

GP2GP – Electronic Patient Record Transfer

What is GP2GP transfer?

When a patient registers at a new GP practice GP2GP will be used to electronically transfer their electronic health record (EHR) to their new GP. GP2GP electronic transfers are faster, more reliable and more secure than the current paper-based method of transferring patient records.

GP2GP is not a replacement for the transfer of paper-based records, which must continue for the foreseeable future until GP patient records are 100% electronic in nature.

Why is GP2GP being introduced?

The current paper-based transfer system can take anything from a few weeks to a few months to complete. As a result, the new practice often does not have the benefit of the medical history contained in the patient's original medical record when he or she attends for the first consultation.

In addition, although the majority of practices make use of computerised systems for creating records, not all the information printed-off from electronic health records for transfer is subsequently re-entered into systems at the receiving practices.

What are the main benefits of introducing GP2GP?

- The patients' EHRs will be sent immediately to the requesting practice
<http://www.connectingforhealth.nhs.uk/gp2gp/autosend>
- New patients can expect their new GPs to have all the information they need about their medical history at their first consultation.
- Clinicians will have more accurate patient records as there will be fewer errors and omissions incurred through re-keying data held on paper records. As a result, there will be less scope for errors associated with incomplete information, and therefore less scope for litigation.
- GPs will have immediate knowledge of new patients' medical histories, resulting in enhanced patient safety and more focused consultations. Clinicians in our early adopter sites estimated that not having this information could impair the quality of care provided in over 50% of consultations.
- Recent evaluations have shown that administrative support teams will have to spend less than half the time processing incoming patient records due to the richness of the information available electronically.



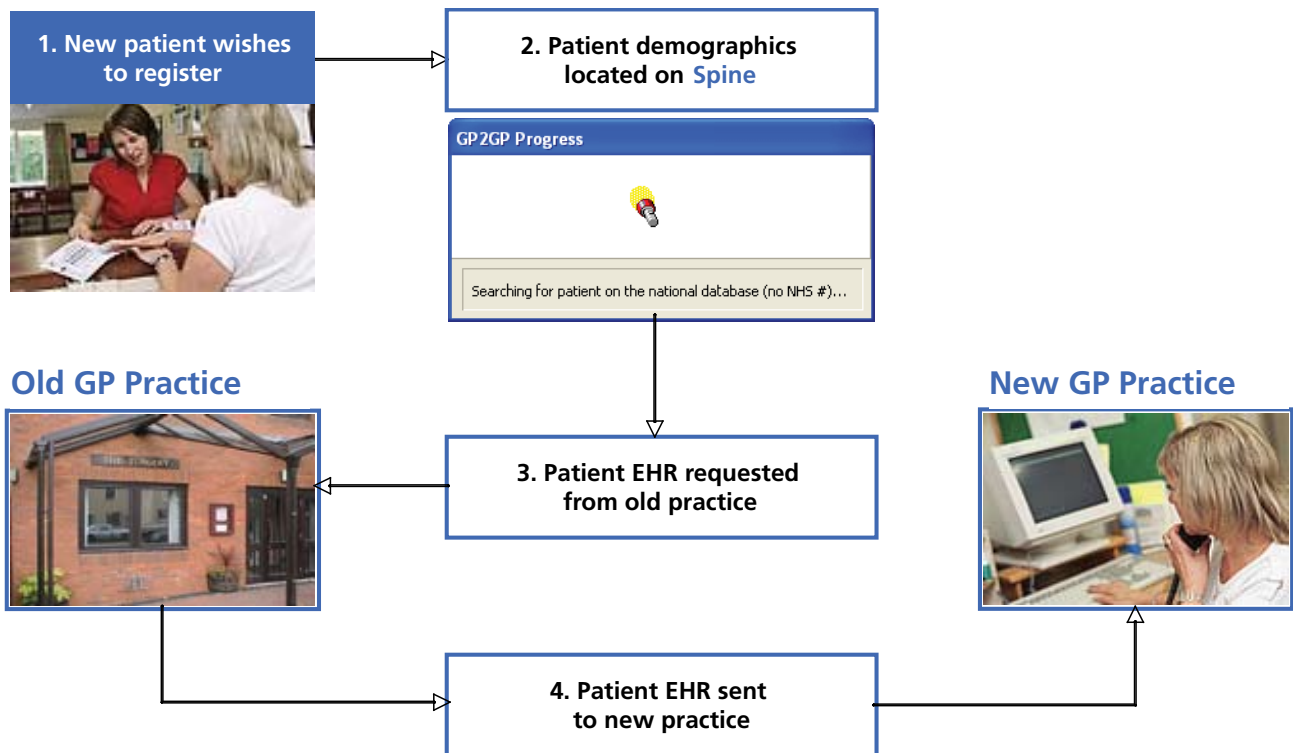
How does it work?

GP2GP starts when a practice accepts a patient onto its list of patients for primary health care and ends when the patient's Electronic Health Record (EHR) is transferred from the previous practice into their new GP's clinical system.

Once the patient has registered at their new practice and their identity has been matched using the Personal Demographic Service (PDS), a message is sent to the previous practice requesting a copy of the patient's EHR (if the patient's former practice is also GP2GP-enabled).

The previous practice's system locates the patient's record and sends an acknowledgement stating whether or not it is able to provide the EHR extract.

The EHR extract message is then generated and sent to the new practice for integration into its GP clinical system. The extract message includes (where possible) any attachments to the EHR, e.g. scanned letters.



National roll-out of GP2GP

GP2GP is now being rolled-out to practices in England which meet a range of 'entry and readiness criteria' (see below).

Training for GP2GP is delivered via on-site training sessions provided by clinical system suppliers or, where appropriate, by local PCT training teams.

Implementing GP2GP

Prior to implementation, the GP2GP project team will provide SHAs, PCTs and practices with a range of 'entry and readiness criteria' which need to be satisfied at a practice before implementation can take place there. For example:

- Compliant GP2GP primary care systems and software versions need to be in use (currently EMIS LV 5.2 and INPS Vision 3 but other suppliers and software products will join the roll-out in the future, check the GP2GP web pages for the latest position).
- Practices should have received Choose and Book.
- NHS Smartcards need to have been issued to all GPs and practice staff who will be using GP2GP.
- Supplier hardware specifications for servers and desktops need to be met.
- N3 network connections need to be available.
- Servers need to be switched on 24/7 (unless there are essential reasons for not doing so).

Additional activities to be carried out include:

- A GP2GP lead is required at each practice to liaise with the PCT and suppliers before, during and after the implementation.
- Good Practice Guidelines provide valuable guidance for practice staff about the implications of GP2GP for clinical record keeping. These are available from the GP2GP web pages at www.connectingforhealth.nhs.uk/gp2gp
- Local procedures for EHR transfer need to have been implemented.
- Practices should ensure that the correct members of staff, preferably including at least one GP, attend a GP2GP training session.



The GP2GP software will be installed remotely by the clinical system suppliers. Once this has happened:

- It is the responsibility of all practices to maintain good quality data on their clinical systems. The quality of the records received via GP2GP will only be as good as the data originally entered.
- As more practices are enabled for GP2GP, staff will participate in more and more requests for electronic transfers.

Further information

The GP2GP web pages are the definitive source of information about the project. Find out more at: www.connectingforhealth.nhs.uk/gp2gp

