Transfer of Care – Acute Inpatient Discharge Standard

Requirements Specification

Improving lives with data and technology

Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new information standard for publication under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and endorsed by the Data Alliance Partnership Sub Board (DAPSB). This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance.

An Information Standards Notice (DAPB4042 Amd 75/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the NHS Digital website. Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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Glossary

Term	Definition
API	Application Programming Interface. A mechanism allowing a system or service to access data or functionality provided by another system or service.
CareConnect	CareConnect Open APIs have been developed by NHS Digital and INTEROPen to support the delivery of care by simplifying the sharing of information and data held across different clinical care settings.
Composition Profile	A mandatory profile that defines the structure and carries the equivalent narrative or text that may be represented by encoded content held in additional referenced resources within the bundle making up a document.
INTEROpen	INTEROPen is an OPEN collaboration of individuals, industry, standards organisations and health and care providers, who have agreed to work together to accelerate the development of open standards.
FHIR	Fast Healthcare Interoperability Resources.
GP	General Medical Practitioner.
HL7	Health Level Seven.
ITK	Interoperability Toolkit. ITK3 denotes FHIR over MESH.
MESH	Message Exchange for Social Care and Health.
MVP	Minimum Viable Product.
PRSB	Professional Record Standards Body.
SNOMED CT	Systematized Nomenclature Of Medicine Clinical Terms.
STU3	Standard for Trial Use version 3. A release of FHIR.
ToC	Transfer of Care

Contents

1 Introduction

1.1 Definition

The Transfer of Care (ToC) initiative aims to improve patient care by creating and establishing the use of Application Programming Interfaces (APIs) to share clinical and demographic information consistently between different systems and organisations across England.

The focus of this document is to explain why this work needs doing and, in broad terms, what is required from primary and secondary care organisations. More detailed technical information can be found in the implementation guide.

Conformance with the ToC APIs and its constituent standards covering content, representation, encoding and transport, allows handover correspondence going from secondary care to primary care to be done in a manner that facilitates greater work automation, reduces the likelihood of errors, and for some errors aids identification and rapid notification. The current level of consumption of the ToC Fast Healthcare Interoperability Resource (FHIR) message at the General Practice end, as defined by the Minimum Viable Product (MVP) definition provided to Practice Foundation IT system suppliers, is to create a Human Readable Object (HRO) from the narrative held in the composition profile and add this to first level workflow.

For secondary care, accurately completing the narrative in the composition profile will in this initial phase be decisive in achieving correct adoption.

1.2 Background

There is a need to have a better information exchange process when a patient is discharged from a ward or day case unit within an acute, general or specialist hospital and returns to the care of their registered General Medical Practitioner. Insufficient, inaccurate, and tardy information exchanges supporting patient transfers can increase the risk of patient harm and raise the associated work burden at both secondary and primary care level. The Transfer of Care Inpatient Discharge API is designed to improve the interoperability of clinical discharge information across England.

Currently discharge and clinic attendance information is sent in a variety of formats and routes, such as paper letters, attachments within emails and Kettering XML. A

GP bureaucracy review has provided strong anecdotal feedback suggesting this variation in correspondence format and delivery generates significant but unnecessary administrative burden within General Medical Practices. In addition, chasing hospitals for information or clarifying required actions for GPs in relation to post hospital care can result from poor correspondence content.

Misdirected correspondence from a hospital to an inappropriate practice can also result in patient harm if this prevents the patient's GP acting in a timely manner to adjust care. The API includes an ITK3 response code element allowing for more automated feedback on the success of delivery at business level, and a reduction in feedback lag time.

1.3 Scope

The use case within scope for this Transfer of Care information standard is the:

- Inpatient and Day Case Discharge Summary - an ITK3 FHIR document containing Transfer of Care information supporting an inpatient and day case discharge. The document would need to be sent by any secondary care provider (NHS or independent sector) contracted under the terms of the NHS Standard Contract. The recipient would be the registered General Medical Practice of the patient.

The Transfer of Care - Acute Inpatient Discharge is applicable for all ordinary admission and day case admissions. It should be considered for adoption by the specialty using the patient classification "regular day admission" or "regular night admission" based on the value and frequency of GP correspondence currently being generated at the end of each treatment session, and as agreed with the commissioning organisation.

Additional use cases for Emergency Care Discharge, Mental Health Discharge and Outpatient Letters are expected to be included in future national information standards work once the Inpatient Discharge work has completed. Other correspondence types, such as routine maternity discharges, will remain out of scope until sufficient preparation work is done for inclusion as an API. However, the expansion of requirements via addition of new use cases, recipients, formats and transport routes needs to be considered in any initial correspondence solution design.

It is expected that existing processes for generating and sharing a copy of the discharge letter with the patient will continue to be utilised (i.e. a discharge letter is printed off by an end-user and handed to the patient or their carer).

1.4 Related Information

In terms of the mandate for implementing this API and complying with the DAPB4042 information standard, this document should be read alongside the:

- NHS Standard Contract Service Conditions. This NHS England document sets out the contractual obligations in terms of timing, transmission, and structure that secondary care providers must meet for discharge correspondence. See Service Condition 11 for specific requirements.
- NHS Standard Contract Technical Guidance. See sections 39.21 – 39.25
- What Good Looks Like Framework. This NHSX publication under the "Safe Practice" success measure specifically requires both clinical correspondence and discharge summaries to comply with NHS national contract provisions.
- Transfer of Care Acute Inpatient Discharge Implementation Guidance. This is the companion document to this publication.
- DAPB4042 Information Standards Notice. This document will contain the compliance date.
- Transfer of Care Technical Specification. The Inpatient Discharge specification below has reached live status and provides the guidance needed to build the payload (i.e. the clinical document) element of the message.
    - Acute Inpatient Discharge

2 Benefits

The aim of this ToC information standard is to regulate for the whole of England the capture, representation and sharing of inpatient and day case discharge information sent from secondary care to the registered General Medical Practice of the patient. Taking into account NHS and independent sector admission activity for 2019-20 and post COVID-19 recovery plans to tackle the backlog suggests future discharge correspondence could be in the region of 20 million per annum.

This standard will improve patient safety and experience by:

- Increasing the relevance and accuracy of information shared by adopting a structured message produced from at least one source system populated in a methodical manner.

- Allowing GPs and practice staff to see the structured message rendered or presented in a more uniform fashion from all senders, and this will aid speed of comprehension and initiation of additional workflow activities.

- Supporting the automated and rapid feedback of misdirected discharge correspondence (via ITK3 response codes). Adoption of the MESH Demographic Composite Lookup capability by the secondary care service provider may also reduce misdirected correspondence.

- Allowing the Human Readable Object created from the ToC FHIR message to be easily filed within the relevant patient record in the General Practice Foundation IT system after it has been read and any required actions undertaken. Longer term, greater consumption of the encoded content of the FHIR message will assist medicines reconciliation and coding activities.

- Reducing the need to rely on the patient to remember information from their last discharge as the information will be with the GP in a timely and consistent format.

- Encouraging secondary care to realign its correspondence solutions to ensure information is captured accurately and flexibly so structured, trackable messages, capable of carrying encoded content can be produced and transported securely and reliably.

- Providing a consistent mechanism for the transfer of discharge information, providing efficiencies across organisation and geographical boundaries.

- Enabling organisations to safely and effectively comply with the requirements set out in the NHS Standard Contract in regard to delivery of discharge information.

- Supporting the benchmarking of the volume of discharge summaries reaching GP systems within the required timescales.

3 Timescales

The technical standards for the Transfer of Care initiative first reached live maturity status in March 2021. This followed commencement of First of Type testing with the two leading General Practice Foundation IT suppliers. One major General Practice Foundation IT supplier gained Full Rollout Approval in August 2020 for the Inpatient Discharge message. A second major General Practice supplier is expected to also do so prior to the end of Q4 2021/22. When this happens over 99% of General Practices in England will have the ability to receive the Inpatient Discharge FHIR message.

As documented in the NHS Standard Contract, secondary care providers are already expected to have plans in place to implement the ToC Inpatient Discharge message when GP Practices are ready to receive. Where a General Practice Foundation IT supplier has not gained Full Rollout Approval, then this should not be treated as a viable excuse for failing to meet the adoption deadline, defined in the DAPB4042 Information Standards Notice, as 31 October 2022.

4 Standards

The Inpatient Discharge API is underpinned by the following component standards that are endorsed and established in terms of wide usage.

4.1 Clinical

The Professional Record Standards Body (PRSB) has developed and broadened the standards created by the Academy of Medical Royal Colleges (AoMRC) and have now produced many individual standards that reflect current professional practice. This has been achieved by working closely with its membership which incorporates clinicians, professional bodies, patient/carer groups and vendors.

The PRSB eDischarge standard provides the information models (at release 2.1 and no later) that the Inpatient Discharge API is based on.

4.2 Terminology

All NHS healthcare providers in England are contractually required to use SNOMED CT for the direct management of care and the electronic exchange of information across systems. The ToC APIs align with the national information standards SCCI0034 for SNOMED CT and SCCI0052 for dm+d.

Transfer of Care structured messages have the capability to carry SNOMED CT encoded diagnosis, procedures, allergies and dm+d encoded medication information. It is essential to send ToC FHIR messages using SNOMED CT codes to define the composition section headers. The CareConnect profiles include SNOMED CT expressions which define the codes required for specific data items. These expressions are defined in the valuesets and the messages would need to include codes defined within the expression

Where secondary care organisations have the capability to populate the rest of the message using encoded content, then this should be done as completely as possible.

Narrative is acceptable for the MVP. However, longer term the requirement is that messages be much richer in encoded content and we would also want General Practice Foundation IT systems to consume this. Where there are problems recording or extracting relevant SNOMED CT codes then plans should be put in place and actioned to quickly bridge any gaps in the message.

4.3 Technology

FHIR is the international industry standard for integration. NHS Digital took the decision in July 2017 to deprecate the older standard (Clinical Document Architecture) for Transfer of Care and adopt HL7 FHIR (STU3). This was done to avoid the increased clinical risk and cost of a delayed future migration to FHIR.

FHIR standards include the CareConnect profiles developed by NHS Digital in collaboration with the INTEROPen community. A CareConnect profile is the result of curation activities that have looked at the information models for a use case, such as Inpatient Discharge, and then reviewed international resources to see what adjustments are required so they are better suited for usage by health services in England.

4.4 Transport

The Message Exchange for Social care and Health (MESH) is a secure service for direct electronic transmission of information.

All General Practices need to have a unique or shared MESH mailbox to receive or send ITK3 / FHIR messages, and these will already be in place. It is the responsibility of the Foundation IT system within the Practice to pull down messages from the MESH mailbox on a regular basis. NHS Digital can configure MESH mailboxes to receive messages based on their identifying Workflow Group membership.

Secondary care organisations may already have one or more MESH mailboxes. Reconfiguration or additional ones can be obtained from NHS Digital if there is a requirement for this from secondary care organisations

5 Requirements and conformance criteria

The ToC Inpatient Discharge standard will impact on the authoring and back-office processes needed to send the handover document to the patient's registered General Practice.

This is likely to require changes to IT systems and modified interfaces at human to system level and system to system level.

Activity to provide individuals with a copy of their own discharge summary should be maintained. The purpose of this standard is to facilitate the automated transmission of the discharge summary from secondary care systems to General Practice IT systems.

5.1 Message initiator requirements and conformance criteria

In the table below, "MUST" refers to a mandatory action, and "SHOULD" indicates an action that can be ignored provided the implications of doing so are fully understood. The organisation delivering the secondary care inpatient and day case service, and having responsibility for the discharge, is referred to as the "provider". Reporting on inpatient and day case discharge messages from secondary care organisations to primary care organisations will be made available to support implementation and

monitor compliance. For further information on this please contact:

interop.standards@nhsx.nhs.uk

Reference	Requirement	Conformance criteria
R1	Providers MUST review the scope of this standard to identify alignment gaps with existing inpatient and day case discharge activities. If this review has not already been done it needs to start immediately. The recommendation is to complete the review rapidly to allow early commencement of discussions with existing and new IT suppliers.	Review existing system capability in relationship to utilising the ToC Inpatient Discharge API with the result being the definition of an implementation plan.
R2	Providers MUST have plans in place for implementing at least the MVP and subsequently driving up the quality of the message in terms of encoded content carried.	System IT suppliers to confirm to their customer base they have already delivered the ToC Inpatient Discharge send capability or have a delivery roadmap, and rollout plan that implements the functionality in advance of the providers required compliance date.
R3	Providers MUST have compliant systems in place, and they must be configured so the provider's use of these systems meets the ToC Inpatient Discharge standard. It will not be good enough for a provider to state they have a compliant system when they are not in fact using it in a configured form that meets this standard.	Implementation of uplifted IT systems or usage of existing ToC FHIR Inpatient Discharge functionality to occur before 1st October 2022. Evidence of correct usage is expected to be made available via activity reports from the correspondence solution used by the Provider. Providers should be able to provide this information if required. In addition NHS Digital will utilise MESH activity reports filtered by the provider's Organisation Data Service code.
R4	Providers MUST exercise due diligence with regards to clinical assurance of the ToC FHIR Inpatient Discharge message prior to switch-off of the legacy	Providers SHOULD use IT suppliers who have achieved conformance certification via NHS Digital or SHOULD seek their own conformance certification.

	discharge correspondence approach.	Providers SHOULD use the INT environment end-to-end testing facilities available through NHS Digital to allow testing with foundation IT system applications. Providers MUST do local live First of Type testing with a limited number of Practices before wider rollout. Providers MUST be able to provide local Clinical Safety Case Reports prior to wider rollout.
R5	Providers SHOULD have trained all parties affected by the change. This includes clinicians and staff dealing with correspondence queries or existing correspondence failures. It is expected this will be undertaken by Providers working with their System Suppliers.	As evidenced by training materials and update of Standard Operating Procedures.
R6	Providers MUST routinely review the quality of ToC Inpatient Discharge messages sent out to ensure human-readable clinical content meets expectations and machine-readable content is continuously being improved to facilitate greater automation at the General Practice end.	Local Clinical Safety Case updates. Regularly updated plans showing when gaps will be closed in the machine-readable elements of the message content.

6 Helpdesk

Any questions or enquiries regarding this standard should be emailed to the NHSX Standards and Interoperability team: interop.standards@nhsx.nhs.uk

For specification queries contact: interoperabilityteam@nhs.net

For conformance queries contact: ITKConformance@nhs.net

For queries relating to SNOMED CT contact: snomed.implementation@nhs.net

For general interoperability queries contact: information.standards@nhs.net