

Screening Programmes

UK Newborn Screening Programme Centre

Independent Midwives NHSmail Project



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May 2011

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1 Aim

The aim of the project was to facilitate secure transfer of birth notification from independent midwives to child health records department (CHRD) and prompt return of the baby's NHS number from CHRD to midwife, in time for newborn blood spot screening on day 5 (date of birth is counted as day 0).

2 Background

Newborn blood spot screening is a routine test offered to all parents for their babies. The sample is taken ideally on day 5 (date of birth day 0), the baby's heel is pricked and blood collected onto a blood spot card and posted to the regional newborn screening laboratory.

The blood is tested for five rare conditions: phenylketonuria (PKU), congenital hypothyroidism (CHT), sickle cell diseases (SCD), cystic fibrosis (CF) and medium-chain acyl-CoA dehydrogenase deficiency (MCADD). The overall goal is for early detection and referral of babies, found to be at risk, to improve health and prevent severe disability or even death.

The UK Newborn Screening Programme Centre (UKNSPC) was established in 2002, it has a UK-wide remit to assure high quality services for parents and their babies through the development of a quality assurance programme and performance management framework.

The UKNSPC Standard 2 – Enhanced tracking abilities has two performance targets

Core Standard

100% of blood spot cards received by a laboratory includes the babies' NHS number.

• Developmental Standard

By April 2010 – 95% of blood spot cards received by a laboratory should have a label that includes the information standard board (ISB) approved barcoded babies' NHS number.

On 1st April 2010, the UK National Screening Committee mandated use of the NHS number on the blood spot card. Newborn screening laboratories introduced a system where a repeat request was issued for each card received without the baby's NHS number.

This was in response to a Safer Practice Notice issued by the National Patient Safety Agency, requiring the NHS number to be used as the unique national patient identifier, and making the process of tracking babies through the screening process much safer and more reliable.

The NHS number is a 10-digit number, the first 9 being the identifier and the last digit being a check digit. It was designed a decade ago to support unique patient identification within the NHS.

The NHS Numbers for Babies (NN4B) system was set up and implemented by the NHS Information Authority in October 2002. The NN4B system allows midwives to request an NHS number for every baby shortly after they are born when they notify the birth via the Central Issuing System.

Whilst the NHS number is readily available in NHS maternity units, independent midwives and some NHS employed community midwives experience delays in receiving the NHS number because they are unable to access the NN4B system and rely on the local CHRD, to notify the birth to NN4B on their behalf. Both notification of birth (NOB) and NHS number are usually dispatched by post, which contributes to the delay.

All babies entitled to NHS care are entitled to the normally offered screening tests; this includes babies born to women who have opted for care from independent (self-employed) midwives.

The NHSmail service is a secure service. All information that is sent within the service (i.e. from an '@nhs.net' to an '@nhs.net' address) is encrypted whilst in transit. General practitioners, dentists and optometrists and pharmacists have access to NHSmail as NHS partners and this access should be extended to midwives.

3 Project objectives

- To set up NHSmail email accounts for two independent midwives
- To facilitate timely and secure transfer of birth notification to CHRDs
- To facilitate timely and secure transfer of NHS number back to the midwife in time for screening
- To transfer the test accounts to an NHS administrator and plan for rollout if successful

4 Scope

- To set up a system that delivers timely access to the baby's NHS number by replacing postal services with secure email
- To ensure end to end NHSmail use
- The develop an implementation plan for rollout in England

The pilot project was confined to England. The project manager updated the other UK countries via their national screening and midwifery leads.

4.1 Project exclusions

- Procurement and access to the blood spot cards and envelopes
- Access to bar-coded labels and printers

4.2 Time and costs

Project was completed within 6 months and everyone on the project gave his or her time for free. NHSmail accounts are provided free of charge.

5 Project approach

- The approach taken by the UKNSPC was largely one of facilitation and coordination
- Connecting for Health (CfH) sponsored and issued two test accounts to the project manager

- Local Supervising Authority (LSA) Officers confirmed that the midwives notification of intention to practice and Nursing and Midwifery Council (NMC) registration was current
- Project manager issued the test accounts to the midwives
- Midwives ensured end-to-end NHSmail CHRD accounts before sending the NOB electronically
- CHRD administrators received the NOB, generated the baby's NHS number and sent to the independent midwife's NHSmail email address
- Independent midwives and child health records administrators completed an evaluation for all babies attended by independent midwives during the pilot period.
- Stakeholders were kept informed of the project in accordance with communication plan

6 Evaluation

Two evaluation forms (Appendix E), one for the midwife and one for the child heath administrator were completed for each baby born in the pilot period.

The midwife sent the child health evaluation form by email, with the NOB, the evaluation form was completed and returned with the NHS number. The midwife returned the evaluation forms to the project manager for collation.

7 Results

	Age of baby when midwife emailed	Age of baby when midwife received	Overall time taken (days)
	birth notification to the CHRD	NHS number back from CHRD	, , ,
1	0	2	2
2	1	3	2
3	3	3	0
4	1	3	2
5	0	1	1
6	0	1	1
7	0	3	3
8	0	5	5
9	0	1	1
10	0	0	0
11	1	1	0
12	1	2	1
13	2	5	3
14	0	1	1
15	0	0	0
16	1	4	3
			Average time 1.56

7.1 Midwife feedback:

There has been an improvement in the timeliness of receipt of birth notification and return of NHS number to the midwife.

Both midwives strongly agreed that the system was an improvement and wanted to continue using NHSmail as a way of obtaining NHS numbers for babies.

Midwives said it was a great advantage to have an electronic record of having sent the birth notification and regional team members felt if universally adopted it could improve communication channels.

7.2 Child Health Record Department feedback:

All child health administrators strongly agreed that there has been an improvement in the timeliness of receipt of birth notification and return of NHS number to the midwife and wanted to continue using NHSmail.

8 Conclusion

The project met all its objectives and was viewed very favourably by both midwives and child health record administrators, with all strongly agreeing that NHSmail was the preferred option for sending notification of birth and receiving NHS number in time for newborn blood spot screening to be offered.

The Project Board was satisfied that the concept worked and stopped collecting data in January 2011.

To close the project the NHSmail accounts needed to be transferred from test account to the LSA/SHA. At their National Forum in October 2010, the LSA Midwifery Officers, agreed to support NHSmail accounts for independent midwives. The project also has the support of the Midwifery Professional Advisor at the Department of Health.

With the support of their LSA Officers the NHSmail accounts were transferred from test account for the two midwives in the project by 30th March 2011.

The Programme Centre would like to thank all the Board members (Appendix F) for their commitment to this project; everyone on the Project Board gave their time for free.

Particular thanks go to Brie Woods who managed the project competently and with great enthusiasm.

Through collaborative working and efficient use of existing technology and systems the problem of delayed access to NHS number can be resolved and the quality of maternity and child records improved.

Appendix A

Recommendations for implementation

- Midwives that have an NHS contract can access an NHSmail account from their NHS employing organisation.
- The Local Supervising Authority (LSA) to develop local processes for independent midwives to access NHSmail accounts and facilitate the first log into an NHSmail account on an N3 site.
- The LSA inform their local supervisors of midwives and independent midwives, who have currently notified their Intention to Practise how to access NHSmail accounts.
- The LSA, where the midwife notifies his or her Intention to Practice (their main area of practice) is the host organisation.
- Child health records departments should have a generic NHSmail account, which can be accessed.
- Independent midwives should ensure end-to-end secure ('@nhs.net' to '@nhs.net') access before sending confidential data.
- Independent midwives and child health records departments should use read receipt functionality when sending clinical data.
- Independent midwives should be clear regarding who to contact for IT support and how to log a clinical safety incident.
- The Clinical Safety Team at the Department of Health Informatics Directorate has reviewed this evaluation report. In addition, to the recommendations from the Project Board above and in order to help ensure patient safety during implementation they have advised the following:
 - The relevant clinical group should assure clinical data items captured in an electronic birth notification format
 - The relevant health organisation should appoint a Clinical Safety
 Officer as per Data Set Change Notice/Information Standards Notice 18/2009
 - The Department of Health Information Governance Team has stated that independent midwives should attend information governance training

Appendix B

Instructions for obtaining an NHSmail account

To obtain an NHS e-mail account, your Local Organisation Administrator (LOA) must be contacted. To find your LOA use the following steps (https://web.nhs.net/public/InformationGuidanceServices/DefaultPage.aspx):

- At www.nhs.net (only from an N3 connection) click on 'Search Directory', 'Search', 'Organisation'
- Search for your organisation
- Select your organisation and view the 'Administrators' tab

You can also use this method to find your LOA via your NHSmail account.

When logged into your account:

- Click on the 'Tools' icon at the top of the screen then choose 'User Tools' on the left hand side
- Click on 'Search Directory', 'Search', 'Person'
- Search for yourself
- Click on your name and view the 'Administrators' tab

Please note:

LSA Officer/Supervisor of Midwives must inform the LOA when:

- The independent midwife is no longer practising midwifery and ask that the account be marked as a leaver
- The independent midwife begins working for an NHS Trust/changes their main area of practice and ask that the account be marked as a leaver
- Remember to tell the independent midwife to ask their new LSA/SOM to get them marked as a joiner following the move
- The LSA Officer moves to a new hosting organisation and ask that all the relevant accounts be marked as a leaver from the old organisation. When in the new hosting organisation the LSA Officer must ask their new LOA to mark these accounts as a joiner to that new organisation.

This will ensure the NHSmail account at question is either closed or transferred accordingly.

Appendix C

Terms and conditions for independent midwives using an NHSmail account

Important criteria for LSA Officers issuing an NHSmail account to independent midwives:

- Independent midwives must confirm with their LSA Officers their notification of intention to practice and their NMC registration is current.
- The independent midwife must first log into their NHSmail account on an N3 site; for an explanation of N3 please see www.n3.nhs.uk. This is to enable the independent midwife to change their initial password. At the same time the independent midwife must accept the Acceptable Use Policy and set their Secret Questions.

Thereafter NHSmail password will last for 90 days. Although reminders are sent nearer the time (18 days, 10 to 1 day) it is good practice that the independent midwife notes their password expiry this date. If the password is not changed by the 90 day deadline then the account will be locked and the independent midwife will have to get the LOA to re-set their password and will have to log in and change the password via an N3 connection.

The NHSmail service is a secure service. All information that is sent within the service (i.e. from an '@nhs.net' to an '@nhs.net' address) is encrypted whilst in transit

In order to roll out implementation CHRDs must have an NHSmail account, which is checked daily. Responsibility for ensuring the email address details are correct lies with the midwife.

The NHSmail account must not be used for personal reasons.

The NHSmail account is free of charge for the independent midwife, thus there are no associated costs with using an NHSmail account.

Appendix D

Instructions for independent midwives logging on to NHSmail

To log on to your NHSmail account you must have Internet connection.

Access log in by typing in www.nhs.net to either Internet Explorer or Firefox Mozilla. Note, to obtain all the features of NHSmail over the Internet, use Internet Explorer. If you use Firefox or any other browser, not all the features are available; also the "look and feel" will be different.

Enter username (NHSmail address) and password.

If you have forgotten your password you can only get this changed by contacting your LOA or local helpdesk.

For other issues accessing your NHSmail account first contact your LOA or local helpdesk or the NHSmail helpdesk on 0333 200 1133. This helpdesk is available 24 hours a day 7 days a week.

Your password must be changed every 90 days. The first time you change your password this must be completed via an N3 connection. Thereafter your password can be changed via a non-N3 connection within the 90-day period. NHSmail will notify you 18 days before when your password must be changed, further daily reminders are sent from day 10 to 1 before password expiry. If you miss the date for changing your password the account will lock and you will have get the LOA to reset your password which you can only re-activate via an N3 connection.

For any general enquires on NHSmail:

Read the User Guide, found on the Tools Page, Guidance link (https://web.nhs.net/public/InformationGuidanceServices/DefaultPage.aspx) or

Contact your LOA or local helpdesk or

Call the NHSmail helpdesk for assistance on 0333 200 1133 (available 24 hours, 7 days a week) or

Email the NHSmail helpdesk for assistance on helpdesk@nhs.net

Appendix E

Evaluation forms

Independent midwives NHSmail pilot

We are part of a project using NHSmail to transfer birth notifications to child health records departments and baby's NHS numbers back midwives in time for newborn blood spot screening on day 5. The project involves midwives who cannot use NN4B and rely on child health to do this for them. Please complete the form below so we can assess whether or not there has been an improvement in accessing the NHS number and whether you find this method easy to use.

Child Health Evaluation Form Name:______ Contact number:_____ Contact email:______ Date:

Please complete this form for each baby born during the pilot period and do not include any patient identifiable material. Please record age of baby in days, counting date of birth as day 0

1 NHSmail

Age of baby when you	Age of baby when you	Age of baby when you
received the birth	notified the birth and	sent the NHS number
notification	received the NHS number	back to the midwife

2 Post, fax other method

Method E.g. Post, fax	Age of baby when you received the birth notification	Age of baby when you notified the birth and received the NHS number	Age of baby when you sent the NHS number back to the midwife

3 There has been an improvement in the timeliness of receipt of birth notification and return of NHS number to the midwife.

Strongi	ly .	Neither agree/	,	Strongly	Don't
disagre	e Disagree	disagree	Agree	agree	know
0	0	0	0	0	0

4 I would prefer to continue using NHSmail

Strongly		Neither agree/		Strongly	Don't
disagree	Disagree	disagree	Agree	agree	know
0	0	0	0	0	0

Thank you for completing this form; please return to midwife at -----

Independent midwives NHSmail pilot Midwives Evaluation Form

Name:_	
Date:	

Please complete this form for each baby born during the pilot period and do not include any patient identifiable material. Please record age of baby in days, counting date of birth as day 0.

1 NHSmail

,	Age of baby when NHS number received from CHRD	Overall time taken (days)

2 Post, fax other method

Method E.g. Post, fax	Age of baby when NOB was sent to CHRD	Age of baby when NHS number received from CHRD	Overall time taken (days)

3 There has been an improvement throughout the pilot in the timeliness for obtaining an NHS number.

Strongly disagree	Disagree	Neither agree/ disagree	Agree	Strongly agree	Don't know
0	0	0	0	0	0

4 I would prefer to continue using NHSmail as a way of obtaining NHS numbers for babies.

		Neither agree/		Strongly	
Strongly disagree	Disagree	disagree	Agree	agree	Don't know
0	0	0	0	0	0

Please return both CHRD evaluation form to Brie Woods at the UK Newborn Screening Programme Centre woodsb@gosh.nhs.uk

Appendix F

The Project Board

Project Executive

The Project Executive is ultimately responsible for the successful outcome of the project supported by the Senior User and the Senior Supplier.

Cathy Coppinger
UK Newborn Screening Programme Centre
Programme Manager
cathy.coppinger@nhs.net

Senior User(s)

Responsible for specifying the needs of those who will use the final products, for user liaison with the project team and for monitoring that the solution will meet the needs in terms of quality, usability and ease of use.

Brenda Van der Kooy Independent Midwives UK brenda.vanderkooy@independentmidwives.org.uk

Ann-Marie Compton-George Child Health Records Departments

Project Manager

Has the authority to run the project on a day-to-day basis on behalf of the Project Board within the constraints set by the Board.

Brie Woods

UK Newborn Screening Programme Centre

Senior Supplier

The Senior Supplier represents the interests of those designing, developing, facilitating, procuring, implementing and possibly operating and maintaining the project products.

Tog Konyn

NHSmail Implementation Project Manager

Angela Helleur

LSA Officer, London

Helen O'Dell LSA Officer, South East helen.odell@nhs.net

Project assurance role

Pat Webb Antenatal and Child Health Screening Coordinator South East Coast and South Central

Nadia Permalloo Antenatal Screening Coordinator London