascertain their NHS number. It provides functionality allowing the operator to enter the Mother's details, the date of birth of the child etc. For example, the Mother's NHS number could be entered and this will return the full birth details of the child or children.

Patient details are retained on the CIS for a full six months after the child's date of birth.

Details on how to install and setup the browser interface to the CIS database along with a user guide for this facility can be found within the Additional Supporting Documentation section of the following web page:

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

8 End of Quarter Issues

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

Therefore the following points should be noted in order to help alleviate work from building up on the LX screen:

- Create email templates to help improve the speed and efficiency of communication with GP Practices.⁶
- Consider deleting 'incomplete' registrations from the LX screen or advise GPs to supply additional information within the 'GP Message' field that may help with resolving queries sooner rather than later.
- Share out the handling of each registration type amongst all NHAIS staff to avoid one member of staff having to deal with all the 'difficult to trace' cases.
- Consider adding staff initials to HA Notes within the LX screen transactions to help coordinate workloads.
- Attempt to clear down large registration batches from LX on a daily basis. For instance, consider accepting 'Immigrant - type 4' registrations at face value where the date of UK entry is within three months.
- Deal with queries immediately rather than let them build up⁷.

NOTE: Additionally refer to Section 15 of the PDS NHAIS Procedures Guide⁸ which provides further information on validation which restricts the Close Quarter process.

⁶ If patient identifiable data is to be sent electronically it is important to ensure that a secure method of transmission is used.

⁷ This is especially important if the queries need to be raised as incidents for the NBO as any batching of NBO Data Quality' incidents could cause delays in resolution.

⁸ The PDS NHAIS Procedures Guide is available at:
http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsprocdoc2_2.pdf.

9 Work with the GP Practice

Having exhausted all possible means of tracing the patient, if there is still any doubt concerning the NHS number and associated details, always contact the GP Practice to check information with the patient.

Regular contact with staff at the GP Practice will help to educate them in the requirement for reliable, accurate and complete information to be provided within their registration transactions. Thus, it is recommended that where possible, NHAIS Agencies and PCTs offer opportunities for GP Practices to attend workshops where best practice guidance can be discussed and ways of working developed.

Attendance at LSP (local service provider) or existing GP system supplier training sessions by NHAIS staff can be beneficial in adding a business perspective to the training and ensuring that the GP Practice staff role as it relates to data quality is fully understood.

The key point to remember is that the provision of high quality data is crucial to patient care and the responsibility lies with us all. If any piece of information is missing or unclear, always contact the GP Practice or the patient for clarification. Do NOT make assumptions or attempt to fill in information that is missing. Details of the essential data items required by NHAIS staff from the GMS1 form are included in Appendix 2 (Section 31).

10 Birth – Type 1

10.1 Birth Tracing

The PDS is notified of new births by the NN4B service. This means that babies born in England, Wales or the Isle of Man will already have an NHS number allocated by the responsible maternity department and which is available for immediate tracing. However, as the baby is often recorded on the PDS before the full demographic details of the child are confirmed this can sometimes make finding the baby on the PDS difficult.

The software design will not allow a new NHS number to be allocated to a 'Birth - type 1' registration. Thus it is essential for NHAIS staff to ascertain the correct NHS number, perhaps by contacting other agencies involved, eg, child health units, maternity hospitals etc.

NOTE: NHAIS staff must NOT convert new-born registrations to '1st Acceptance (non birth) - type 2' registrations because they have failed to trace the child's NHS number on the PDS. Once all available tracing methods have been exhausted, NHAIS staff should follow Section 10.3.3 (NHS number received but cannot be traced on the PDS).

Where forename or surname fields are left blank, the NN4B service uses a set of standard values to populate the PDS which should be borne in mind when searching for such patients. The rules governing this are:

- For a single birth, the value BABY will be used if the forename is blank.
- For multiple births the type and birth order shall be used if the forename is blank, eg, QUADRUPLET ONE, TWIN TWO etc.
- If no baby surname is given, then the surname value will default to mother's surname.

Further details on these and other tracing strategies can be found in the sections below.

10.1.1 Surname Search

New-born babies are often entered onto maternity systems using the Mother's surname. If the child is then subsequently registered on the GP Practice system with a different (perhaps the Father's) surname, the results will differ and the PDS will return no match. The same would obviously also apply if the baby was entered on to the maternity system with the Father's surname and then on the GP Practice system under a different (perhaps the Mother's) surname.

10.1.2 Forename Search

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

Following changes around CHRIS and the PDS and the associated data flows, if a child is registered on the GP system prior to being formally named, NHAIS systems no longer receive Name Change Amendments from CHRIS and are reliant on GP practices notifying them of the child's eventual name following their civil registration.

To maintain data quality and ensure that NHAIS systems hold the most up to date information, Agencies should regularly utilise the BB screen⁹ to identify patients where the first forename is either 'BABY' or 'TWIN' and has not been updated with a 'proper' forename (which may now be available on the PDS). The facility allows users to check the PDS value and if desired, update the changes on the ID screen.

10.1.3 Address Search

Another useful action for hard to trace babies is to access the NP screen with the baby's postcode to search for other members of the family who are resident at the same address. This may offer an indication as to the baby's possible surname.

10.2 Recommendations

- Follow General Patient Tracing guidance – Section 3.
- Attempt to ascertain the Mother's identity by looking on the NHAIS System for the mother at the child's address.
- Contact the GP Practice to ask if they have a record of the child's NHS number, details of the child's Mother or a copy of the Mother's discharge summary.
- Use the Mother's identity and the CIS/NN4B browser facility to ascertain the details of the child.
- Contact the local child health organisation for help in ascertaining a child's true NHS number.
- Request online access to the local child health system.
- Where 'TWIN ONE' and 'TWIN TWO' are used for twins of the same sex, confirm with the GP Practice which number belongs to which twin.

⁹ For full information on the BB screen functionality, please refer to the Registration User Reference Manual available at:

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

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- Check the child's address on the local NHAIS System to see what surnames are in use at the property which may help in tracing the child.
 - Educate GP Practice staff to be more aware of data quality. In particular, GP Practice staff should be trained in the importance of always obtaining the NHS number for new-born children from the parents. This is because of the difficulty of tracing newborns against the PDS due to the various data quality issues that may exist on the PDS as a result of data that has been inserted from the CIS. However, if the NHS number is not known, the Practice should then include information regarding the identity of the child's Mother within the 'GP Message' field.
 - Advise local PCTs of the issues with data quality which are introduced due to inconsistent or incorrect use of the computer systems within maternity departments which subsequently populate the CIS System and recommend further training for maternity units.
 - Follow up queries with the patient, GP Practice or maternity unit instead of making assumptions or guessing about any irregularities.

NHS staff should adopt the practice of ensuring that relevant information is obtained from the patient while they are present in the surgery. Appendix 1 (Section 30) provides a list of recommended questions and checks which staff should make at this time.

10.3 Methodologies for handling various scenarios

10.3.1 NHS number received but demographics don't match the PDS

If the NHS number received from the GP Practice can be traced against the PDS, but the member of staff accepting it is not confident that it is a successful match (ie the demographic details differ too much) then the following points should be taken into account:

- If the only difference is the baby's name then trust the GP's registration details. This is generally acceptable because, between the baby being entered on to the maternity system and being registered at the GP Practice, the parents are likely to have decided on a name for the baby. Therefore, the name recorded on the GP registration can be assumed to be more accurate and up-to-date.
- In the case of twins, triplets etc, when registering the children with their given names the GP Practice needs to indicate within the 'GP Message' field which of the generic names (from the CIS) relates to which child. For example, TWIN ONE becomes Elizabeth and TWIN TWO becomes Sarah.
- If given names have not been decided upon by the parent(s), where possible GP Practices should be encouraged not to register new-born children on the GP Practice system or the NHAIS System until there has been agreement on the names.

- Email (via NHS Mail) or send a copy of the LX screen to the GP Practice to confirm the details. Update the LX screen once the reply is received. Doing this also serves to educate the GP Practice and should result in further improvements in data quality.
- Contact local child health unit for verification. This may be the preferred route when approaching the end of the Registration quarter and a quick solution is sought.

10.3.2 Birth Registration received with no NHS number

If a new-born registration is received without an NHS number, then the NHAIS Agency staff should:

- Search for the baby using their demographic details by following Birth Tracing guidance – Section 10.1.
- Use the CIS to attempt to ascertain the NHS number.
- Consider ‘Deleting’ the transaction from the LX screen after printing a copy, and sending it back to the GP Practice asking them to delete the patient from their system. After confirming the information with the child’s parents the GP Practice should update their system and re-register the baby, including an entry in the ‘GP Message’ field containing information regarding the identity of the child’s Mother. Do NOT ‘reject’ the registration from the LX screen.
- If all the above fails to ascertain an NHS number, then the NHAIS Agency should contact local Child Health Unit for verification. If required, the CHU will allocate a new NHS number for the baby.

NOTE: It is extremely important that NHAIS Agency staff do not request an NHS number allocation from the PDS for a new-born child from England, Wales or the Isle of Man. However, a new-born child from Scotland, Northern Ireland or elsewhere may be allocated with an NHS number if required following the procedures for 1st Acceptance (non-birth) Type 2 registrations below.

10.3.3 NHS number received but cannot be traced on the PDS

If a new-born registration is received with an NHS number that cannot be traced on the PDS, then the NHAIS Agency staff should:

- Use the CIS to attempt to ascertain the correct NHS number.
- If the correct NHS number is on the CIS system then:
 - Raise an incident using Weblog with the CFH Service Desk stating that you have received a birth registration from a GP Practice containing an NHS number that is on the CIS, but cannot be traced against the PDS:
 - https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
 - Select the CFH – NN4B MDS with an incident type of 'Application'.
 - Information on raising calls using Weblog is available at:
 - <http://www.connectingforhealth.nhs.uk/systemsandservices/sd/downloads/add-downloads/usingweblog3.pdf>

The CFH Service Desk will pass the call on to BT who will investigate the reason why the CIS has not populated the PDS and take appropriate action allowing the registration to be completed.

- If the correct NHS number is NOT on the CIS system then:
 - Remove the NHS number from the registration.
 - Follow Section 10.3.2 (Birth Registration received with no NHS number).

NOTE: It is extremely important that NHAIS Agency staff do not request an NHS number allocation from the PDS for a new-born child from England, Wales or the Isle of Man. However, a new-born child from Scotland, Northern Ireland or elsewhere may be allocated with an NHS number if required following procedures for 1st Acceptance (non birth) Type 2 registrations below.

11 1st Acceptance (non birth) – Type 2

Registrations of this type are expected to be minimal and should, in theory, only include:

- Adoptions^{10, 11}
- Protection of ID cases (where the individual has undergone a change of identity)
- Gender Reassignment cases¹²
- Genuine 1st time NHS non-birth registrations¹³
- Deductions made in error which need re-registering¹⁴
- S-flagged patients¹⁵

NOTE: Patient movements from Northern Ireland or Scotland to England, Wales or the Isle of Man MUST be processed as 'Transfer In – type 3' registrations and NOT as '1st Acceptance (non birth) - type 2' or 'Immigrant - type 4' registrations.

GP Practices should not send in new-born registrations for patients from England, Wales or the Isle of Man as '1st Acceptance (non birth) - type 2' registrations because they have failed to obtain the child's NHS number from his/her parents at the time of registration. Similarly, GP Practices should not be sending in other registrations as '1st Acceptance (non birth) – type 2' because the patient has not volunteered any previous details. Thus GP Practices must be encouraged to actively seek previous information from patients at the time of registration. In so doing, it is paramount that any previous address information supplied corresponds to an address where the patient resided AND was registered with an NHS GP Practice.

Previous address details where the patient did not register with a GP Practice are of no use in the registration process.

¹⁰ In Adoptions cases a new number should always be allocated.

¹¹ The procedures to follow when registering adopted patients are published in the *PDS NHAIS Interaction Procedures Guide* available on the Downloads page of the Systems and Service Delivery (NHAIS) Website at:

http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsprocdoc2_2.pdf

¹² Further guidance regarding the change of identity procedures for gender reassignment patients can be found in the *PDS NHAIS Interaction Procedures Guide* (see reference above).

¹³ This includes patients born in Scotland or Northern Ireland who have not previously been registered with a GP in their country of birth.

¹⁴ This may include R/Cs, R/Us or O/Rs where the NHAIS Agency knows that the patient has not registered elsewhere.

¹⁵ Whilst no new NHS number is required for these registrations, it is important that they are registered using a Type 2 in order that historic information regarding the patient's previous location is not stored on the local NHAIS system.

11.1 Recommendations

- Follow General Patient Tracing guidance – Section 3.
- Only allocate a new NHS number once all the tracing techniques have been exhausted setting the Previous NHS Contact flag as appropriate (see Section 25 for full details).
- If the gender of a patient is not known and it is not possible to derive this from their name or title, then the patient may be registered with Indeterminate¹⁶ gender. This should then prompt checking and updating when the patient presents for care. As a failsafe, patients registered as I will be called for screening.
- If a new NHS number is required for a gender reassignment patient, wherever possible NHAIS staff should allocate this locally. After doing so they should complete form NBO ID101¹⁷ and send this to the NBO to inform them of the new identity. The NBO will then invalidate the old identity.
- In some instances, usually because the GP Practice has already updated the PDS record, it may not be possible for the NHAIS Agency staff to allocate a new number because the details on the old record have already been updated on the PDS. In these circumstances, the Agency should check whether a new number is required and if so, complete form NBO ID102¹⁸ to request that a new NHS number is allocated by the NBO.
- Provide advice and guidance to GP Practice staff with a view to helping them understand the need to keep ‘1st Acceptance (non birth) - type 2’ registrations to a minimum.
- To show that the GP Practice have actively requested previous GP details, but not found any, encourage the GP Practice staff to enter ‘No Previous GP’ in the ‘GP Message’ field.
- If a ‘1st Acceptance (non birth) - type 2’ registration is traced successfully against the PDS then consider adding the PDS previous address details to the acceptance transaction and changing its registration type to a ‘Transfer In - type 3’. However, care must be taken to ensure that the address taken from the PDS is actually the previous address and NOT the new address within the registration. This scenario will occur if the GP Practice system is NHS CRS compliant¹⁹ and has therefore already updated the PDS directly. In this case, the previous address can be found from the ‘Full Patient Retrieval’ screen (history).

¹⁶ Indeterminate should NOT be used for gender reassignment patients as this is likely to cause offence.

¹⁷ See Appendix 6

¹⁸ See Appendix 6

¹⁹ An NHS CRS (Care Record Service) compliant system is one which has the capability of interacting with the PDS (Patient Demographic Service) directly.

12 Transfer In – Type 3

For any patient coming into their area (**including any patient movements from Northern Ireland or Scotland**) and who has previously been registered with a GP Practice elsewhere, GP Practice staff must actively seek previous area information. They should ensure that any previous address provided is one at which the patient resided AND where they were actually registered with an NHS GP Practice. Previous address details where the patient did not register with a GP Practice are of no use in the registration process.

Additionally, GP Practice staff should be encouraged to ensure that a precise address is provided (as opposed to a general area). For example, a previous address of 'London' is no use, but an address such as '1 High Street, Islington, SW1 1AB' would be extremely helpful as it might allow the patient to be traced against the SCRa on the basis of address and would ensure that the registration is ciphered to the correct area.

However care must be taken to ensure that the address taken from the PDS is actually the previous address and NOT the new address within the registration. This scenario will occur if the GP Practice system is NHS CRS compliant and has, therefore, already updated the PDS directly. In this case the previous address can be found from the 'Full Patient Retrieval' screen (history).

12.1 Recommendations

- Follow General Patient Tracing guidance – Section 3.
- For 'Transfer In - type 3' registrations where a previous address has been supplied by the GP Practice, search for the patient on the SCRa utilising this previous address²⁰.
- Only allocate a new NHS number after all tracing techniques have been exhausted.
- If the previous address is 'usable' and can be ciphered, but differs from the PDS previous address then trust the details within the GP registration.
- If the previous address is 'unusable' (eg 'London') and the PDS trace is successful then:
 - If you are confident in the PDS match then use the PDS previous address.
 - or
 - If you are NOT confident in the PDS match then contact the GP Practice for more details before you consider getting an NHS number allocated.

²⁰ This assumes that the previous address history was loaded to PDS, or that the patient has moved since the data migration.

13 Immigrant – Type 4

When processing 'Immigrant – type 4' registrations particular attention should be paid when:

- The recorded date of the patient arriving in the UK is some time in the past, eg, more than six months ago.
- The place of birth is recorded as within the UK.

These two points generally indicate that the patient has already had contact with the NHS and will therefore have an NHS number on the PDS.

The AJ-BOAJ processing of 'Immigrant - type 4' registrations returns an exclusion code of 'IMMD' if the date of UK entry is more than (by default) 182 days ago.

NOTE: Patient movements from Northern Ireland or Scotland to England, Wales or the Isle of Man MUST be processed as 'Transfer In – type 3' registrations and NOT as '1st Acceptance (non birth) - type 2' or 'Immigrant - type 4' registrations.

13.1 Recommendations

- Follow General Patient Tracing guidance – Section 3.
- Only allocate a new NHS number once all the tracing techniques have been exhausted setting the Previous NHS Contact flag as appropriate (see Section 25 for full details).
- Be suspicious if the date of entry into the UK is a long time in the past, (eg more than 182 days / six months ago). Consider where the patient has been for the last six or seven months, and whether there is a good reason for them not already having registered with an NHS GP Practice.
- Query with the GP Practice if the patient's place of birth is within the UK. If it is, it is likely that the patient would have had some previous NHS contact and will therefore already possess an NHS number.
- Encourage GP Practice staff to make sure any previous address information where the patient was last registered with an NHS GP Practice is supplied. This is to help avoid patients being incorrectly added as new 'Immigrant - type 4' registrations when they should have been added as 'Transfer In - type 3' registrations.
- Double check the spelling of long or unusual names with the GP Practice, or look for patients with a similar name on your NHAIS System or the SCRa.

14 Ex-Service – Type 5

Although an exercise was undertaken during 2010 to allocate an NHS number to all Services personnel, it should be noted that there still may be such individuals that have never been allocated a 10-digit NHS number. This being the case, there may be some occasions, albeit few, where it may still be necessary for NHAIS users processing 'Ex-Service - type 5' registrations to allocate a person with a new 10-digit NHS number.

For further information regarding the use of the NHS number within the forces see <http://nww.connectingforhealth.nhs.uk/demographics/modfaqs.pdf>.

14.1 Recommendations

- Follow General Patient Tracing guidance – Section 3.
- Query with the GP Practice if the patient has only been in the armed forces for a short period of time. Such patients are likely to have had some previous NHS contact and should therefore already possess a 10-digit NHS number.

15 Internal Transfer – Type 6

Any registration received with an NHS number which fails to match against the PDS is placed on the LX screen with an exclusion code of 'PNMx (PDS No Match - registration type x)' and the NHS number is removed pending an operator decision to allocate or undertake additional tracing.

However, occasionally BOAJ processing will find the patient on the local NHAIS System (based on surname, forenames, date of birth and sex) and the registration will therefore be converted to an 'Internal Transfer - type 6'. In such cases, because the patient already exists on the NHAIS System with a 10-digit NHS number, but is NOT held on the PDS, users must NOT have another NHS number allocated. Instead they should follow the recommendations below.

15.1 Recommendation

- Please raise an 'NBO Data Quality – PDS Data Quality' incident with the CFH Service Desk indicating that you have a patient registered on NHAIS with a 10-digit NHS number that does not appear to be recognised by the PDS:
 - https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLLogin.
 - The procedure for handling these 'NBO Data Quality – PDS Data Quality' incidents is detailed in Appendix 3 (Section 32).

The CFH Service Desk will pass the incident to the NBO.

- The NBO will investigate to see if they can trace the patient's current NHS number or ascertain whether the NHS number has been invalidated. If the NHS number is not on the PDS then the NBO will use the DSA to insert the number on to the PDS. In the event the number has been invalidated then the NBO will need to allocate a new NHS number that can then be traced and used within the registration.

16 Gender Difference

New-born babies, for whatever reason, can be entered onto maternity systems with an incorrect gender which is then passed to the PDS. If the child is subsequently registered on the GP Practice system with the correct gender, the results will differ and a mismatch will be highlighted when the registration reaches the NHAIS system. However, as long as this is a 'Birth - type 1' registration, you are able to "accept the match" for the patient and continue with the registration.

For any other type of registration, discrepancies of gender between NHAIS and the PDS will be highlighted and a message returned to the user advising them of the situation and recommending that the details are carefully checked. After checking, if the user is confident that the NHAIS (GP) value is correct, you are able to proceed with the registration, and the PDS will update with the NHAIS value.

In the event there are gender differences on patients already registered on your system, where you are simply amending other demographic details, assuming you are confident that NHAIS is correct, you should use the UP screen to correct these on the PDS. For further details of exceptions of this nature, refer to the Exceptions Handling webpage at:

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

17 Spine Compliant GP Practices

Spine Compliant GP Practice systems are able to access and update the PDS directly. On some occasions, these systems have updated the incorrect patient on the PDS. In these cases, staff at the GP Practice have traced against the PDS and selected and updated a matched record with new details when they should have either traced the correct patient record or a new NHS number should have been allocated. On receiving the transaction, staff at the NHAIS Agency have identified that an incorrect patient has been updated on the PDS.

17.1 Recommendation

- The NHAIS Agency should raise an 'NBO Data Quality – PDS Data Quality' incident with the CFH Service Desk:
 - https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLLogin.
 - The procedure for handling these 'NBO Data Quality – PDS Data Quality' incidents is detailed in Appendix 3 (Section 32).

The CFH Service Desk will pass the incident to the NBO who will coordinate getting the incorrectly amended patient data corrected.

- To assist with user education, where possible the NHAIS Agency should make contact with the GP Practice and highlight the issue so that similar incidents can be avoided in the future.

18 Twins and PDS Allocation Requests

Occasionally, staff at NHAIS sites may experience difficulty in getting an NHS number allocated by the PDS if similarly named twins are being registered at the same address, both of whom require a new NHS number to be allocated. After update of the first registration, the PDS may refuse to allocate a new NHS number to the second registration because of the similarity of its information to the first registration, ie, the PDS refuses to allocate a new NHS number because it thinks that the patient already exists on the PDS.

18.1 Recommendation

- The NHAIS Agency should get an NHS number allocated by the PDS for one of the patients, but then raise an 'NBO Data Quality – PDS Data Quality' incident with the CFH Service Desk regarding the second patient:
 - https://nww.nhscfhservicedesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
 - The procedure for handling these 'NBO Data Quality – PDS Data Quality' incidents is detailed in Appendix 3 (Section 32).

The CFH Service Desk will pass the incident to the NBO who will allocate an NHS number which the NHAIS Agency can then trace and use for the second registration.

19 Date of Birth Amendments

A change to date of birth should NOT be accepted at face value, but should be authorised by the patient or be accompanied with formal documentation. This will help maintain a high level of data quality. (See Recommendation One.)

In addition to this, following an authorised change of date of birth for a patient who has had a PDS-allocated NHS number, the patient should be retraced against the PDS to ascertain whether an accurate PDS trace was successful when the patient was initially registered with the incorrect date of birth. (See Recommendation Two.) This will help identify possible duplicates that may have been created in error.

19.1 Recommendation One

Date of birth changes sent to the NHAIS System via GP Links should be amended back to the original date of birth and returned to the Practice.

A corresponding communication (eg email) should be sent to the GP Practice reminding them that date of birth changes should only be submitted to the NHAIS Agency on paper with documentation signed by the patient or some form of formal identification, eg, a photocopy of the patient's passport proving his/her date of birth).

The NHAIS Agency should then manually check and apply the change onto the ID screen.

19.2 Recommendation Two

Following an authorised date of birth change on the ID screen, if the patient's NHS number has been allocated by the PDS (identified by an 'A' to the left of the NHS number field) then the NHAIS Agency should perform another PDS trace of the patient, using this new date of birth on the PX screen. This may identify the 'true' patient record that would have been found if the correct date of birth had been supplied within the original registration. If this is the case then the allocated NHS number should be treated as a duplicate and notified to the NBO by raising 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 handling these 'NBO Data Quality – Potential Duplicate' incidents is detailed in Appendix 3 (Section 32).

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

For further details regarding the procedure for handling Duplicates, please refer to the *PDS NHAIS Interaction Procedures Guide* published on the Additional Supporting Documentation section of the Downloads page of the Systems and Service Delivery (NHAIS) Website at:

http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsprocdoc2_2.pdf

20 Name Changes

As the PDS is increasingly becoming the source for all patient demographics, there is an increasing requirement for a diligent approach to be taken in collection and processing of such data. It is therefore recommended that NHAIS Agencies consider introducing procedures to verify documentary evidence for any requests they receive to amend patient names.

21 NHS numbers provided but not on the PDS

This section covers:

- 10-digit NHS numbers
- Old-format NHS numbers
- Scottish CHI numbers
- Northern Ireland NHS numbers

21.1 10-digit NHS numbers

There are four reasons why a 10-digit NHS number may not be verified against the PDS:

- A 'Birth - type 1' registration includes an NHS number that has been issued by the CIS to the child but has not been successfully implemented within the PDS due to a CIS to PDS link delay or fault.²¹
- Patient demographic data on the PDS was originally sourced from the NSTS, and if the NHS number does not appear to be present on the PDS it is possible that there was a 'load failure' when PDS was first populated.
- The wrong NHS number has been supplied within the GP registration.
- The NHS number has been 'flagged' as 'invalid' on the PDS and so is not usable.

21.1.1 Recommendations

- Search the PDS using the patient's demographic details. A successful match will identify the correct NHS number. If the correct NHS number is only slightly different then, simply accept the PDS match.

²¹ See Section 10.3.3 for guidance on the appropriate action to take.

- However, if there is a major difference between the NHS number supplied by the GP Practice and the NHS number presented by the PDS, or there is still no trace against the PDS then raise an 'NBO Data Quality – PDS Data Quality' incident with the CFH Service Desk:
 - https://nww.nhscfhservicesdesk.nhs.uk/CFHSD_LIVE/servlet/NSDLogin
 - The procedure for handling these 'NBO Data Quality – PDS Data Quality' incidents is detailed in Appendix 3 (Section 32).

The CFH Service Desk will pass the incident to the NBO.

- The NBO will investigate to see if they can trace the patient's current NHS number or ascertain whether the NHS number has been invalidated.
 - If the NBO can confirm that the NHS number provided is valid, but not present on the PDS they will insert the number using the DSA. This will then allow the registration to be completed.
 - If the NBO find that the NHS number provided has been invalidated, they will confirm to the site which is the correct number to use in the registration.
 - In the event the number supplied by the GP Practice is not valid, the NBO will advise the Agency to allocate a new NHS number.
- Do NOT immediately proceed to get another NHS number allocated unless directed to do so by the NBO in resolution to the incident raised with the CFH Service Desk.

21.2 Old-format NHS numbers

After the deployment of Stage 2, it was no longer possible to register a patient on the NHAIS System using an old-format NHS number. If a GP Practice sends in a registration containing an old-format NHS number, BOAJ processing will strip out the old-format NHS number and place it in the 'GP Message' field. If that patient cannot then be traced on the PDS resulting in a new NHS number needing to be allocated by the PDS, then the received old-format number will be automatically updated to the AD screen for provision to the NBO.

21.2.1 Recommendation

- Search the PDS using the patient's demographic details. If no trace is found then a new 10-digit NHS number should be allocated.

NOTE: A Previous NHS Contact flag²² will be set automatically to indicate to the NBO that a 10-digit NHS number 'should' already exist for this patient, because there is evidence of the patient having an old-format NHS number.

²² See also Section 25.

21.3 Scottish CHI numbers / Scottish NHS numbers

Scotland currently has no PDS connectivity and for patients moving into England (or Wales or the Isle of Man), their CHI numbers cannot be recorded on the PDS.

21.3.1 Recommendations

- Search the PDS using the patient's demographic details. This is to ensure that the patient has not previously been resident in England (or Wales or the Isle of Man) and therefore, perhaps already in possession of a 10-digit NHS number.
- If the trace is unsuccessful then a 10-digit NHS number should be allocated and the transaction updated as a 'Transfer In – type 3' registration with the cipher for the appropriate Scottish Health Board.
- If you are not confident of the cipher for the Scottish Health Board, adding a comment to the AD screen stating that this patient is a transfer in from Scotland will help the NBO with their investigations. See Appendix 4 (Section 33) for a complete list of Scottish Health Boards.
- If available, please include the Scottish CHI number in the comments field on the AD screen.

21.4 Northern Ireland NHS numbers

Northern Ireland currently has no PDS connectivity, although they do use the NHAIS System and have access to their own 'CHRIS' equivalent system. As a result of this their patients use NHS numbers (commencing in the range 32-39), but these are not recorded on the PDS unless the patient has either registered for Primary Care in England (or Wales or the Isle of Man) or has recently received NHS treatment in England (or Wales or the Isle of Man).

21.4.1 Recommendations

- Search the PDS using the demographic details. This is in case the patient has previously been resident or has recently received treatment in England (or Wales or the Isle of Man) and so his/her Northern Ireland NHS number will already be known to and recorded on the PDS.
- If the trace is unsuccessful then a 10-digit NHS number should be allocated and the transaction updated as a 'Transfer In – type 3' registration. If received via GP Links, the patient's Northern Ireland NHS number will be automatically copied to the AD Screen for inclusion within Additional Notes to the NBO.
- For manual recorded registrations, NHAIS Agencies should include the patient-provided Northern Ireland number to the NBO by entering this on the AD Screen.

- Once the registration transaction is sent to the NBO it is their responsibility to confirm the Northern Ireland NHS number with the Northern Ireland database, 'flag' the newly-allocated NHS number as 'invalid' and send back an amendment to the NHAIS System to change the patient's allocated NHS number to the patient's original Northern Ireland NHS number.

22 Duplicates

For full details on procedures for the resolution of duplicates, please refer to the *PDS NHAIS Interaction Procedures Guide* published on the Additional Supporting Documentation section of the Downloads page of the Systems and Service Delivery (NHAIS) Website at:

http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsprocdoc2_2.pdf

23 Confusions

For full details on procedures for the resolution of confusions, please refer to the *PDS NHAIS Interaction Procedures Guide* published on the Additional Supporting Documentation section of the Downloads page of the Systems and Service Delivery (NHAIS) Website at:

http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsprocdoc2_2.pdf

24 Record Status

The PDS has the capability of recording 'status' markers against patient records which trigger certain responses when a trace enquiry is made. These have historically been referred to as Flagged Records or Stop Notes.

Since PDS became the main tool that the NBO use when administering patient demographics, such markers are held on the Record Status tab of the patient's record. There are two main status codes: Data Quality and Sensitive. These correspond directly to the previous flagged record types: Business and Sensitive.

'Y' type flags were previously applied to the PDS temporarily, pending the load of the correct value from the 'flagged record file' from CHRIS which converted the 'Y' to the appropriate category. Now the NBO update the PDS directly there should be no records encountered with a 'Y' flag. However if any such records are encountered the NHAIS Agency should raise an 'NBO Data Quality – PDS Data Quality' incident via 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 Appendix 3.

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

24.1 Data Quality Status ('B' Flag)

A record will have its data quality status set when the NBO has completed investigations regarding potential duplicate cases but has NOT been able to confirm positively that the record is (or isn't) a duplicate of another record.

Equally the NBO may also use this marker in handling confusion cases.

When a trace is made against a patient with its data quality status set, the PDS returns the following message: "*There are possible data quality issues associated with these details. Please validate the demographic details with the patient, if possible.*" This is to warn the user to be careful about misassociating the trace results with the wrong patient and to recommend that further effort is made to elicit additional information from the patient to aid resolution of a data quality incident.

All patient information is still returned from the PDS.

So, when the above message is returned from the PDS, it should be treated as a 'request for further information'. For full details on procedures to follow when this message is received, or if you are in receipt of any other request from the NBO for further information from patients to assist with the resolution of Duplicates or as part of a data quality investigation, please refer to the *PDS NHAIS Interaction Procedures Guide* on the Additional Supporting Documentation section of the Downloads page of the Systems and Service Delivery (NHAIS) Website at:

http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/pdsprocdoc2_2.pdf

24.2 Sensitive Status ('S' Flag)

This status indicates that the patient's demographic details require protection from unauthorised access. A trace against such a record will only return the NHS number, surname, forename(s), date of birth, date of death (if applicable) and sex for the patient. No other demographic details will be displayed.

When the NBO set a Sensitive status against a patient's record 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 Desk²³ 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.

When implemented, it was agreed that to preserve PDS data quality, unresolved BQ-0 entries should be monitored. As such, a process is run automatically at the start of each month which reports on any BQ-0 entries created in the month prior to the month just completed, eg, the run on 1st November will report on entries created during September. A reminder email will be sent to the NBO Restricted Contact held within the NHAIS Contacts database²⁴.

NOTE: Any new Registration for an S-flagged patient must be registered using a Type 2 (First Acceptance) rather than a Type 3 (Transfer In).

NOTE: Because having a specific batch for S-flagged patients on the BQ Screen makes them easier to identify, for this reason, after 14 days, the entries are archived and they cannot be viewed. However, the number of 'resolved' entries is cumulative and will continue to increase as more S-flagged patients are encountered.

²³ See Appendix 3 for full details of this process.

²⁴ In the event this field is not populated the reminder will be sent to the generic NBO NHSmail address or the Key User email address.

24.3 'I' Status (Invalid)

An 'I' flag indicates that an NHS number has been invalidated and cannot be used (eg, where a patient has been involved in a confusion case necessitating their original NHS number being invalidated, or in cases involving a change of identity).

In such cases, the NBO will withdraw the NHS number when the details recorded against it are no longer to be used by the NHS. One example when an NHS number may be invalidated is where a duplicate has been created and the newly allocated NHS number needs to be invalidated. Any trace against these records will not return any patient information but instead will provide a 'not found' trace result and then require the user to search for the correct record using the core demographic fields.

25 Previous NHS Contact flag

This flag is used within the PDS NHS number allocation process to indicate to the NBO that a patient 'should have been found on the PDS, but could not be identified', ie, the NHAIS Agency is certain that the patient should be on the PDS, but all the tracing techniques available to them have failed to find the patient and an NHS number has had to be allocated.

Although the decision whether or not to set this Previous NHS Contact flag is left for the user to decide, there are two conditions when the System will 'force' the flag to be set or not allow the user to set this flag. These are:

- When the registration is for a patient who previously had an old-format NHS number because they 'should' have been traceable under their new 10-digit NHS number on the PDS, using the demographic details.²⁵ In this case as part of the PDS NHS number allocation process the NHAIS System will 'force' the user to press 'P' and result in the system automatically setting the 'Previous NHS Contact flag' on the user's behalf.
- If the registration is a 'Transfer In - type 3' then as part of the PDS NHS number allocation process the NHAIS System will 'force' the user to press 'A'. As a result the System will NOT set the Previous NHS Contact flag.²⁶

25.1 When to set/not set a Previous NHS Contact flag

- If a registration is received where the GP Practice has confirmed that a patient with a 10-digit NHS number has been treated in an NHS organisation, the patient 'should' be traceable on the PDS. In this case the NHAIS staff should consider setting the Previous NHS Contact flag.
- If a registration is received with a UK entry date within the last 3 months, the patient 'may' not exist on the PDS. In this case NHAIS staff should consider taking this at face value and therefore NOT setting the Previous NHS Contact flag.

NOTE: When the Previous NHS Contact flag is set to Y(es) a work item is automatically created such that the NBO investigate the case.

²⁵ This is because, as part of the Existing Number Programme, a 10-digit NHS number was allocated to all patients having an old-format NHS number.

²⁶ This was agreed following a request from the NBO not to establish Previous NHS Contact flags for 'Transfer In – type 3' registrations because this would result in two different Case Store entries being created for the single registration event.

26 Working with the National Back Office (NBO)

Various processes involving the NBO have been referenced throughout this guide. In most cases communication with the NBO will be via the NHS CFH Service Desk although there are a few exceptions, the contact email addresses for which are here:

26.1 Potential Duplicates on the PDS

Please follow the procedure for raising 'NBO Data Quality' incidents as detailed in Appendix 3 (Section 32).

26.2 Potential Duplicates on the PDS (Transfers in from Scotland & Northern Ireland)

Email: HSCIC.SCR@nhs.net

26.3 Potential Confusions on the PDS only

Please follow the procedure for raising 'NBO Data Quality' incidents as detailed in Appendix 3 (Section 32).

26.4 Data Quality Queries on the PDS

Please follow the procedure for raising 'NBO Data Quality' incidents as detailed in Appendix 3 (Section 32).

26.5 'S' (Sensitive), 'B' (Business) and 'I' (Invalid) Flagged Records on the PDS

Please follow the procedure for raising 'NBO Data Quality' incidents as detailed in Appendix 3 (Section 32).

26.6 Adoption Queries

Please follow the procedure for raising 'NBO Data Quality' incidents as detailed in Appendix 3 (Section 32).

26.7 Gender Reassignment Queries

Email: HSCIC.NBOteam4@nhs.net

27 Monitoring and Reporting

27.1 AJ UPNO

AJ-UPNO (PDS Updates Analysis) produces an analysis of the *PDS Updates from NHAIS* audit file which records details of updates made to the PDS from the various applications within the NHAIS system. The output can be sent to either a Unix file or as an attachment to an email.

Please refer to the Registration User Manual for further details:

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

27.2 AJ ALNO

This job produces an analysis of the 'PDS Allocated NHS Number' audit file which records details of patient registrations on the system where the NHS number was allocated by the PDS system. Please refer to the Registration User Manual for further details:

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

27.3 AJ PDSA

This job gathers statistical information from the PDS audit file which records details of data requests sent to the PDS from the NHAIS System. Examining this can help highlight any general performance issues as well as particular issues relating to individual members of staff.

Please refer to the Registration User Manual for further details:

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

27.4 Monthly Duplicates Statistics

Statistics are gathered monthly to report on the total number of 10-digit NHS numbers being allocated by the PDS to each NHAIS system. Additionally, out of these statistics further analysis is undertaken to identify the quantity of duplicate NHS numbers that are created on a system by system basis.

The statistics are produced on a monthly basis as soon as possible after the end of the month in which the numbers were allocated, but ONLY when the NBO have confirmed that their initial investigations for possible duplicates on the allocations file for the month have been completed. So, the duplicate volumes/statistics could be generated and sent at any time, but typically they will be created between one and two months after the completion of the month (ie, January duplicate statistics should be expected during March, February statistics during April, etc).

Once calculated, the statistics are automatically emailed to the contact email address(es) set up on the SP-M screen under the code 'PDSS2'. (An email with these results is also sent to the NHAIS Registration team at NHS Connecting for Health.)

Please ensure that at least one member of staff's email address has been added to the SP-M screen under this 'PDSS2' code and that email addresses on this screen are regularly checked/maintained.

An allocated NHS number is confirmed as a 'duplicate' if:

- The NBO send back the patient's existing NHS number within the reply batch.
- The NBO have initially agreed with the PDS NHS number allocation, but then send back the existing NHS number with an amendment batch.

This report places these 'duplicates' into two categories:

- Unavoidable

Northern Ireland does not have PDS connectivity and relies on the use of their local CHRIS System equivalent. Therefore patients from Northern Ireland who have not previously had any contact with NHS organisations in England, Wales or the Isle of Man and cannot be traced on the PDS will need allocating with a new NHS number. When the registration reaches the NBO, they can view the Northern Ireland NHAIS System via Open Exeter, locate the patient's original NHS number, return this back to the NHAIS System and withdraw the newly allocated NHS number. The NHAIS System then updates the ID screen which updates the PDS. This resolves the duplicate that was 'unavoidably' created.

- Avoidable

These patients have been traced by the NBO, the original NHS number returned to the NHAIS System and the newly allocated NHS number invalidated. This indicates that through the use of more rigorous tracing strategies the NHAIS Agency should have eventually been able to trace this patient successfully. If a large percentage of PDS allocated numbers fall within this category on a regular basis then this could highlight a training issue. NHS Connecting for Health will be monitoring duplicate volumes and will make contact with sites that appear to have an issue in this area.

NOTE: Detailed information regarding PDS Interaction Allocation and Duplicate Registration volumes can be found on the Connecting for Health website at:

<http://nww.connectingforhealth.nhs.uk/nhais/nhais-pds/stage-2dupreg/stage-2>

28 Exclusion Codes

The only PDS-related BOAJ exclusion codes that remain streamlinable (auto-updatable) within PDS Stage 3 are:

- PSMS – PDS Single Match Same, ie an exact match has been traced on the PDS.
- PNM4 – PDS No Match - 'Immigrant – type 4', ie no trace has been found on the PDS relating to an 'Immigrant – type 4' registration. However, it is not recommended to streamline this exclusion code as it may result in the creation of more duplicates.

29 PDS Response Timeout Settings on TA screen

Any screen or analysis job that interacts with the PDS will have a PDS Response Timeout period assigned to it. This is to limit the amount of time your NHAIS system will 'wait' for a response from the PDS before 'giving up' and displaying an appropriate message or moving onto the next patient transaction. These 'time-out' periods can relate to tracing and retrieval of patient records when processing any registration work, although are much more common when undertaking NHS number Allocation, Amendment and Deduction transactions that need to update the PDS.

While the AR screen looks after NHS number Allocations, any Registration, Amendment or Deduction transactions that need to update the PDS, will be passed to the UQ screen if the PDS does not respond within the PDS Response Timeout period.

The TA screen holds a full set of all these PDS Response Timeout periods which are initially populated with a default value²⁷. These values can be changed locally as required to accommodate NHAIS workloads.

There are two main circumstances when changes to these PDS Response Timeout periods may be warranted which are described below.

A supporting communication is available at:

<http://nww.connectingforhealth.nhs.uk/nhais/hacomms/non-sds/2012/pdsperftascr.pdf>

The consequences of changing the settings as detailed are:

- Not having to wait for a PDS response/update so users can continue working uninterrupted.
- No potential to 'lose data' when manually registering on the ID screen, ie if an error occurs when attempting to allocate an NHS number from ID, data is 'lost', whereas if the registration is passed to the AR or UQ screen and an error occurs, the input data is not lost and can be resubmitted.

²⁷ By default, the timeout for the ID and LX screens is set to 30 seconds. For AJ-BOAJ, the limit is set to 60 seconds.

- If errors and timeouts occur then you may not be as aware of these and delays could result (although errors are initially emailed to an email list that is maintained on the SP-M screen using the codes 'PDSAR' and PDSUQ).
- You cannot immediately make further patient updates as you are not immediately aware when/if first PDS update has completed. For example, you cannot immediately update the PN screen following an NHS number allocation.
- No 'warm' feeling that the PDS is working correctly.

29.1 PDS Performance

NHAIS Agencies often report that they experience intermittent slow PDS performance. Investigation and monitoring has shown that this generally occurs between about 9.30 and 11.30 am each weekday and results in many PDS Allocate Requests and PDS Update Requests taking some considerable time to complete.

The analysis shows that PDS performance when handling Traces and Retrievals throughout the day is fairly consistent. However the same cannot be said for Allocate Requests and General Updates.

As such it is strongly recommended that the PDS Response Timeout settings are reduced to zero seconds for all PDS General Updates made from the LX, ID and/or DL screens. By doing this, any such transactions would be passed to the UQ screen for the NHAIS system to manage the PDS update in the background.

Similarly it is also advised that the same is undertaken for Allocate Requests made from the LX or ID screens. In this case, the transaction is moved to the AR screen, again allowing the NHAIS system to manage the PDS update in the background.

In amending these settings NHAIS Agencies are likely to see an improvement in the daily throughput of work undertaken by their teams as the 'waiting' time is reduced to zero and users are able to get on quickly with their next piece of work.

NOTE: It is NOT recommended that any changes are made to the PDS Response Timeout settings for any background applications such as BOAJ, DUAJ, AJBT etc.

29.2 Large Volumes of Work

Similarly, when dealing with large volumes of work, especially at quarter end or other peak times such as student enrolments in September, it may be beneficial to reduce the PDS Response Timeout period to zero seconds as described above.

30 Appendix 1 - Good Practice Questions for Verifying Patient Identity

- Name Checks:
 - Ask for the patient's full name.
 - Ascertain the surname for both the Mother and the Father (new-born registrations, only).
 - Ask for the patient's maiden name (if applicable). This may help trace a patient who has recently married, but the PDS still holds their old details.
 - Ask the patient how they spell their name as it may be different to conventional spelling.
 - Ask whether a shortened version of their given name is used, eg, "Chris" instead of "Christopher" or "Christine".
 - Confirm that their given name is their first name, eg, "David Andrew Jones" may call himself Andy.
- Date of Birth Checks:
 - Has the date of birth been recorded in an American format, eg, 11/02/2006 recorded to mean 2 November 2006?
 - Has the date of birth been transposed, eg, 12 June 2006 instead of 21 June 2006?
- Gender Checks:
 - Make sure the gender has been recorded correctly. It can be difficult to remedy mistakes and when dealing with unfamiliar names incorrect assumptions are easily made.
- Address Checks:
 - Ask for the patient's full address details including postcode. Check to ensure that it is their permanent address and not a temporary address.
 - Ask the patient how long they have lived at this address. If it is a short time then this maybe the first time the NHS has been informed of the move. In this case ask for the last address where they were previously registered.

31 Appendix 2 - Essential Information from GMS1 form required by the NHAIS Agency (Primary Care Registration Back Office) for Registering New Patients

Data Item	Format	Notes
NHS number	10-digit number	Please do not use old-format numbers, made-up numbers, Scottish CHI numbers or National Insurance numbers. The NHS number for a new-born child can be found on the Mother's discharge letter or FP58 form.
Surname		Check spellings carefully and ensure that the official name is used (not an alias, or preferred nickname).
Previous Name		Please enter any previous surname (e.g., maiden name). If there is more than one previous surname enter the most recent and list others in the comments field.
Forenames		Enter full names when known. If unknown enter initials. Please ensure that the official name(s) are used (not an alias, nickname or shortened version).
Title	Mr, Mrs, Miss, Ms, Dr, Rev	Please seek guidance for other titles not in regular use.
Gender	Male / Female	Please do not use Indeterminate – recording the correct gender is essential for the screening programme.
Date of Birth	DD / MM / YYYY	Please enter correct date of birth for patient, taking special care not to mix up when registering families. Do not make up a date of birth.
Place of Birth	Town – if UK Country – if non-UK	Please enter the precise place of birth. Do not enter UNKNOWN in this field, or make up a place of birth. (In the case of patients registering from London, please seek an area, for example, Barnet.)

Home Address		Please use full current address including postcode.
Previous Address(es)		Please enter full previous address where patient was last registered with a GP including postcode. This is essential to facilitate transfer of medical records. Please do not enter unknown.
Previous GP		Name of GP Practice registered with when living at the previous address.
Previous GP's address		
Date of Entry into the UK	DD / MM / YYYY	For patients registering from abroad, it is essential to ascertain whether they are coming to the UK for the first time. If they are returning having previously been registered in the UK, please ascertain the original date of arrival and place of registration.
	Comments screen	
Service Personnel		Please provide service number and enlistment date.

32 Appendix 3 - Procedure for raising 'NBO Data Quality' Incidents

The process for raising 'NBO Data Quality' incidents for the attention of the NBO is to log via the CFH Service Desk. Full details of how to do this via the Weblog system is available at:

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

With effect from 9 July 2012, any queries regarding Adoption cases should also be raised using the Weblog facility.

Communication regarding queries will, for the most part be received from the CFH Service Desk although 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.

NOTE: To avoid creating a backlog of work at the NBO, it is recommended that any issues requiring resolution or input from the NBO are logged when the situation arises rather than batched for submission at a later date. This is particularly important during 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 arrangement.

33 Appendix 4 – Scottish Health Boards

C – Argyll and Clyde

A – Ayrshire and Arran

B – Borders

Y – Dumfries and Galloway

F – Fife

V – Forth Valley

N – Grampian

G – Greater Glasgow

H – Highland

L – Lanarkshire

S – Lothian

R – Orkney

Z – Shetland

T – Tayside

W – Western Isles

34 Appendix 5 – Useful Links

NHS Connecting for Health:

<http://nww.connectingforhealth.nhs.uk>

<http://www.connectingforhealth.nhs.uk>

Systems and Service Delivery (including NHAIS):

<http://www.connectingforhealth.nhs.uk/systemsandservices/ssd>

NHAIS Contacts Database

<http://nww.connectingforhealth.nhs.uk/nhais/contacts/>

NHAIS and the PDS

These pages provide general information about the PDS Interaction Project including links to details of service issues and planned maintenance. Also available are detailed statistics about PDS messaging performance, including volumes, average response times, timeouts, for each message type both nationally and broken down individually by system.

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

NHAIS Additional Supporting Documentation:

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

PDS Interaction Stage 3 Exceptions Handing:

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

National Back Office (NBO):

<http://nww.connectingforhealth.nhs.uk/nhais/nbo>

NHS Connecting for Health Demographics:

<http://nww.connectingforhealth.nhs.uk/demographics>

PDS e-learning module:

<http://www.connectingforhealth.nhs.uk/elearning/pds/flash/>

<http://nww.connectingforhealth.nhs.uk/etd-nasp-learning-material/spine-applications/pds-elearning>

SCRa User Guide:

<http://nww.connectingforhealth.nhs.uk/etd-nasp-learning-material/spine-applications/9879-2008-B-SCR.doc>

SCRa e-learning module:

<http://www.connectingforhealth.nhs.uk/elearning/scr/scr2008b/>

DSA User Guide:

<http://nww.connectingforhealth.nhs.uk/demographics/docs/dsa-user-guide/2008B.pdf>

DSA e-learning module:

<http://nww.connectingforhealth.nhs.uk/etdnasp/spine-applications/dsaelearning/index.htm>

35 Appendix 6 – NBO ID101 and NBO ID102 Forms

The latest version of the form **NBO ID101 – Gender Reassignment – NHS Number allocated on PDS by NHAIS Agency (PCRBO Local Back Office)** form is available at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/nboid101.pdf>

<http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/nboid101.doc>

The latest version of the form **NBO ID102 – Gender Reassignment – NHS Number to be allocated by National Back Office (new patient details already on PDS)** form is available at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/nboid102.pdf>

<http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/downloads/add-downloads/nboid102.doc>