

# *Personal Demographics Service (PDS)*

A guide for general practice



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## *Executive summary*

### **What is the Personal Demographic Service (PDS)?**

The Personal Demographic Service (PDS) is the national electronic database of NHS patient demographic details. It is used by NHS organisations and enables a patient to be readily identified by healthcare professionals and associated, quickly and accurately, with their correct medical details. The PDS does not hold any clinical health information or other sensitive data such as ethnicity or religion.

### **PDS – a guide for General Practice**

A guide has been written for GPs and their practice staff, as a guide and reference source about the PDS. The guide reflects the functionality that is available following the 2008-A spine release.

Contained within the guide is information on the following key areas of functionality affecting the PDS and end users.

#### **Access and security**

Only authorised healthcare professionals with a smartcard will be able to access the PDS database.

Information contained within a patient's record is only available to an NHS professional where they meet certain criteria.

## **Data quality**

The great strength of the PDS is its ability to identify and link each NHS patient in England to a care record uniquely associated with them. In order to achieve this, however, there is a greater responsibility and reliance on staff working within the NHS to check and maintain accurate information.

## **PDS National Back Office**

Together with local primary care back offices, the PDS National Back Office is responsible for resolving data quality incidents with a patient's demographic record in the NHS Care record Service. These incidents may include; duplicate records, confusion or mis-associated records, changes of identity, de-registration from the NHS and resolution of un-matched births and deaths.

The PDS National Back Office also manages requests from patients who require that access to their PDS record be restricted (described as the record being s-flagged). This is to ensure that any information which may imply a location is protected from viewing by any user other than the PDS National Back Office.

## 1. Introduction

**Purpose:** This guide has been written for GPs and their practice staff, as a guide and reference source about the Personal Demographic Service (PDS). It has been written to reflect the PDS functionality that is now available after the 2008-A spine upgrade.

**Scope:** The PDS is the national electronic database of NHS patient demographic details, used by NHS organisations. It enables a patient to be readily identified by healthcare professionals and associated, quickly and accurately, with their correct medical details. The PDS does not hold any clinical health record information or other sensitive data items such as ethnicity or religion.

The PDS is an essential element of the NHS Care Records Service (NHS CRS<sup>1</sup>) which will underpin the creation of an electronic care record for every registered NHS patient in England by 2010.

<sup>1</sup> <http://www.nhscarerecords.nhs.uk>

The PDS will gradually integrate and replace several existing NHS demographic databases, including the:

- NHS Strategic Tracing Service (NSTS)
- NHS Number for Babies (NN4B)
- NHS Central Register (NHSCR – the CHRIS system)
- National Health Applications and Infrastructure Services (NHAIS) also known as the Exeter system

It will also replace many locally held NHS databases, providing a single accessible, efficient, reliable and integrated electronic demographics service. Changes made in one location will be available for access across NHS Care Records Service systems without delay. Instead of different organisations creating and maintaining multiple records for patients with duplicated demographic items (for example multiple addresses), there will be a single up to date and definitive demographic record for each patient for authorised NHS professionals to access and use.

The new service offers several key advantages to users, including faster access, better communication between NHS organisations and less risk of duplication or misidentification of patients.

Key benefits of the PDS are:

- Improved patient safety through a reduction in the number of errors when matching patients and episodes of patient care.
- A more convenient way to add or update demographic information such as contact details. Eventually patients themselves will be able to check their details and update some of them using HealthSpace<sup>2</sup>, a secure NHS web service for people who live in England.
- Quicker, more convenient access to accurate and complete patient demographic information (such as contact details or registered GP) and correct matching to each patient's NHS Care Record.
- A reduction in the amount of correspondence going to the wrong address.

## 2. Access and Security

Only authorised healthcare professionals with a Smartcard<sup>3</sup> will be able to access the PDS database. The Smartcard information is used to link a GP practice with its registered patients. Controlling general practice access to the PDS is the responsibility of each primary care trust (PCT) acting as a registration authority.

PCT information governance (IG) staff, working with practices, are responsible for setting access permissions on staff Smartcards in their local general practices.

Information contained within a patient's demographic record is only available to an NHS professional where they meet all of the following criteria:

- they are authorised to use the system
- they have located the patient using their demographics details or NHS Number
- there is a proven and justified business reason for doing so.

Access to a patient's demographic record does not require a legitimate relationship<sup>4</sup>. (However, having identified the patient in the PDS, access to a patient's recorded clinical information does require a legitimate relationship.)

<sup>3</sup> <http://www.connectingforhealth.nhs.uk/systemsandservices/rasmartcards>

<sup>4</sup> Legitimate relationships control who has access to a patient's sensitive personal data - broadly equivalent to identifiable information within a patient's clinical record.

Further restrictions are required for some patients' demographic information including for:

- anyone who feels that their demographic details should not be accessible by the NHS
- adoptions
- gender reassignment
- other situations where vulnerable patients request restricted access.

There may be some cases where restricted access is overridden, for example when there is a police investigation into a serious crime. Further details of the system for handling such sensitive records are given below.

All healthcare professionals have a duty of confidentiality to their patients and must comply with legal, ethical and contractual obligations<sup>5</sup>. Inappropriate and unlawful possession of confidential patient information could lead to disciplinary action including dismissal, litigation and for health professionals, sanctions by professional regulatory bodies.

Healthcare organisations, including general practices, are responsible for establishing appropriate and effective information

governance procedures, supported by their PCT. Each healthcare organisation is responsible for ensuring that:

- healthcare professionals understand and meet information governance standards
- information governance controls are implemented effectively
- healthcare professionals are aware that inappropriate use of the PDS could result in disciplinary proceedings against them
- procedures are in place for auditing use of the PDS and responding to any alerts generated by the system.

Information governance controls protecting patient information include:

- The registration and authentication process.
- Role based access controls, linked to the identity of each authorised healthcare professional, specifying what users can see and do when logged into the system.
- Search controls constraining how users are able to look up the details of individual patients.
- Sensitive record controls preventing users from accessing PDS information

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when records are flagged as sensitive. In these cases the patient's address, telephone numbers and GP registration will not be returned by the PDS.

- Tools for auditing which users have viewed or amended PDS records, and local supervision by privacy officers to assure proper use. In the case of PDS, records are kept of the following actions:
  - tracing, retrievals and confirmation of an NHS Number
  - updates (additions, amendments etc.)
  - allocation of NHS Number
  - merges of demographic information.

### 3. *Data Quality*

The great strength of the PDS is its ability to identify and link each NHS patient in England to a care record uniquely associated with them. In order to achieve this, however, there will be a greater responsibility and reliance put on staff working within the NHS to check and maintain accurate information.

For new patient registrations, the story begins when the patient completes a GMS1 form (see Appendix 2). Currently, the details from the GMS1 form are entered into the GP practice's computer system and then submitted electronically to the NHAIS system (also known as the Exeter system) for checking by the patient data team in the PCT (or agency operating on behalf of one or more PCTs) to register the patient with a new practice.

PCT staff use the NHAIS system to review and accept the data provided from the surgery. If no NHS number is provided, PCT staff use the PDS to identify the patient's demographics record and determine their NHS Number. This information is then used to enable the transfer of the patient's medical record from their previous GP practice.

NHS Connecting for Health (NHS CFH) is working with GP system suppliers to fully integrate their systems with the PDS. This means that for fully integrated systems the user (normally a member of the practice's administrative staff) will trace the patient against the PDS when registering them with the practice, using the minimum tracing details of name, gender and date of birth. This means the user can select the correct patient quickly and reliably without having to enter all the details from the GMS1, speeding up the process and reducing the likelihood of errors. If the patient cannot be found on the PDS, then the user can ask the patient supplementary questions (for example "how do you spell your name?") to ensure that the correct PDS record is found. If the patient is traced on PDS, only changed demographic data, such as a new address, will need to be entered.

Where a GP practice system is not fully integrated, matching the patient to the information entered into the system occurs at the primary care back office. As the patient is not present to verify their information, it is vital that the GMS1 form is completed accurately and in as much detail as possible to ensure that the correct information is accurately transcribed to the GP system. GP practices should therefore ensure that:

- The GMS1 form is checked in the patient's presence to ensure that it is readable, accurate and complete (see Appendix 2). This should include the patient's previous address where they were last permanently registered, in order to help locate their exact record.
- The GMS1 is accurately transcribed into the GP system.
- If known, the patient's NHS Number<sup>6</sup> is normally used. For babies<sup>7</sup> this can be found on the discharge form.

It is therefore extremely important that the information provided is accurate and complete. Determining a patient's NHS Number is entirely dependent upon the quality of information provided by the GP practice. If incorrect or insufficient information is provided:

- The patient's demographic record may not be found. A new record will be created and, until this is resolved manually, there will be a delay in the transfer of the patient's medical record; or

<sup>6</sup> <http://www.connectingforhealth.nhs.uk/nhsnumber>

<sup>7</sup> [www.cfh.nhs.uk/demographics/births](http://www.cfh.nhs.uk/demographics/births)

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- The patient may become mis-associated with another patient's demographic record, resulting in confusion of the patient's personal details and in time, the patient's clinical health record data. This may delay or confuse treatment at a later date and may delay the registration process, restricting access to NHS CRS services such as Choose and Book or the Electronic Prescription Service.

If the patient cannot be traced on the PDS then the practice can request that an NHS Number be allocated. However, if the patient states, or the practice believes, that there has been previous contact with the NHS then the "Previous NHS contact" indicator should be set. This will prompt the PDS National Back Office (PDS NBO) to carry out further checks.

## 4. *PDS National Back Office*

The PDS National Back Office (PDS NBO) has evolved from the existing NHS Central Register service which was provided to the NHS by the NHS Information Centre. Together with local Primary Care Registration Back Offices working with the NHAIS system, the PDS NBO is responsible for resolving incidents with a patient's demographic record in the NHS CRS. These include:

- **duplicates** - where two records are present for the same patient
- **confusions** - where two patients are using the same record, also known as mis-associated records
- **changes of identity** - for example, adoptions or gender reassignment
- **de-registrations from the NHS** - due to a patient request, or exit to the MoD or emigration from the UK
- **resolution of unmatched civil registrations** - births and deaths.

The PDS NBO now has the necessary tools to amend and update incorrect data items on the PDS.

All PDS data queries should be raised via the user's local Primary Care Registration Back Office, for forwarding to the PDS

NBO. This will prevent duplication of incident reports, allow the PDS NBO to investigate the incident and, if necessary, to update the PDS in the following situations:

- **Duplicate records** - where a duplicate is found, the PDS NBO will merge the two NHS Numbers to create a single record. This will still mean that only one number is the valid NHS number, but it will maintain a link between the two. When a user sends a query to the NHS Spine system for an old number, the new number will automatically be returned. In most cases the local system will inform the user about what has occurred.
- **Confusion records** (also known as mis-associated records).
- **Incorrect GP details** (i.e. an incorrect registration between a GP practice and a patient).
- **Amending incorrect data items** – may arise from systems that are Choose and Book compliant but not fully integrated into the NHS Care Records Service. (Though practices will be able to amend most patient demographic data themselves).
- **Undeceiving a patient record** – where this has been set in error.

- **Flagging a patient’s demographic record to restrict access** – further advice on managing this is available on the Demographics pages of the NHS CFH<sup>8</sup> website. However, in the particular situation where a patient has requested that access to their PDS record be restricted (described as the record being ‘s-flagged’), the procedures are outlined below. (Please note that setting or unsetting the s-flag is separate from deciding to have a shared Summary Care Record<sup>9</sup>).

**‘S-Flagging’ a PDS record** – The purpose of the s-flag is to ensure that patient information that might imply a location is protected from viewing by any user other than the PDS NBO. For example it is used to protect the location of patients who are at risk of domestic violence.

NHS healthcare professionals should therefore understand the controls available to protect the demographic data of more vulnerable patients. The process for applying additional controls was formerly known as ‘stop-noting’ but is now referred to as ‘s-flagging a record’, (where the “s” indicates the record is “sensitive”).

<sup>8</sup> Demographics pages of NHS CFH website (note N3 access only) <http://www.connectingforhealth.nhs.uk/demographics/backoffice>

<sup>9</sup> The NHS Care Record Service, Summary Care Record (SCR) <http://www.connectingforhealth.nhs.uk/systemsandservices/nhscrs/scr>

Only the PDS NBO can set or unset the Information Sensitivity Indicator. The PDS NBO may do so at the request of agencies such as social services, parole boards, probation services or the police.

Patients may request the 'S' flag to be set via their GP practice. The GP practice may download a form from the Demographics web site [www.connectingforhealth.nhs.uk/demographics](http://www.connectingforhealth.nhs.uk/demographics). On completion, they may fax or email the form to the NBO who will action the request. Separate forms are available for setting and unsetting the flag. When the flag is being unset, the GP practice has the responsibility to provide accurate and up to date details for the previously protected data, so that the PDS can be brought up to date. This will be a manual process in conjunction with the PDS NBO.

Whilst the ability to s-flag a patient record has been in place for a number of years, the historic process has not been well understood within the NHS. This is largely due to it being a back office function involving small numbers of patient records. There has also been little publicity due to its inherently sensitive nature.

NHS patients have no legal right to prevent demographic data being stored in the PDS and the Government has determined that the PDS will be the authoritative source of NHS demographic information. The

NHS cannot comply with requests for data not to be held in the PDS and the NHS is required to hold demographic data about its patients to:

- satisfy legal requirements for registers of patients under the care of each GP practice
- ensure that each individual presenting for care is ordinarily resident in the UK and therefore eligible for free care
- ensure that information about one patient does not become confused with that of another patient
- contact patients when they need to attend check-ups etc.

Although demographic data must be held, there are cases where access to a patient's details must be strictly controlled. Access to demographic records can be restricted in the following circumstances:

- anyone who feels that their location details should not be accessible by the NHS or other situations where vulnerable patients request restricted access.

Further information about this is available

on the NHS CFH website<sup>10</sup>. These cases are managed by the PDS NBO using well-established links. There may be some cases where a request to have a record s-flagged is overridden, for example when there is a police investigation into a serious crime.

If a patient's record is s-flagged the patient will be unable to benefit from any of the new national systems, including Choose and Book, GP2GP and the Electronic Prescription Service. Other national services such as cancer screening, GP registration and payments will be possible, but the GP practice may need to forward correspondence to the patient on behalf of other NHS organisations who will not have access to the patients address or telephone details. It also means that healthcare professionals will be unable to access the patient's most up to date address and contact details held nationally. Even if a record is s-flagged the NHS will continue to hold demographic information on the patient.

### **Other flags on the PDS record**

There may be reasons for flagging a record other than those described above, for example where there is a concern about the accuracy of the data or the record is no longer to be used. The flag is applied to that patient's record only and remains

<sup>10</sup> Demographics pages of NHS CFH website (note nww access only) <http://nww.connectingforhealth.nhs.uk/demographics/>

on file should the patient move address. The current version of the PDS supports the following two other reasons for flagging:

- **Invalid** – the flag indicates that an invalid NHS Number has been used or that a record is no longer in use (e.g. where two patient records have been merged and one is no longer used). The healthcare professional will not be able to see any demographics information for the patient. Dependent upon the user's IT system, a message will be displayed to the user indicating that the record is not valid and that the user should search for the correct demographics record.
- **Business** - the flag indicates that the PDS NBO believes that there is a possible data quality issue with the record, (e.g. a duplicate record). The healthcare professional will be able to see the patient's full demographic details. Dependent upon the user's IT system, a message will be displayed to the user indicating that there is a possible data quality issue and will ask the user to verify demographic details when the patient presents to the NHS.

## Process for setting the 'S' flag

For the small number of patients who approach healthcare professionals and request that their records are s-flagged,

the process described below should be followed.

Healthcare professionals are not expected to make the final decision about whether a patient's record is s-flagged (this is the patient's responsibility), however, healthcare professionals are expected to inform and guide patients through the decision making process and to stress that flagging records should not be undertaken lightly. The process for this is to:

- Advise and reassure the patient of the safeguards in place around the demographic information held in the PDS.
- Advise the patient of the potential clinical impact of their decision.
- If the patient understands and consents to the clinical implications of this action, complete the form<sup>11</sup> and email it from an NHSmail account to HSCIC.NBOteam4@nhs.net or fax it to the PDS NBO on 0845 301 5301. (Please note that as the request includes patient identifiable data it should not be sent using any other email system. NHSmail is certified for the secure transfer of this type of data).
- The form should be retained with the

<sup>11</sup> PDS 'flagged record' request form (note nww access only)  
[http://nww.connectingforhealth.nhs.uk/demographics/backoffice/flag/set\\_sensitive\\_flag.doc](http://nww.connectingforhealth.nhs.uk/demographics/backoffice/flag/set_sensitive_flag.doc)

patient's medical records.

- The PDS NBO will set the sensitive flag as a matter of urgency and then confirm in writing with the GP practice once the process is complete.

Should a patient request that their sensitive flag be removed, there is a similar process to the one described above:

- Complete the form<sup>12</sup> and email it from an NHSmail account to HSCIC.NBOteam4@nhs.net or fax it to the PDS NBO on 0845 301 5301. (Please note that as the request includes patient identifiable data it should not be sent using any other email system. NHSmail is certified for the secure transfer of this type of data).
- The form should be retained with the patient's medical records.
- The PDS NBO will remove the sensitive flag as a matter of urgency and will confirm this in writing to the GP practice once the process is complete.

<sup>12</sup> PDS 'remove flagged record' request form (note nww access only)  
[http://nww.connectingforhealth.nhs.uk/demographics/backoffice/flag/remove\\_sensitive\\_flag.doc](http://nww.connectingforhealth.nhs.uk/demographics/backoffice/flag/remove_sensitive_flag.doc)

## *Appendix 1 - What information is held in the PDS?*

- **NHS Number** – the national unique patient identifier.
- **Patient name** – including any previous names, aliases and preferred name.
- **Date of birth** – patient's date of birth.
- **Place of Birth** - town or city, county or district, and country.
- **Additional birth information** – the delivery time and birth order for multiple births. Birthweight is also stored for six months to help with deduplication of records but is not routinely accessible.
- **Date of death** – the patient's date of death.
- **Death notification status** – indicates whether the death has been registered or just recorded by an NHS organisation.
- **Gender** – administrative gender.
- **Address** – includes main address, temporary addresses and correspondence addresses.

- **Alternative contacts** – the patient’s legal guardian, next of kin, proxy, family or close contact.
- **Telecommunication contact details** – telephone number, fax number and email address.
- **Preferred contact times** – patient’s preferred contact times.
- **Preferred contact method** – the patient’s preferred contact method, e.g. telephone contact by proxy, no telephone contact, sign language required in face to face contact or minicom.
- **Preferred written communication format** – specialised patient contact requirements, e.g. print, Braille, audio tape.
- **Preferred language** – patient’s preferred language for communication.
- **Interpreter required** – indicates patient’s need for interpreter.
- **NHS Care Record consent to share status** – indicates whether or not the patient has agreed to share their NHS Care Record.

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- **Nominated dispensing contractors**  
– the patient's nominated dispensing contractor that could include a community pharmacy, dispensing appliance contractor and a dispensing doctor.
- **Primary care** – the GP practice where the patient is registered.
- **Back office location** - The primary care back office location associated with the GP practice where the patient is registered.
- **Reason for removal** - this replaces the more generic 'No NHAIS Posting', but is transformed to a value of 'No NHAIS Posting' when returned to GP systems.
- **Previous NHS contact indicator** – indicates the patient confirms they have had previous NHS treatment. This allows the PDS NBO to check for a duplicate record.
- **Patient call-back consent status**  
– indicates the patient is willing to be called-back from a Choose and Book call-centre.
- **Shared secret** – an encrypted password used to validate a patient's identity when contacted from a Choose and Book call-centre.

- **Sensitive record indicator** – indicates that either the record is not accessible to the PDS users ('I' flag) or the content of the record is being reviewed to ensure the data is correct ('B' flag) or the location details are not accessible ('S' flag).
- **Date of registration** – the date the patient registered with the GP practice.
- **Separate business and system effective dates associated with names, addresses, telecoms, related persons and primary care registration** - business effective dates are dates relating to the actual clinical event. System effective dates are automatically generated from the time the event was stored in the PDS.
- **Serial change number** – the mechanism for synchronising local and national records.
- **Source of data** - identifies the system providing the data to the PDS.
- **HealthSpace status** – indicates that the patient is registered to use HealthSpace.
- **NHAIS details** - Primary care registration details used alongside the NHAIS system.

## Appendix 2 - Completing the GMS1 Form

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 normally be found on their discharge letter.
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 programmes.
Date of birth	DD / MM / YYYY	Please enter correct date of birth for patient, taking special care not to mix up when registering families. Guidance is available on the use of default DOBs for patients who have no known DOB*.

\* [www.connectingforhealth.nhs.uk/systemsand services/data/dataquality/resources/dqm003205.pdf](http://www.connectingforhealth.nhs.uk/systemsand services/data/dataquality/resources/dqm003205.pdf)

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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.
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		Address of previous GP practice.

<p>Date of Entry into the UK</p>	<p>DD / MM / YYYY</p> <p>Comments screen</p>	<p>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.</p>
<p>Ex-Service Personnel</p>		<p>Please provide service number and enlistment date.</p>

## **Appendix 3 - Glossary of Terms**

### **Detailed Care Records**

Detailed care records are linked medical records holding clinical information which are held by the organisations that work together locally to provide patients with care. They contain more detail than Summary Care Records and are particularly useful where a patient's care is shared between different parts of the local NHS, such as their GP practice and hospital.

More details - <http://www.nhscarerecords.nhs.uk>

### **Summary Care Records**

A Summary Care Record is a summary of a patient's important health information which can be made available to the patient and to NHS staff caring for them anywhere in England, including out of hours and in an emergency.

At first a patient's Summary Care Record will just show allergies, current prescriptions and any bad reactions to medicines. Once a patient has a Summary Care Record they can discuss with their GP whether to add other important information from their GP record. In time, information may also be added if they receive care outside of the GP surgery, such as at hospital or in an NHS walk-in centre. This might include, for example, discharge

notes when the patient leaves hospital.

More details - <http://www.nhscarerecords.nhs.uk.nhs>

## **Electronic health records**

An electronic health record (EHR) refers to an individual patient's health record in digital format. Electronic health record systems co-ordinate the storage and retrieval of individual records with the aid of computers. EHRs are usually accessed on a computer, often over a network. They may be made up of electronic medical records (EMRs) from many locations and/or sources. A variety of types of healthcare-related information may be stored and accessed in this way.

## **GP record**

The local record held for the patient by a GP practice. This is typically composed of a paper record (the Lloyd George file) and an electronic record stored on a GP system.

## **HealthSpace**

HealthSpace is a secure NHS web service for people who live in England. HealthSpace provides people with a secure place on the internet where they can store their personal health information and record information relating to their health like height, weight, blood pressure, blood sugar levels and cholesterol levels. HealthSpace also has

a calendar and address book facility and allows users to search a database of contact details for NHS organisations in England.

More details - <http://www.healthspace.nhs.uk>

### **NHS Care Records Service**

The NHS in England is introducing the NHS Care Records Service (NHS CRS). This is to improve the safety and quality of patient care. Over time, the NHS CRS will begin to provide healthcare staff with quicker access to reliable information about patients to help with their treatment, including in an emergency. It is likely that most GPs and consultants already use a computer system to keep notes of appointments they have with patients, plus medicines prescribed, test results and details of any referrals to other health professionals. X-rays and scans are also increasingly held on computers rather than sheets of film.

The NHS CRS will make caring for patients across organisational boundaries safer and more efficient. It will also give patients access to a record that covers their care across different organisations, such as the GP practice and the hospital.

The purpose of NHS CRS is to allow information about patients to be accessed more quickly, and gradually to phase out paper and film records which can be more difficult to access.

More details - <http://www.nhscarerecords.nhs.uk>

## **NHS Number**

The NHS Number is fundamental to the National Programme for IT. It is the only national unique identifier that makes it possible to share patient information across the whole of the NHS safely, efficiently and accurately. The NHS Number is the key to unlocking services such as the NHS Care Records Service, Choose and Book or the Electronic Prescription Service.

Patients and NHS staff have a vital role in ensuring it is used throughout the NHS.

The NHS Number is used as the common identifier for patients across different NHS organisations. It is a unique 10 digit number assigned to every individual registered with the NHS in England, Wales and the Isle of Man. The first nine digits are the identifier, and the tenth is a check digit used to confirm the number's validity.

More details - <http://www.connectingforhealth.nhs.uk/systemsandservices/demographics>

## **Personal Demographics Service**

The Personal Demographics Service (PDS) is the national electronic database of NHS patient demographic details and the central source of patient demographic information

used within NHS organisations. The PDS enables a patient to be readily identified by healthcare professionals and associated, quickly and accurately, with their correct medical details. The PDS does not hold any clinical or sensitive data items such as ethnicity or religion.

The PDS underpins the development of linked detailed electronic care records and a Summary Care Record for every registered NHS patient in England.

More details - <http://www.connectingforhealth.nhs.uk/systemsandservices/demographics>

### **Registration Authority**

The NHS Care Records Service (NHS CRS) and related National Programme for IT (NPfIT) services like Choose and Book and the Electronic Prescription Service use a common approach to protect the security and confidentiality of every patient's personal and health care details. It is essential that everyone who will have access to patient information has been through the same rigorous identity checks.

The NHS has set out the principles that will govern how patient information is held in the NHS CRS and the way it is shared. These are outlined in the NHS Care Record Guarantee and will be reviewed at least every 12 months as the NHS Care Records Service develops.

Organisations that need to access patient information within the NHS Care Records Service and other National Programmes set up Registration Authorities to manage this process.

The Registration Authority is responsible for verifying the identity of health care professionals and workers who wish to register to use these services. Once authorised, individuals are issued an NHS CRS Smartcard by the Registration Authority. Individuals use their NHS CRS Smartcard and their unique Smartcard Passcode each time they log on.

More details - <http://www.connectingforhealth.nhs.uk/systemsandservices/rasmartcards>

## Smartcards

NHS CRS Smartcards help to control who accesses the NHS CRS and what level of access they have.

They are similar to a chip and PIN credit or debit card. A user's Smartcard is printed with their name, photograph and unique user identity number.

To register for a Smartcard, Registration Authorities are required to ask applicants for identification which satisfies the government recommended standard 'e-Gif Level 3', providing at least three forms of ID (photo and non-photo), including proof of address.

## The PDS – a guide for general practice

Individuals are granted access to patient information based on their work and level of involvement in patient care. This means that for example, a doctor's receptionist may only see the information needed to process an appointment, not the full clinical record. A log is kept of every time a patient's PDS record is accessed and patients can make a request to see this information. NHS staff will also continue to be bound by professional codes of conduct, local regulations, the Data Protection Act and the NHS Code of Confidentiality.

More details - <http://www.connectingforhealth.nhs.uk/systemsandservices/rasmartcards>

To download further copies  
of this brochure, please visit:  
***[www.connectingforhealth.  
nhs.uk/demographics](http://www.connectingforhealth.nhs.uk/demographics)***

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organisation which is supporting your local  
NHS to introduce new computer systems  
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