

“The best innovation for medical records since we started using computers for patient care” Dr Rakesh Chopra, Cowes Medical Centre.

Cowes Medical Centre on the Isle of Wight has taken part in a successful trial of the new GP2GP patient health record transfer solution for practices using InPractice Vision.

GP2GP transfer allows patient health records to be transferred electronically from their old GP practice, to their new GP practice once they've registered. It brings benefits to both patients and clinicians by enabling the immediate electronic transfer of the patient record, ensuring the record is available when the patient arrives for their first appointment at the new practice.

“As a start it is brilliant and I would encourage other practices to get involved.” Dr Chopra continued, “This is obviously just the beginning and as we begin to use it more, things will continue to improve. Further developments planned for the software will also improve it, for example, one shortcoming at the moment is the inability to transfer scanned documents if they are not Vision based. There is also a limit to the size of a Vision based attachment, but these are things that will change as the software is improved over the next few years.”



Left: Cowes Medical Centre, Isle of Wight
Below: Dr Rakesh Chopra



Currently when a patient registers at a new GP practice, the old practice will have to print out the details of the patient health record that are held on the GP clinical system. These then need to be put into the patient's Lloyd George envelope together with any historical paper records, and sent off to the local Health Authority.

The local Health Authority will then forward these to the patient's new practice, who summarise the record and enter the appropriate detail onto their GP clinical system. The whole process to transfer the notes can take anything between 6 weeks and 3 months.

GP2GP transfer makes this process instant and a lot less time consuming. The patient's health record is requested and received electronically and automatically integrated into the GPs clinical system.

Cowes Medical Centre serves a population of 14,000 people on the Isle of Wight and on average has around 20 new patients a week. Talking about the trial, Dr Rakesh Chopra said he is very pleased with the way GP2GP is working, “All the information that you need is there and it's already entered into the patient record.” Dr Chopra said, “Examination data, consultation data, pathology results, weights, heights, immunisations, allergies, family history and it is all in a searchable form. Everything that you need for the Quality and Outcomes Framework (QOF) is there. There is no need to type anything into the system.

The impact on clinicians' time is minimal. There will be an initial need for education to familiarise GPs with the different format and training on how to edit the record. After this, there will be an additional three or four mouse clicks to request the patient record. Once the GP practice has received the record, they will still need to go through it and re-prioritise some existing details in a patient's record. Also, any existing allergies and medication will also need to be activated by the clinician at the initial consultation with the patient.

Commenting further on the new system, Dr Chopra said, “One thing that the system does not do, is improve the quality of data in the records. You can amend details where you need to make them accurate, but there is no consistency of data received from previous GP practices and the new system highlights this - this is an opportunity for practices to work together to address this.”

The transfer of the patients paper based medical record envelope will continue alongside GP2GP transfer for the time being. So far, two live trials have taken place transferring records between surgeries with InPractice systems and surgeries with Emis systems. NHS Connecting for Health are now rolling out GP2GP transfer to 500 more practices across the country by March 2007.