BRIEFING FOR THE ADULT SERVICES SENIOR MANAGEMENT TEAM

Recording NHS Numbers on Frameworki:

Introduction

This briefing provides information about options to allow NHS numbers to be routinely recorded within Frameworki.

Current Position

There are currently three potential ways for Adult Social Care to obtain access to NHS numbers for individuals:

1. Information is supplied by the service user or their NHS professional and manually entered by social care staff on Frameworki.
2. By submission of regular data extracts (name, date of birth and address) to the NHS Batch Tracing Service (DBS). NHS numbers and up to date demographic information would be sent back and this could be loaded into Frameworki by the Systems Team. Access to the DBS can be achieved either by having a council connection to the NHS network (N3) or by entering into a partnership arrangement with an NHS approved body who would then submit data to the DBS on our behalf. Some use of the Migration Analysis Cleansing Service (MACS) may also be required for initial matching of client records. Information sent to this service needs to be transmitted by NHS mail or similar secure email.
3. By real-time online access to the NHS Personal Demographics Service (PDS). This option requires a connection to the NHS network and integration between Frameworki and either the PDS (two way data transfer between Frameworki and the NHS patient database) or Spine Mini Service (read only access to the NHS patient database).

Pros and Cons

Pros	Cons
Option 1 – Manual entry of data	
▪ N3 connection not required ▪ No implementation costs	▪ NHS numbers are not routinely known or used by individuals. ▪ Higher risk of incorrect data being entered on Frameworki through provision of inaccurate information or errors when keying in data. ▪ Hard to obtain 95% or more coverage for open cases.
Option 2 – NHS Batch Tracing Service	
▪ Use of a partnership arrangement would potentially allow population of NHS numbers to begin while the council works towards obtaining an N3 connection to enable its own access to the DBS. ▪ Use of a partnership arrangement allows the council to access existing NHS expertise in the use of NHS number tracing mechanisms. ▪ Lower implementation costs than option 3. ▪ 95%+ coverage of NHS numbers could be achieved.	▪ Mechanisms for secure / encrypted transfer of data between the council and partner organisation (and vice versa) would need to be agreed. ▪ Resource would be required for initial set up of batch tracing processes and also for ongoing processing (this is likely to impact particularly on Systems Team/BIT). ▪ Data cleansing mechanisms for dealing with unmatched records and for cases where there are mismatches between demographic data on

• Using a load process reduces the risk of data entry errors. • Some councils have been using this mechanism successfully for several years (e.g. Rochdale).	the NHS database and Frameworki would need to be agreed and resourced. Some processing/decision making in this area would probably need to involve social work staff. • The extent of the resource requirement to deliver this option cannot be known until work begins. Note, however, that other authorities have indicated that they underestimated the time, effort and resource required to achieve a good level of matched records. • Resource impact for partner organisation, particularly during set up and early processing.
Option 3 – NHS Personal Demographics Service	
• The PDS is searched during the 'person creation' process on Frameworki and there is no requirement for users to manually enter the NHS number.	• N3 connection required. • Significant implementation timescales and costs, including consultancy / development time by Corelogic. • Complexity and costliness of the technical assurance process to obtain approval to access the PDS service. Note, however, that there is likely to be a reduced level of complexity to obtain integration to the Spine Mini Service (potentially months rather than years). • A range of demonstrator projects have concluded that the benefits from a full PDS integration do not outweigh the costs of implementation. • Would lead to additional security requirements including smart cards and card readers. • 95%+ coverage of NHS numbers has to be achieved in Frameworki before access to the PDS would be given.

Decision required

There are strong indications that the NHS number will become the common identifier for Health and Social Care, both in terms of the integration agenda and the Care and Support Bill funding reforms. Therefore, it would be of benefit for SMT to consider whether / how they would wish to move forward in relation to the establishment of mechanisms to record NHS numbers on social care records.

Should there be a decision that a piece of work is required to establish the required mechanisms, use of the NHS Batch Tracing Service is likely to be the most suitable option, using a partner organisation in the shorter term but with a view to establishing an N3 connection in the longer term.

Strategic level discussions with a selected partner organisation and review of relevant information sharing protocols would need to take place as a first step prior to any technical work taking place.