

GP2GP key activities

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Information and technology
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Introduction

The GP2GP transfer process is straightforward in principle; however there are things users should be aware of to get the most from GP2GP, thereby ensuring the maximum number of electronic health records are received. As GP2GP is a one-time only process for each patient, it's essential to do it right the first time.

Benefits of using GP2GP

The GP2GP transfer process is designed to obtain the newly registered patient's electronic health record safely, securely and quickly from their previous practice. Typically the record will arrive within minutes of the patient being registered on the new practice's clinical system.

The main benefits of GP2GP are:

- Full patient electronic health record available for the first and subsequent appointments
- Allergies, adverse reactions, and medications are transferred enabling safer prescribing
- Detailed test results available for previous investigations
- Time savings from not needing to summarise from paper records, that can take weeks or months to arrive

Staff roles and responsibilities

The GP2GP record transfer process can be considered in a series of stages, each of which needs to be supported organisationally by the GP practice, practices should ensure that all of these stages are managed effectively and that cover is in place for leave, sickness and/or staff changes, especially for record integration. The table below summarises the responsibilities whilst the sections that follow provide the detail.

Work area	Responsibility
Reception	Checking correct information provided on the GMS1
Reception or admin team	Registering new patients on to the clinical system whilst logged on with Smartcard, and ensuring a Personal Demographics Service (PDS) match is undertaken to trace the patient
	Regular monitoring of the GP2GP folders to manage associated tasks, and report any errors
	Integrating (filing) the received electronic health records
Summariser	Manage code degrades
	On receipt of the Lloyd George paper record envelope check and summarise against the electronic health record
Clinician	Check allergies and adverse reactions accurately coded
	Authorise inbound medications

Registration and requesting the electronic record

Responsibility: Reception and/or administration team

1. Check (ideally with the patient present) that the new patient registration form GMS1 is fully completed, and that it is readable, and accurate.
2. Accurate details on the GMS1 can be assessed by asking new patients for their NHS number, and/or a recognised identity document such as passport or photo driving licence.
3. Ensure a contact number is obtained so the patient can be telephoned if at the point of data entry there's a need to check any of the GMS1's content.
4. Smartcards must always be used for new registrations and they must have the correct GP2GP RBAC permissions (and if relevant, local GP2GP permissions set up). Registering without a Smartcard prevents the electronic health record from being requested.
5. Staff registering new patients should be trained to use the Personal Demographic Service (PDS) trace, and be aware that exiting the PDS trace prevents the electronic health record from being requested.
6. The GP Links registration (and deduction) processes are separate from the GP2GP processes and should be managed accordingly.

Integrating the received record

Responsibility: Reception and/or administration team

1. Practices should put in place processes to integrate (file) the new patient's electronic health record as soon as it is received (usually within minutes of the patient registration). This ensures the electronic health record is available without delay to everyone in the practice. **Don't wait – integrate!**

It's important the receiving practice integrates the record within 8 calendar days, because at the end of day 8 GP2GP assumes the record won't be integrated and informs the sending practice to print a copy of the electronic health record to send with the Lloyd George envelope. Printing puts a time and cost burden on the sending practice, and a burden on the receiving practice to summarise printed records and find space to file this additional paper.

2. Prior to integration a safety check should be carried out to verify the received electronic health record is for the correct patient (as users have been known occasionally to select the wrong patient within the PDS trace). If the wrong patient record has been received then the reject record option must be used.
3. Code degrade and inbound medication authorisation activities can take place straight after the record is integrated, or the practice might prefer to defer this work to another day, perhaps when specialist personnel whose usual activity is to deal with these work areas are available. Note: For clinical safety reasons the ability to prescribe and issue medication is suspended until all medication and allergy degrade tasks have been dealt with.

Checks, actions, and summarising

Responsibility: Summariser and/or administration team

1. Electronic health records received via GP2GP may contain degrades. A degrade occurs when the receiving system 'does not understand' the code for an incoming record entry. Degrades can occur whether a GP2GP transfer is between the same (for example EMIS to EMIS), or different clinical systems (for example TPP to EMIS), however, they're less likely to occur in same system transfers.
 - a. A degrade is an entry that is 'human readable' but not 'machine readable', for example; caused when practices have created their own 'local' codes.
 - b. Not all degrades need to be actioned! Degrades that need to be actioned are those linked to patient safety and those considered currently clinically relevant (for example drug allergies and medications).
 - c. Note: For clinical safety reasons the ability to prescribe and issue medication is suspended until all medication and allergy degrade tasks have been dealt with.
2. Transfer of information between different systems can result in an alteration in the way that information is viewed on the receiving system. GP practices should review the record to ensure it contains necessary entries to support practice business processes (for example screening recall) and if required amend entries to align with practice processes. However, only make changes or deletions if they are absolutely necessary from a safety, usability or business process point of view.
3. Entries added to the patient's local record before integrating the received electronic health record should be checked and any inaccuracies or duplications appropriately handled.
4. The final check should take place when the patients Lloyd George paper record envelope arrives. The new practice should review the electronic health record against the Lloyd George to check important information in the paper record is recorded in the electronic health record. This should include checking all attachments listed are present.

Allergies, adverse reaction, inbound medications

Responsibility: Clinician

1. For clinical safety reasons the ability to prescribe and issue medication is suspended until all medication and allergy degrade tasks have been dealt with. Any imported repeat or current medications will be de-activated on import and need to be reviewed and if appropriate re-authorised before any prescribing can take place.
2. We recommend GPs process inbound medications and some systems restrict this activity to GP profiles. GPs may wish to take responsibility for processing allergy degrades too, although it can be undertaken by appropriately supported admin personnel.

Why didn't I receive an electronic health record?

The main reasons practices don't receive a GP2GP record are:

1. The patient's electronic health record was too large to transfer. Currently records larger than 5MB or having more than 99 attachments will not transfer unless both the sending and receiving practices are using GP2GP Version 2.2a which includes Large Messaging functionality.
2. Someone exited from the PDS trace process without finding a match for the patient.
3. The patient might have been registered at your practice in the past (so is a returning patient), and your system does not request GP2GP records for Returning Patients (see next section).
4. Errors rarely happen but can prevent the transfer from completing.
5. GP2GP is live in 98% of England's practices, so chances of a transfer are high, however if the patient is transferring in or out of England there's currently no ability to transfer their electronic health record (for example Scotland to England).

Can I integrate returning patient's records?

Returning patients (or re-registrations) are patients who have previously been registered with your practice, and have now returned, for example students and seasonal workers.

1. Users with GP2GP Version 2.2b have the ability to fully integrate the electronic health records for these patients.
2. Some clinical systems allow users without V2.2b to receive GP2GP records for these patients but only attach them as text files.
3. Other systems do not request a GP2GP record.

What do I print for leaving patients?

1. GP2GP Version 2.2a and b delivers Printing Reduction functionality, so you will be informed whether any printing is required for leaving patient records after the new practice has integrated the record sent from your practice.
2. It's important the receiving practice integrates the record within 8 calendar days, because at the end of day 8 GP2GP assumes the record won't be integrated and informs the sending practice to print a copy of the electronic health record to send with the Lloyd George envelope. Printing puts a time and cost burden on the sending practice, and a burden on the receiving practice to summarise printed records and find space to file this additional paper.
3. Practices using Version 1.1a need to print a copy of the electronic health record and any attachments not already contained in the Lloyd George, for all leaving patients.

The GP2GP project's integration message remains the same whichever version of the software is in use, integrate promptly; **Don't wait – integrate!**

The diagram below indicates the printing scenarios:

