A note on the document below

The document on the following page was created in 2013. Since that time, we have undergone several changes of Commissioner, who may have different views on this matter, as well as a legislative change following the introduction of the GDPR and the DPA 2018.

The following document was disclosed as part of an information request (case reference IC-248082-T1C1) because it was held and in scope of the request, but owing to the above context, the document should be read as a historical record rather than a current policy position

Use of NHS numbers

Issue

In what circumstances can the NHS number be used?

Line to take

We believe that the NHS number can be used for new purposes as long as those purposes clearly link with the provision of care to the individual concerned. This includes the 'ordinary' healthcare that happens within the NHS or private healthcare as well as joint health and social care provision. There is clearly a need to establish a reliable link between a person's medical record and other records relevant to their joint care. We believe that use of the NHS number is an acceptable means of establishing this link in this specific context.

Background

Everyone registered with the NHS in England and Wales is meant to have their own unique number which helps healthcare staff to link patients with the correct medical records – often ones held across a number of institutions. Each NHS Number is made up of 10 digits in a 3-3-4 format. An equivalent system of identification numbers is used for patients in Scotland (Community Health Index Number) and Northern Ireland (Health and Social Care Number).

However, in recent years the traditional separation between an individual's medical care and other forms help they receive, eg social services, is disappearing. This is particularly the case in England where local authorities will take over responsibility for public health generally in their respective areas from April 2013.

As long as the new purpose clearly links with the provision of care to the individual concerned and therefore a link to their medical records is necessary, we believe the key DPA principles will be satisfied:

- The use will not be incompatible for purposes of the second principle.
- The use will be adequate, relevant and not excessive for the purposes of the third principle.

However, data controllers need to be mindful of the security implications of any wider use of the NHS number ie the wider it is used the greater potential for loss, misuse etc. Appropriate steps need to be taken to safeguard its use in order to satisfy the seventh principle.

We do not find it acceptable for an individual's NHS number to be used in non-healthcare – including joint care – contexts. For example, it would be acceptable for a social services department to hold an individual's NHS number in order to administer joint care involving social services and a healthcare provider. However, it would not be acceptable for the social services department to use the number more widely, for example as a general-purpose identifier for a particular individual.

Further information

http://www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber/staff/stafffaqs.pdf

http://www.local.gov.uk/c/document_library/get_file?uuid=81914af4-5de6-4ccb-93e2-3764523dd8b0&groupId=10171

https://www.wp.dh.gov.uk/publications/files/2012/10/Public-health-role-of-local-authorities-factsheet.pdf