

## **Strategic Improving Information Programme Board**

### **Update on the development of the standard for the use of the NHS Number in adult social care**

#### **1. Context**

The Department of Health has committed to rolling out the use of the NHS Number in health and social care settings. As a result, NHS Connecting for Health has established a programme for the use of the NHS Number, and one of its current projects is to develop an operational standard to support the use of the NHS Number in adult social care.

The Strategic Improving Information Programme Board is the strategic body overseeing and co-ordinating activities relating to information for adult social care. It is chaired jointly by Glen Mason, Director for Strategy and Leadership in the Department of Health directorate for Social Care, Local Government and Care Partnerships, and David Johnstone, member of ADASS National Executive and chair of the ADASS Standards and Performance Committee.

This Programme Board has stated its intention to act as policy 'sponsor' for the adoption of the NHS Number in adult social care.

#### **2. Purpose of this paper**

This paper provides a brief update on the current position in regard to the NHS Number Programme and specifically the development of a standard for the use of the NHS Number in adult social care.

The paper also invites views on the options being considered for ensuring that the standard is used in adult social care settings.

#### **3. Current position**

The ability to match records across health and social care is increasingly important in health and social care. It is also at the heart of a number of strategic initiatives which have emerged from the Next Stage Review. The use of the NHS Number as an identifier in the social care record will be an essential prerequisite for using the Personal Demographics Service. It is therefore important that the use of the NHS Number is applied consistently and completely across the sector.

The NHS Number is already in use in adult social care. Some local authorities are already using it, and its use is being built into new projects and pilots (the adoption of the NHS number is an integral part of the PDS pilots, for instance).

Research undertaken so far suggests that the local costs of using the NHS Number are manageable; there are some issues associated with the use of the PDS which have resourcing implications, and these will be considered in the evaluation of the pilots. It is also understood that the care management systems are already capable of using the NHS Number. It is

reasonable to assume therefore that any potential resourcing requirements may arise from the use of the PDS, or where a care management system is currently not able to handle the NHS Number.

There is already some clarity around the information governance requirements and local authorities would expect that there is some facility for measuring the take up and use of the NHS Number. The IG toolkit developed by NHS Connecting for Health already includes requirements for social care organizations to collect and check the NHS Number. However, the toolkit is a self-assessment process, and a guide to improvement. As such it is optional for local authorities to follow the guidance included in the Toolkit.

Progress on the adoption and use of the NHS Number will be variable, unless a view is taken as to the importance of the NHS Number to support strategic objectives and business processes locally. A clear timescale in regard to roll out can only be determined if there is a strategic decision to adopt the standard; if it left to the discretion of individual organizations, it will be impossible to ensure consistency of practice.

#### **4. NHS Number Programme - progress to date**

The proposals are captured in two documents – a draft PID and the document entitled “Requirement for an Operational Standard – NHS Number in adult social care.” The proposals have been reviewed by the ISB appraisers; some amendments have been made as a result. The amended document has been submitted to the ISB itself for its meeting at the end of March 2009.

There has already been some engagement with local authorities individually and through ADASS networks, and this will continue. The regional workshops held in May 2009 have been valuable in broadening engagement and raising awareness. More extensive engagement with local authorities is happening through individual site visits.

Discussions are ongoing with the Department of Health to ensure that communications are targeted appropriately, and address the strategic and practical issues associated with the NHS Number.

Normally, the Information Standards Board for Health and Social Care requires a firm intention that the standard will be used across the sector, before it will consider accreditation. However, the ISB recognizes that the NHS Number is the first standard to be considered for adult (or children’s) social care, and therefore, we have no precedent to refer to, to gauge practical issues, such as costs, timescales, etc.

In view of this, a pragmatic approach is being supported by the ISB, to progress the development of the standard while some of these details are worked through. However, a clear decision in regard to the approach to be adopted in regard to implementation and use would help bring some clarity and focus to the work. The ISB has the authority to make decisions about the importance of standards for health and social care. However, it does not have the authority to mandate the use of standards in social care. The Department of Health, through the Strategic Improving Information Programme Board, has greater authority to make such a decision.

Essentially, the proposal to develop the Operational Standard will also be the process for bringing clarity to the way the NHS Number is used in operational settings. This process will take as its starting point the position that the NHS Number can be used operationally for those functions carried out by local authorities as part of their statutory duties. It will consider the issues associated with interfaces with other functions, services and organizations (eg mental health, community services; children’s services).

## 5. Approach to implementation

It was noted in section 3 above that the NHS Number is already in use, and this is increasing with PDS and CAF pilots. It is also clear that the use of the NHS Number is the only realistic option for integrating information systems and services across health and social care. Discussion and feedback from local authorities shows a clear preference for a commitment to use the NHS number across the sector.

The work to be done to develop the standard will specify the operational contexts in which the NHS Number should be used, and will be used to test out scenarios with the different organizations involved.

At the same time, there are other pieces of work already in progress (namely, the review/refresh of the core requirements for the core social care record, the learning from the SCPEA project and subsequently from CAF), and the proposals for the local use of the Social Care Record Guarantee

In the light of this, it is therefore timely to review the options for the way we approach the adoption of the NHS Number and the use of the Operational Standard. Four broad approaches are therefore possible:

Possible approach	Advantages	Issues
Do nothing – let local authorities determine pace of implementation	Aligned with local strategies	Not possible to know timescale for overall use.  Some may choose not to adopt the use of the NHS Number.  Delays in local authority use of the NHS Number may compromise local service integration.  Will result in local variations of practice.
Recommend that local authorities use the NHS Number as described in the Operational Standard	Gives clarity in regard to approach; leaves some of the practicalities, such as timescales, to local discretion.	Delays in local authority use of the NHS Number may compromise local service integration.
Recommend that local authorities use the NHS Number as described in the Operational Standard, when agreed, and identify incentives to embed into policy, good practice, assessments, etc	Gives clarity in regard to approach; leaves some of the practicalities, such as timescales, to local discretion.  Creates some accountability eg through IG toolkit, which can also be linked into other assessments, data quality audits, etc.  This in turn will create incentives for accelerating take up.	Delays in local authority use of the NHS Number may compromise local service integration, so still may require some clarity in regard to timescales.  May need to take a view on timescales.  May need to take a view on how to handle any local authorities who cannot adopt the use of the NHS Number in

		a reasonable timescale.
<p>Require/mandate local authorities to adopt the NHS Number, within a specified timescale, and according to the Operational Standard (when agreed).</p> <p>May still need to be linked to incentives (as per above)</p>	<p>Gives clarity in regard to the strategic requirement.</p> <p>Brings completeness and consistency of usage.</p>	<p>The use of mandate will be politically unpopular. And insofar as the use of the NHS Number is already happening, mandate may not be required.</p> <p>Some uncertainties still to be addressed in regard to the Operational Standard.</p> <p>Timescale may not be achievable for some local authorities.</p> <p>Not clear that all case management systems are capable of using the NHS Number in a consistent way.</p>

It is proposed that option 1 is not acceptable, because the momentum around the strategic agenda is increasing. Option 2 does not give enough clarity in regard to pace of take-up. Option 3 gives sufficient clarity, but would need further development in regard to timescales.

It is therefore proposed that at its next meeting, the Strategic Improving Information Programme Board adopts the following approach:

- ✓ Identify the extent of the current use of the NHS Number across local authorities;
- ✓ Identify and promote local authority champions and support them to promote the benefits which will be achieved by the use of NHS number, in order to encourage wider adoption of NHS number by other local authorities.
- ✓ The NHS Number Programme will develop the Operational Standard for the use of the NHS Number in adult social care;
- ✓ Local authorities are encouraged to adopt the use of the NHS Number, to support the strategic integration of health and social care services;
- ✓ Work with the NHS Number Programme to agree appropriate metrics for monitoring progress using data that can easily be obtained to demonstrate take up, usage and validity of usage (avoiding any data collection process to do so);
- ✓ Establish a more accurate picture of the impact on workflow associated with the use of the PDS.
- ✓ Ensure that all appropriate IG considerations are addressed, either through the Operational Standard, or through assessment processes such as that offered through the IG Toolkit;
- ✓ Ensure that there is consistency of approach across related activities, including the adoption of the Social Care Record Guarantee;
- ✓ Once the Standard has been agreed, and we have a clearer picture of our starting point, a view can be taken as to the timescale for the use of the NHS Number across all local authorities;
- ✓ Work with local authorities and systems suppliers to identify any development costs required to update care management systems to be able to use the NHS Number. If there is a need for some development work, the Board will need to take a view as to whether they should be met centrally (as they will be system changes required to meet nationally mandated standards). This should apply only to care management systems; it should not

apply to other systems used to manage certain operational aspects (eg finance systems). Further research is required to identify any systems requiring such work, before the extent of this need is known;

- ✓ Views are sought from CQC and others about any early indications of any data quality initiatives which may include the NHS number.

## 6. Stakeholder engagement

The first stage of the stakeholder engagement is to gather views of local authorities and the Association of Directors of Adult Social Services. Initial feedback is supportive of the need to use the NHS Number, and initial comments are summarized below:-

“No one (I hope) doubts that the NHS number being the key on all care systems makes sense.”

“On the whole it is a good thing for us to have the NHS number readily available”

“The use of the NHS Number and the Operational Standard must be mandated – if it is not mandated, it won’t happen.”

Straw polls have also been taken in the regional workshops, and the feedback has confirmed that the majority of local authority representatives support the use of the NHS Number.

Additional comments and proposals have been offered to support the work:

- We should encourage local authority champions to support this work.
- The more work we can do upfront on the benefits, the better.
- Most systems already have provision for the use of the NHS Number.
- We need to agree how local authorities will get the number/s as part of the referral/assessment process.
- The only way to manage the use of the NHS Number efficiently is to use the Personal Demographics Service. What protocols will this require?
- There are issues relating to consent.
- There are also issues relating to access and security.
- Local authorities need to be encouraged to use the N3 network, but the current process for compliance is unwieldy.
- The use of the NHS number will help us to check clients if we have a data extract from Health
- Is the NHS number sufficient? How do we keep stock of the other reference numbers, such as social care case management number, hospital number, or NI number?
- The culture change for staff, customers and other stakeholders to use this as the prime reference is something we can handle with good communication – it will be a challenge though), and so requires leadership from the top.

The Strategic Improving Information Programme Board has committed to taking soundings on this proposed approach from those organizations with an interest in this agenda, including:

- Department for Communities and Local Government
- Local Government Association
- Care Quality Commission
- Audit Commission

## 5. Recommendations

The use of the NHS Number is a key strategic requirement which supports the transformation agenda and the personalization of care and support services. It is therefore important that it is handled correctly.

Views are invited in response to the issues raised in this discussion paper.

L.Whalley

[Linda.whalley@ic.nhs.uk](mailto:Linda.whalley@ic.nhs.uk)

07765 256259

13 April 2009 and revised 6 May 2009