

## 1 Introduction

This guideline sets out the University Hospitals of Leicester (UHL) method for obtaining up-to-date information from a patient when they present for an appointment. Effective communication with a patient and with their General Practitioner (GP) depends on this.

The guideline is not a script verbatim but provides the best recommended practice for obtaining key information from patients and checking information again when patients re-attend. Departmental practice may vary in how the detail of information is obtained e.g. written, verbal.

## 2 Scope

The guideline applies to all staff working within UHL who have responsibility for booking in patients in a face-to-face non-admitted setting e.g. outpatients, imaging. The Patient Identification Band Policy (B43/2007) must also be applied in appropriate non-admitted settings. e.g. for outpatients receiving a blood transfusion.

The guideline applies to patients having a telephone or video consultation, referred to as non-face-to-face appointments in this guideline.

The principles also apply to staff who speak to patients on the telephone and have opportunity to check and collect accurate information by those means.

The guideline forms an early part of the process whereby overseas visitors are identified. Further assessment of the eligibility for free NHS treatment can then be enacted.

## 3 Patient Privacy and Confidentiality

The patient must be asked for necessary information every time they attend a face-to-face or non-face-to-face appointment. The Trust has a legal duty to maintain accurate and up-to-date information.

Staff must NOT verbally provide demographic details that are held on systems to patients as part of verifying their identity.

Staff must ask open-ended questions. Information should be sought without prompting e.g.

- ✓ Ask: what is your date of birth?
- Do not ask: is your date of birth xxxxx?

Reception staff should try to be aware when queuing patients are encroaching on a patient's private space at the reception desk and ask other patients to stand back if necessary. If patients do not wish to provide verbal answers, paper or a blank demographic questionnaire should be offered for a written response.

## 4 Verifying the identity of a patient attending

New patients are normally sent a demographic questionnaire with their appointment confirmation. If patients arrive without this information they should be asked to complete a questionnaire while waiting in clinic. This may also be used for patients attending follow-up appointments in order to ensure that the Trust holds up-to-date information for the patient.

Every patient who attends must have key items of their demographic information checked to ensure their correct identity. This is required regardless of how common or unusual the patients' name is. There have been instances of the wrong patient attending an appointment e.g. confusion between a father and son with the same/similar name. There may also be patients with similar names on a clinic.

Staff need to be aware that information held by the Trust may be changed remotely. Possible causes are data being overwritten by other systems e.g. when a patient is referred to the Trust via the E-Referral system which provides the patient address as held currently by the patient's GP. GPs may also electronically request diagnostic tests for the patient and this process may overwrite demographic information held on local systems.

#### 4.1 Process for verifying the identity of a patient

No.	Action
1	<p><b>For face-to-face appointments</b> - unless a fully completed demographic questionnaire is presented, a minimum of <b>three</b> separate data items must be used to identify the patient e.g.</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Name                      <input checked="" type="checkbox"/> Date of birth                      <input checked="" type="checkbox"/> Address.         </p> <p>It is not acceptable to take the letter a patient has been sent and assume the holder is the intended recipient. Data items must be checked.</p> <p><b>For non-to-face attendances and telephone calls</b> - <b>three</b> of the following must be provided by the caller</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Hospital or NHS Number    <input checked="" type="checkbox"/> Name    <input checked="" type="checkbox"/> Date of birth    <input checked="" type="checkbox"/> Address.         </p> <p>If the caller does not know the answer to all of these questions, ask for more e.g.</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> GP Surgery    <input checked="" type="checkbox"/> Date of last clinic attendance         </p> <p>If uncertainty regarding the identity of the caller remains, the call should be politely declined until sufficient information can be provided. If in doubt, the team leader or manager should be consulted.</p>
2	<p>If conflicting information is given compared to what is held, further questions <b>must</b> be asked. For example:</p> <ol style="list-style-type: none"> <li>a) If the date of birth is possibly a generation out, ask whether there are other family members with similar names (e.g. father/son). It is possible that the wrong family member has attended the appointment</li> <li>b) If the address is different, inquire about house moves.</li> <li>c) If the identity of the patient is still unclear, it may be possible to ask the patient to give approximate dates of other recent appointments (to check whether you have the right patient and record).</li> </ol> <p>If the demographic details of a record are inadvertently amended and effectively change a patient record into that of another patient, this creates a serious clinical risk e.g. son's record updated with father's date of birth.</p>

## 5 Identification of Overseas Visitors (OSVs)

NHS Numbers are now issued to some patients who are Overseas Visitors, so this must not be used as an indication of entitlement to NHS treatment.

#### 5.1 Identification of Overseas Visitors (OSVs)

No.	Action
1	At all New appointments, patients should have completed a demographic questionnaire. This asks "What was your date of entry to the UK?" If a demographic questionnaire is not used, the patient should be asked "How long have you lived in the UK?" Long term follow-up patients should also be asked this question.
2	<p>If the patient has not lived in the UK for their whole life, advice should also be sought from the local OSV administrator or the central Overseas Team.</p> <p style="text-align: center;">Overseas Visitor Team: x8604 / 8908</p>
3	For identification of possible overseas visitors (indicated by the length of residence in the UK) a copy of the patient demographic questionnaire should be posted to the Overseas

Visitor Team located at: Level 1, MHU Building, LRI
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## 6 Information to check for all patients

If the patient brings a **completed demographic questionnaire** to an appointment no further questions are required. The checklist in Appendix 1 should be available on every clinic.

6.1 Information to check													
No.	Action												
<b>1</b>	<b>Check at EVERY contact with the patient</b>												
1.1	Where written information is not requested, the following data items must be checked each time the patient attends. The information held for the following data items must also be checked during every telephone call handled by the UHL Booking Centre or when patient appointments are arranged over the phone.												
1.2	<b>Patient name</b> The patient will normally volunteer this information on arrival. If the patient gives a different name to what is expected, ask whether they have previously been known by a different name. Where a surname has changed, the previous name should be retained against the patient record if the system allows this												
1.3	<b>Date of Birth</b> If a patient has no known date of birth, the age can be entered and default date of 1 <sup>st</sup> January for the appropriate year.												
1.4	<p><b>Address</b> To maintain confidentiality it is best to ask "Please tell me your postcode and house number". A patient may tell you their full address.</p> <ul style="list-style-type: none"> <li>▪ <u>Overseas address recorded as Usual address</u> - this must not be changed unless specific authorisation has been provided by the Overseas Visitor Team. For these patients the local address must be recorded in the Postal Address facility on HISS.</li> <li>▪ <u>Address changes</u> - If a patient has changed their address this must be recorded as a move and not a correction to ensure that the history of the patients address is held. The patient will need to provide an approximate date of when they moved house.</li> <li>▪ <u>Prisoners</u> - if a different home address is given, the prison address must be recorded in the postal address information. The first line of this postal address must be " c/o Senior Medical Officer".</li> <li>▪ Otherwise, if a <u>postal address</u> is completed in addition to a UK home address, confirm with the patient where they would like their post sent. HISS generated letters are sent to the address recorded in the postal address fields.</li> </ul>												
1.5	<p><b>Mobile phone number</b> On HISS this is recorded in the Work telephone number field. Most clinics are enabled for text message reminders and the reception staff should be aware of the status of their clinic. Text messaging will only happen if the clinic is enabled. If there is a mobile number present, ask if the patient received a text reminder for the appointment to mobile number ending xxxx. Where this is not the case, ask the patient to provide their mobile number. You may use the text message sign up slip to obtain this. The format of the telephone numbers onto HISS is important in order to activate text messaging for appointment reminders. Example formatting is as follows:</p> <p><u>Adult patients</u></p> <table border="0"> <tr> <td>Patient's mobile number</td> <td>07XXXXXXXXXX/</td> </tr> <tr> <td>Patient has no mobile number</td> <td>no mobile/</td> </tr> <tr> <td>Patient cannot remember their number</td> <td>mobile not known/</td> </tr> <tr> <td>Partner's mobile number</td> <td>07XXXXXXXXXX/partner</td> </tr> <tr> <td>Partner's mobile number &amp; work no.</td> <td>07XXXXXXXXXX/partner 0116230xxxx</td> </tr> <tr> <td>Patient opted out of receiving text reminders</td> <td>07XXXXXXXXXXN/0116230xxxx</td> </tr> </table> <p><i>(add N at the end of mobile and home numbers to opt out of text and voice messages)</i></p>	Patient's mobile number	07XXXXXXXXXX/	Patient has no mobile number	no mobile/	Patient cannot remember their number	mobile not known/	Partner's mobile number	07XXXXXXXXXX/partner	Partner's mobile number & work no.	07XXXXXXXXXX/partner 0116230xxxx	Patient opted out of receiving text reminders	07XXXXXXXXXXN/0116230xxxx
Patient's mobile number	07XXXXXXXXXX/												
Patient has no mobile number	no mobile/												
Patient cannot remember their number	mobile not known/												
Partner's mobile number	07XXXXXXXXXX/partner												
Partner's mobile number & work no.	07XXXXXXXXXX/partner 0116230xxxx												
Patient opted out of receiving text reminders	07XXXXXXXXXXN/0116230xxxx												

	<p><u>Child patients</u>  Consent must be specifically requested from the parent/carer/guardian e.g.  Parent's mobile number 07XXXXXXXXXXC/mum  Parent's mobile but no consent given for text reminders 07XXXXXXXXXX/ mum</p> <p>(A C must be added to the end of a mobile number used for a child to indicated consent has been given for the number to be used)</p>
<b>2</b>	<b>Collect if blank</b>
2.1	<b>Ethnic Group</b> This information is mandated for equality monitoring to manage health outcomes for different ethnic groups. Laminated pick-lists are available for use by patients to show which ethnic group they consider themselves part of. If a patient declines to provide this information this choice must also be recorded.
2.2	<b>Home/Work phone number</b> Additional contact details are useful for making verbal arrangements with patients. The patient may be asked if they are contactable at work during office hours. The work telephone number, if recorded in addition to the mobile number must be recorded in the format prescribed for mobile telephone numbers above. The Home telephone number may also be collected. On HISS this is the 'Phone' field.
2.3	<b>Next of kin</b> In some departments this information is mandatory and Service Managers must make this clear to reception staff where this is the case.

<b>3</b>	<b>Additional information</b>
3.1	<b>Comments</b> The comments field on HISS is intended to hold information that is of general use to anyone managing the patient's care. Do not overwrite existing information but add anything that will be useful to know for future reference. Since this information can be seen by anyone accessing the record, it is important that confidential or sensitive information is not unnecessarily recorded here.
3.2	<b>Email address</b> This is collected manually on a form and then input onto Insite for patient satisfaction surveys. Local processes will be communicated within each applicable clinic

## 7 Education and Training Requirements

The importance of good data collection at clinic is an integral part of core computer systems training. Training on HISS (the patient administration system used in Outpatients) is provided by the IT Training and Development Team. Training can be booked on eUHL.

For use of other departmental systems, it is the responsibility of individual departments to ensure that all frontline staff are adequately trained in use of systems. The importance of accurate data collection is incorporated into this training.

The training of clinic reception staff by departmental supervisors (e.g. Team Leaders) must include the application of this policy.

## 8 Monitoring and Audit Criteria

Key Performance indicator	Method of Assessment	Frequency	Lead
Understanding of the guideline	Relevant staff sign to acknowledge guideline requirements	On implementation of guideline and when updates are issued	Operational Managers & Admin Team Leaders
Patients are being asked appropriate questions on	Floor-walking to undertake spot	Ad hoc (at least monthly)	Locally agreed Supervisors e.g.

arrival	check audits and observe practice in clinic		Matrons, staff from other depts
Reporting of missing data following clinic date	Regular report on Insite to show missing data for clinics retrospectively	At least monthly	Operational Managers
Mobile phone number coverage	SMS Valid Number Coverage on scorecard reports	At least monthly	Operational Managers & Admin Team Leaders

## 9 Supporting Documents and Key References

[Information Quality Policy B18/2003](#) –

“Data about a patient will be reviewed at the time of first contact with the patient to ensure that all core data items are accurately recorded. Information must be validated with the patient at all subsequent contacts.”

[Data Protection and Confidentiality UHL Policy A6/2003](#)

[Information Governance Policy B4/2004](#)

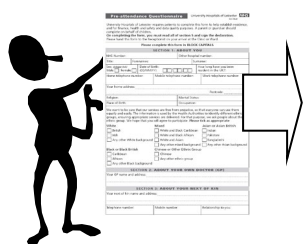
[Patient ID Band UHL Policy B43/2007](#)

## 10 Keywords

Clinic, demographic, patient, outpatient, GP, check, identification, reception

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Date	Issue Number	Reviewed By	Description Of Changes (If Any)
Mar 2016	1.2		Inclusion of specific instruction for telephone conversations.
May 2019	2.0		Addition of information of use of C and N in the mobile phone number (section 1.6)
May 2022	3.0		Inclusion of non face-to-face appointments in scope Removal of requirement to check and update GP
DISTRIBUTION RECORD:			
Date	Name	Dept	Received

# CHECKLIST FOR VERIFYING PATIENT DETAILS



If the patient brings a **completed demographic questionnaire** you do not need to further verify their identity or data verbally.

Otherwise, on arrival, you *must* initially check the patient's identity by obtaining a **minimum of 3 different items** of information **verbally**

All NEW patients must be asked to complete a questionnaire if they haven't already. You may ask Follow-up patients to do the same.

<b>BOLD = Check at EVERY attendance</b>		Others = Collect if blank
<b>Name</b>		
<b>Date of Birth</b>		
<b>Mobile phone number</b> (in Work Ph on HISS)	Number present	If the clinic is enabled for text reminders <b><i>“Did you receive a text reminder for this appointment to phone number ending .....”</i></b>
	Blank	<b><i>“Would you like to receive appointment reminders by text?”</i></b> Ask patient to complete reminder sign-up slip or ask for the number. (For a child, consent is required)
Home/work phone number	Collect additional contact details	
<b>Patient address</b> (+ postal address if relevant)	<b><i>“Please tell me your postcode and house number”</i></b>	
Comments	Record any general relevant information that will be useful to know for further attendances (Do not record sensitive information)	
<b>NEW patients:</b> (+ long-term FOLLOW UP)	<b><i>“How long have you lived in the UK?”</i></b> Less than whole life: contact Overseas Visitor team x8604 /8908	
Next of kin	Collect if required in your specialty	
Religion		
Ethnic Group	Use a pick list for the patient to indicate which applies	
Email address	Collect manually if required for patient satisfaction survey	

**✓ Accurate data is collected by asking the patient**  
Do not volunteer information that we hold to the patient

**✗ NEVER ASK “Are your details still the same?”**