



Health & Social Care
Information Centre

Introducing GP2GP Version 2.2

Document version 1.1
February 2015

GP2GP quickly and securely transfers more than 100,000 electronic patient records¹ a month between GP practices in England.

GP2GP version 2.2 is all about increasing the number of transfers and improving the process.

¹ Number of eligible joiners' records integrated by requesting practices within four weeks – figure taken as an average of data recorded between Sept 2014 – Jan 2015.

Overview of GP2GP Version 2.2

History

GP2GP version 1.1 was focused on giving all the major primary care clinical systems in England the ability to transfer electronic health records to each other - this has now been achieved between the clinical systems below:

- EMIS Web
- EMIS LV
- InPractice Vision
- TPP SystemOne
- Microtest Evolution²

All of these systems are capable of GP2GP transfers - securely sending a patient's electronic health record from the old practice to the new practice at the point of registration.

Version 2.2 focuses on improving the existing GP2GP functionality of the compliant systems in order to maintain continuity of care, whilst improving the handling of electronic health records and increasing the number of successful GP2GP transfers.

As with previous versions of GP2GP, version 2.2 has been designed using a comprehensive process involving clinicians and clinical system suppliers, and is supported by the Joint GP IT Committee, the Royal College of General Practitioners and the British Medical Association.

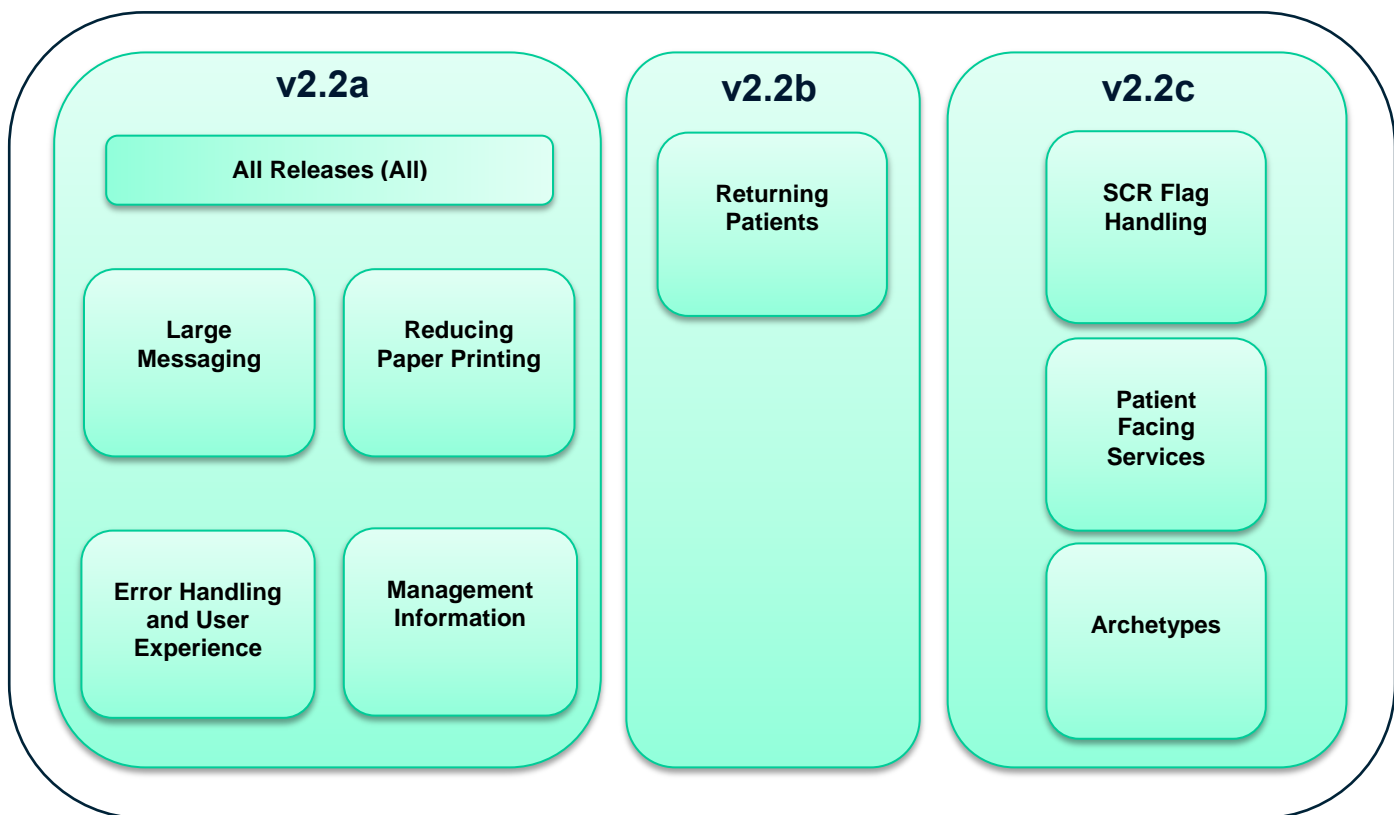
GP2GP Version 2.2 Requirements

GP2GP version 2.2 is split up into a number of different requirements. These requirements have been grouped together into 3 major release milestones, v2.2a, v2.2b and v2.2c. Clinical system suppliers can decide whether to deliver these requirements all at once, or one at a time, but if they are not delivered together they must be delivered in order.

Requirements	Associated Compliance Level	Dependencies
All - Mandatory requirements	All	Must be v1.1a compliant
Large Messaging	v2.2a	
Reducing Paper Printing		
Error Handling and User Experience		
Management Information		
Returning Patients	v2.2b	Must be v2.2a compliant
SCR Flag Handling	v2.2c	Must be v2.2b compliant
Patient Facing Services		
Archetypes		

² At the time of writing, Microtest Evolution is in 'first of type' testing, with Full Rollout Approval (FRA) expected during 2015.

GP2GP Version 2.2 Roadmap



For the specifics of when each clinical system supplier will published anticipated dates for delivery of version 2.2a and 2.2b requirements, please refer to the GP Systems of Choice (GPSoc) website: <http://systems.hscic.gov.uk/gpsoc/services/roadmaps/index.html>

The remainder of this document will summarise each of the requirements in turn.

A note on the 'All Releases' requirement

Within version 2.2a there is a requirement called 'all releases' which covers a wide range of internal software changes to clinical systems in order to support the new functionality and to remove areas no longer required in version 2.2, but were integral in the working of GP2GP version 1.1.

The 'all' requirement is not covered in detail in this document as it does not have a direct effect on GP2GP end users, but is included in this section to make users aware of its existence. Clinical system suppliers will need to complete the 'all' requirement at the same time as implementing the requirement set contained in version 2.2a.

GP2GP Version 2.2a Requirements

Large Messaging

GP2GP version 1.1 is unable to send messages greater than 5 megabytes in size, or with more than 99 attachments. There is also a limited list of permitted file types that can be sent via GP2GP. These are restrictions that have been enforced by technical limitations of the NHS Spine.

In version 2.2a, Large Messaging provides a solution to this restriction as clinical systems will automatically break down the GP2GP message into smaller pieces. These pieces will then be transmitted individually over the Spine and reassembled at the receiving practice ready for integration. This is a much better solution than simply increasing the Spine message size and forcing practice systems to process one single large file.

This method will allow practice systems to send and receive larger messages with a greater number of attachments. In addition, the Large Message solution will allow the transfer of any file type removing the limitation previously enforced by the Spine.

Reducing Paper Printing

For the sending practice, the printing of paper records is time consuming, laborious and costly. Until now this has been required to maintain clinical safety as a back up to the electronic health record where some element(s) of the record may not have been sent and therefore not received at the new practice.

Version 2.2a will be improving the information that travels with the GP2GP transfer messages. The sending practice will have detailed information available to them about which documents were successfully transferred and integrated at the receiving practice, and those which were not.

This means the sending practice will know exactly which missing elements of the record require printing and sending on to the new practice. If the status of the transfer allows it, whereby notification has been received that all document attachments were transferred successfully, the sending practice may not have to perform any additional printing.

The Lloyd George envelope will still need to be sent as it contains the historical paper information, and as a 'back up' for any failed transfers (or attachments that didn't send), but also for any late arriving information that has been received after the GP2GP transfer completed.

Error Handling and User Experience

Improvements are being made to the way error messages are displayed to end users which will remove the possibility of being presented with a screen message containing a meaningless error or code number.

All screen messages, user warnings and system logs that display to the end user will be clear and easy to understand. That way, if something does go wrong users will know exactly what the error means and how to inform their system support desk about it if necessary.

The GP2GP team will also be working with clinical system suppliers to ensure that the user experience of GP2GP continues to meet the needs of end users both now and for the future.

Management Information

There are a number of different elements involved in the GP2GP messaging process - the sending clinical system, the receiving clinical system and the two way transfer through the NHS Spine.

Improved Management Information means that we can see in real time exactly what is happening within the GP2GP estate and track issues and performance, ensuring that GP2GP works as efficiently and accurately as possible.

GP2GP Version 2.2b Requirements

Returning Patients

If a patient has previously been registered at a practice, leaves and then re-registers at a later date, the clinical system would automatically reactivate the archived electronic health record upon re-registration.

This posed a problem for the v1.1a GP2GP functionality as any information entered at other practices, since the patient left, wasn't able identified and integrated safely into the patient's electronic health record without possible duplication/ overwriting of existing information in the patient's archived electronic health record. Therefore, for clinical safety reasons, in these circumstances some v1.1a systems will offer the user an option to save the incoming GP2GP extract as a flat 'read only' attachment for the purposes of summarising; in other systems users may not receive a GP2GP extract at all and will have to wait for the paper record to arrive.

In both circumstances, practice staff will have to manually summarise from the attachment or the notes within the Lloyd George envelope and in some cases may have to re-key large amounts of data into the patient's record.

The GP2GP returning patient solution in version 2.2b will change this process, by giving the end user a choice to safely integrate information from a returning patient record in one of two ways:

- 1) accept the incoming GP2GP extract from the sending practice and suppress the historical archived record; or
- 2) re-activate the historical archived record and copy any data added to the record since the patient left the practice from the incoming GP2GP extract.

All clinical systems will allow GP2GP extracts to be sent and received for returning patients and end users will no longer have to rely on a read only attachment, or be forced to wait for the paper record.

GP2GP Version 2.2c Requirements

Please Note: At the time of writing (February 2015), there is no contractual obligation in place for clinical system suppliers to deliver version 2.2c requirements.

SCR Flag Handling

With the increased adoption of the Summary Care Record (SCR) many patients will have invested time with their clinician defining exactly what parts of their detailed care record should be included in their SCR.

GP2GP does not transfer the details of whether a particular element of the patient's electronic health record has been included, or consensually excluded from their Summary Care Record.

In version 2.2c, the SCR Flag Handling requirement means this information along with the patients choice of consent, is to be preserved in the GP2GP record transfer. This will remove the need for data to be uploaded again, or for the patient's consent to be re-recorded, therefore preserving a patient's decision to have a Summary Care Record and which data elements are included or excluded.

Patient Facing Services

Patient Online is an NHS England programme designed to support GP practices to offer and promote online services to patients, including access to records, online appointment booking and online repeat prescriptions. Further information can be found on the NHS England website: www.england.nhs.uk/ourwork/pe/patient-online/.

Within the context of patient access, the preservation of a patient's settings for Patient Facing Services during a GP2GP transfer will be required upon export and subsequent import of the electronic health record – noting that access to such services would not be immediately enabled due to identity verification being at Practice level.

These are web-based services delivered for patients to perform transactional activities such as on-line appointment booking and requesting repeat prescriptions. The receiving practice can then issue new system specific login details (having followed their usual identity checking and validation processes whereby Practice staff have assured themselves that an individual is who they say they are).

Patient Facing Services are defined within the GP Systems of Choice (GPSoc) Framework, further details can be found on the GPSoc website: www.hscic.gov.uk/gpsoc.

Archetypes

The ability for different clinical systems to interoperate more effectively and to understand each other's data is much easier if everyone stores their data in the same way.

As part of the GP2GP version 2.2c requirements common models for key elements of the electronic health record are being designed. These are referred to as 'archetypes' and will form part of the GP2GP extract.

Implementing archetypes will reduce the number of degraded items that end users will have to assess and therefore reduce the workload required in managing GP2GP records.

Benefits

The first two releases, versions 2.2a and 2.2b, will benefit users of GP2GP in a number of ways. Please refer to the table below for a summary of these benefits.

Requirement	Benefits
Large Messaging	<ul style="list-style-type: none"> • Increase to the size of extracts sent (overcoming the NHS spine restrictions – greater than 5MB or 99 attachments). • Increase to the number of attachments. • Increase in numbers of EHRs received via GP2GP. • Removal of file type restriction. • Larger EHRs will be quicker to summarise in comparison to summarising from the paper record.
Reducing Paper Printing	<ul style="list-style-type: none"> • Reduction of paper printing as improved notification messages for sending practices will notify users of what needs printing. • Associated cost reduction (less printing and re-scanning). • Reduction in staff time spent collating paper records. • Supporting the drive for a paperless NHS.
Error Handling and User Experience	<ul style="list-style-type: none"> • Clearer, easy to understand and more informative error messages will make it easier for users to log issues with local, national or clinical supplier service desks (as appropriate).
Management Information	<ul style="list-style-type: none"> • Improved information regarding GP2GP transfers across different clinical suppliers in real time. • Detailed data (including extracts and integrations) made available for utilisation across CCGs.
Returning Patients	<ul style="list-style-type: none"> • Full integration of electronic health records. • Reduction in staff time spent summarising paper records. • Contributing towards the delivery of a continuous, lifelong electronic health record.

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