

## GP2GP – Frequently Asked Questions

### GENERAL

#### ***What is GP2GP?***

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

#### ***What are the roll-out plans for GP2GP?***

The national roll-out of GP2GP began in June 2007. NHS Connecting for Health is working closely with the primary care trusts, strategic health authorities and clinical system suppliers on the roll-out and thousands of practices are now using the system. Full details of implementation schedules will be communicated to GP2GP leads within PCTs.

#### ***Is GP2GP capable of transferring records between systems supplied by different suppliers?***

Yes.

#### ***Which suppliers currently have GP2GP solutions?***

Currently, two suppliers, INPS and EMIS, have GP2GP solutions (for EMIS LV and INPS Vision respectively) that have been approved and successfully piloted. However other suppliers and software products will be joining the roll-out in future and up-to-date details can be obtained from the GP2GP web pages at [www.connectingforhealth.nhs.uk/gp2gp](http://www.connectingforhealth.nhs.uk/gp2gp)

#### ***Have the Good Practice Guidelines been updated to reflect the introduction of GP2GP?***

The Good Practice Guidelines developed by the General Practitioner Committee and the Royal College of GPs have been refined and updated to reflect GP2GP and other matters relevant to management of the EHR. These guidelines should be read and understood at each participating practice prior to implementation of GP2GP. The guidelines will be made available to practices by their local PCT as part of the implementation process but can also be accessed at [www.connectingforhealth.nhs.uk/gp2gp](http://www.connectingforhealth.nhs.uk/gp2gp)



## ***Is GP2GP safe?***

Yes. A team led by clinicians appointed by the Joint GP IT Committee (representing the Royal College of GPs and the General Practitioner Committee of the British Medical Association) have been responsible for detailed scrutiny of the safety of GP2GP at all stages of its development and deployment.

Clinicians have been engaged in validation of GP2GP and results have been used to demonstrate safety to the NHS Connecting for Health Clinical Safety Group prior to authorising live GP2GP record transfers. All versions of the GP2GP software have been rigorously tested and piloted in a live environment before being implemented at other sites.

## ***Is it possible to transfer every record?***

The current implementation of the GP2GP message is capable of transferring approximately 99% of patient records. The remaining 1% are unable to be transferred because of technical limitations on the national Spine infrastructure.

These limitations prevent transfer of certain records as follows:

- Patient records that exceed 5Mb in volume.
- Patient records that have in excess of 100 attachments (e.g. scanned letters).

These limitations will be removed with a future Spine release.

In addition, it is not always possible to transfer attached documents. Some practices use third party document management systems to handle attachments and not all of these applications make it possible to transfer documents together with the record that they are attached to. For further information about specific document management systems we recommend that practices contact their system supplier in the first instance.

## ***What impact could GP2GP have on my practice's N3 network speeds?***

We have had no instances of GP2GP affecting network speeds within practices. PCTs however, need to have ensured that practices meet the general practice infrastructure requirements detailed on the GPSoc section of the NHS Connecting for Health website at

<http://www.connectingforhealth.nhs.uk/gpsoc>

## ***What is the project's position on local initiatives to introduce CD transfer of patient records between GP practices?***

We are aware that some PCTs and practices have been exploring CD transfer as an interim solution. These activities have not been scrutinised by and are outside the jurisdiction of NHS Connecting for Health. We cannot, therefore, comment on their suitability or their safety. PCTs and practices who are involved should ensure that they have taken steps to assure themselves that the processes involved are safe and reliable.



## ***What have you been doing to engage stakeholders in the project?***

We have been talking to GP representative bodies since the inception of the project and they have played a very influential part in our work. Both the General Practitioner Committee of the BMA and the Royal College of GPs have representatives on the GP2GP project board. We will continue to liaise with these and other stakeholders throughout the development of the project. All suppliers of GP clinical systems have been contacted, provided with details of the project and invited to participate.

## ***Where can I obtain more information on GP2GP?***

Please view our web pages at [www.connectingforhealth.nhs.uk/gp2gp](http://www.connectingforhealth.nhs.uk/gp2gp) on a regular basis - they are the definitive source of information on the GP2GP project.

## ***Where can I find materials to assist with communication about GP2GP within my practice or PCT?***

There are a range of communication materials available on our website at [www.connectingforhealth.nhs.uk/gp2gp](http://www.connectingforhealth.nhs.uk/gp2gp)

### **IMPLEMENTING GP2GP**

## ***What happens during GP2GP implementation?***

Practices will use the GP2GP functionality provided by their GP clinical system supplier in accordance with their local implementation of GP2GP procedures, i.e. PCTs will work with practices to help them decide on the most appropriate business process to adopt to accommodate management of the EHR.

Practices will be required to monitor new patient registrations more closely. When a patient transfers between two GP2GP enabled practices practice staff will be expected to use GP2GP to carry out the EHR transfer.

## ***How will I need to prepare for my practice's GP2GP implementation?***

The GP2GP project team will provide the PCT with a checklist of both technical and process pre-requisites as part of the Briefing Pack supplied to practices before implementation. The following are key entry criteria:

- The required infrastructure in place – N3 network connections, NHS Smartcards, etc.
- All GPs and all practice staff who will use GP2GP being issued with Smartcards and knowing how to use them.
- Users trained in use of their GP clinical system's GP2GP functionality.
- Local procedures defined for EHR transfers.
- A GP2GP lead assigned at each practice to liaise with the PCT GP2GP lead and clinical system supplier.
- Practice staff familiar with their role within the GP2GP process.

Practical guidance on the implications of GP2GP for clinical record keeping is contained in a supplement to the Good Practice Guidelines developed by the General Practitioner Committee and the Royal College of GPs. These can be accessed via the GP2GP web pages at

[www.connectingforhealth.nhs.uk/gp2gp](http://www.connectingforhealth.nhs.uk/gp2gp)

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## ***Do I need training for GP2GP?***

Practice administration staff who deal with the registration of new patients or the summarising of the patient record will need to undertake training. Sections of the training packages are aimed at clinical staff. Although it is not mandatory that clinicians attend the training sessions, it is important that they understand their part in authorising medications and allergy information in the received electronic record. Computer based training materials are available for clinical staff who are unable to attend the face-to-face training sessions.

PRIMIS+ has developed a training package in conjunction with the GP2GP project team, 'Managing the GP2GP electronic health record (EHR)' The training is offered in addition to the clinical system supplier training, to ensure that practice staff understand how to manage the GP2GP EHR safely and effectively from end to end, and how to apply any business process

changes which may be required.

PCTs are strongly encouraged to access PRIMIS+ training materials following on from the clinical system supplier training. Practices should contact their PCT to access this training. For further information please access the PRIMIS+ website at [www.primis.nhs.uk](http://www.primis.nhs.uk)

## ***Where can practices go to for help with GP2GP after the initial training?***

Questions should then be directed to the suppliers' respective helpdesks once the initial training has been delivered.

## ***Can implementation take place if my practice has a Pooled List status?***

A Pooled List status applies when:

- The practice has been put into a state of abeyance;
- The practice is a salaried GP practice;
- The senior partner in the practice is retiring or leaving the practice.

If a practice has a Pooled List the PCT GP2GP lead should contact the relevant clinical system supplier help desk using the contact details listed in the PCT version of the National Roll-out Deployment Checklist.

The PCT GP2GP lead should also highlight those practices affected on the National Deployment Spreadsheet sent to them by the GP2GP project team at NHS Connecting for Health. Please refer to the SDS/Pooled List Process available on the GP2GP web pages at

[www.connectingforhealth.nhs.uk/gp2gp/faqs/implementation](http://www.connectingforhealth.nhs.uk/gp2gp/faqs/implementation)

## ***Will GP2GP work if a GP operates out of two practices?***

Yes. However, in order for the process to work, two separate GNC Code entries should be allocated on SDS for the GP, i.e. one GNC code for each practice. To enable this process to happen the relevant PCT should notify the Prescription Pricing Division when a new GP joins a new practice and takes on another patient list. Refer to this process diagram on the GP2GP web pages at

[www.connectingforhealth.nhs.uk/gp2gp/faqs/implementation](http://www.connectingforhealth.nhs.uk/gp2gp/faqs/implementation) for further information on the process and individual responsibilities.



## ***Why are records sent automatically when a patient registers at a new practice?***

When the patient signs the GMS1, they are instructing their new GP to retrieve their medical record. GPs are bound by their professional responsibility to transfer the patient records to the new practice as soon as the patient has registered with a new GP.

Immediate sending is valid because one of the greatest benefits of the GP2GP process is the ability to have the new patient's records available to the new GP within (in some documented cases) minutes and certainly hours. Having this information sooner rather than information that may have been tidied away or added later is generally thought to be of greater benefit to patient and clinician. For additional information, please refer to the GP2GP web pages at

[www.connectingforhealth.nhs.uk/gp2gp](http://www.connectingforhealth.nhs.uk/gp2gp)

### **GP2GP FUNCTIONALITY**

## ***Will the paper record still need to be transferred once GP2GP has been implemented in a practice?***

Yes, the transfer of paper records (including a print-out of any electronic records held together with attached documents) alongside EHRs will continue for the foreseeable future, for a number of reasons:

- EHRs for direct patient care are not used across 100% of patients.
- A full paper record is required in case the patient subsequently transfers to a practice that is not GP2GP enabled.
- There is a need to validate EHRs against paper records.
- The NHAIS deduction process will still run separately from GP2GP transfers.

It remains the responsibility of the sending practice to ensure that the paper record is complete before releasing it from the practice following the normal deductions process.

## ***If, as a result of being enabled with GP2GP, I receive an EHR from a practice with a different clinical system what will that record look like?***

There are certain differences in how clinical information is represented in different clinical systems. However these differences are largely cosmetic and the clinical data that will be transferred across will still be useable by the receiving practice.

## ***Will pathology results be preserved during a transfer?***

The aim of the GP2GP project is to ensure that as far as possible all of the pathology results information that has been filed into the EHR will be extracted into the GP2GP message and transmitted.

Equally, as far as possible, this information will then be imported into the new (receiving) practice system, preserving as much of the structure and associations as is possible.

Pathology results more than one year old, that remain unfiled or unactioned, are not transmitted in the GP2GP record transfer. The clinical responsibility still remains with the previous practice.



## ***Can I transfer attachments during a GP2GP transfer?***

At present you can send and receive attachments that are directly held within the patient's record.

If an attachment is held in a third-party document management system it may not be available for transfer depending on the detail of the document management system. For further information look at the response given to the question "Is it possible to transfer every record?"

## ***Can I refuse to accept any or all elements of a patient's health record on receipt from the previous practice?***

The new practice has to accept all of the previous record or none at all. However, it is recognised that there may be circumstances where it is necessary to amend some of the content (e.g. to correct content that is known to be factually inaccurate). For this reason practices will be able to amend the received record at their discretion. Such amendments will be recorded in the system audit trail for medico-legal purposes, as with any other amendment to the record.

## ***What happens with the records of temporary residents?***

The records of temporary residents will not be electronically transferred in the current version of GP2GP.

## ***Do I need a Smartcard to use GP2GP?***

A GP2GP transfer can only be activated if a Smartcard is used when registering a patient.

## ***Do GPs need a Smartcard?***

Yes. GPs must have Smartcards registered in their name to ensure that patients can be registered against their GNC code on the Spine Directory Service (SDS). However, GPs do not need to be logged onto GP2GP with their Smartcards to view or work with the transferred EHR. If GPs do not have smartcards, GP2GP transfers will not be possible.

## ***What if a GP moves to another practice?***

The GP needs to be correctly registered on the SDS by the PCT Registration Authority (RA) Manager. The GP should be registered against the new practice and the association with the old practice should be removed from SDS. Failure to register the GP correctly will result in a failure of a GP2GP transfer relating to that GP.



## ***Will the quality of data be affected by GP2GP transfers?***

GP2GP will transfer data exactly as it appears in the sender's system. PCTs will issue guidelines on the importance of recording good quality data in GP systems in accordance with the new IM&T DES and the Good Practice Guidelines.

The quality of the data in the EHR can only be as good as that entered by the sending practice. It is the responsibility of practices to ensure that they enter good quality data onto their clinical systems and practices should be fully engaged with any ongoing data quality improvement programmes that are run by their PCT.

In certain cases, practices may see a degradation of some data when the new patient record is imported into the clinical system. This will usually be because of difficulties in matching Read Codes or other codes. Any data affected in this way will be clearly highlighted in the received EHR, enabling the receiving practice to amend the record as required.

## ***Why doesn't GP2GP work to transfer an EHR for a patient that has been registered with the practice, then leaves the practice and then returns to the original practice?***

This is known as A2B2A. This fails at present due to replication of unique identifiers which are added to each clinical episode or update to the medical record. When a patient has been at practice A, all their episodes have a unique identifier (for example 1,2,3,4,5 etc). When the patient moves to practice B these unique identifiers are exported with the transferred data and added to when the record is updated at the newly registered practice (for example 6,7,8,9 etc).

When the patient transfers back to practice A, the clinical system at practice A still holds the historical clinical information for this patient and attempts to 'un-archive' the original record to import the new record coming back to the practice. At this point the transfer fails as the original episodes (1,2,3,4 etc) are still present and cannot be overwritten. The GP2GP project and clinical leads are working on a solution to overcome this issue.

## ***How does GP2GP deal with allergies?***

Drug allergies which are not 'understood' by the receiving system (i.e. the system would not be able to trigger prescribing decision support based on the received information) are degraded and the system prevents prescribing until the received allergies have been re-coded by hand into the native equivalent on that system.

This will only occur for transfers between different clinical systems as allergies are fully interoperable in same system transfers.

The above relates specifically to drug allergies. Non drug allergies are handled like any other record entry: degraded if not understood, but imported as normal otherwise.

## ***How does GP2GP deal with call and recall?***

Different GP clinical systems represent call and recall and other business functions differently. These differences are enhanced where users of the systems use their own methods for handling call and recall. This means that the receiving practice system will not be able to reliably recreate these functions; therefore call and recall will need to be reset.



## ***Who in the practice should import the EHR?***

Our experience from implementing the GP2GP software shows that it is practice staff who have knowledge of the clinical software system and who have received GP2GP training who are best able to use GP2GP to import the EHR.

It is important to stress that authorised clinicians must take responsibility for authorising repeat medications, allergies etc. These are actions that involve the exercise of clinical judgment and it is important that they are undertaken by appropriately qualified staff.

## ***Does GP2GP need to be installed on its own dedicated PC?***

No. You can use GP2GP on any PC that has your clinical software installed so long as it meets the minimum specifications communicated by NHS Connecting for Health.

## ***What if I request a record from a practice that is not GP2GP enabled?***

You will not receive a transfer of the EHR. Your practice will receive the paper record via the normal process.

## ***When a record leaves the practice it displays as such in the GP2GP module. Is it still possible to prescribe for the patient or add consultation notes?***

The GP2GP process as it currently stands is not intended to supersede the long standing processes associated with GP Links. GP Links will continue to control the patient deduction and transfer of the paper record.

It is for this reason that the GP2GP process does not update the patient record itself; it is still left to the GP Links process to action the official deduction. This has been done to ensure that practices have the same deduction process regardless of whether GP2GP has been performed. Whichever process is done, practices can still add consultations after the patient has left, the difference is that a warning is given after GP Links deduction has been completed.

Once wider GP2GP roll-out has been attained these processes will be reviewed in conjunction with the Joint GP IT Committee.

## ***What links are there between GP2GP and the NHS Care Records Service (NHS CRS)?***

GP2GP enables EHRs to be transferred directly and securely between GP practices although simple patient and GP details are validated on the Personal Demographic Service, part of the NHS CRS, prior to the transfers taking place. No clinical data in a GP2GP message is copied to or retained on the Spine or elsewhere.

## ***What does the new practice need to do if a newly-registered patient has outstanding repeat prescriptions at the old practice?***

The prescriptions will appear at the new practices as inactive medications. They will need to be re-authorised.



## ***Can patients be registered as non-regular and, when they have attended for the first consultation at their new practice, change their patient type to regular?***

Yes, patients can initially be registered with a non-regular status and then be changed to a regular patient status at which point the patient should be registered following the normal registration process using a Smartcard to ensure that GP2GP is activated.

## ***What if the patient does not know their NHS number?***

At registration, demographic details such as surname, date of birth, postcode and sex should be entered to allow the patient to be traced on the Spine (please see training material). Assuming that the trace is successful, the NHS number will be returned from the Spine.

## ***What happens if we have overdue EHRs?***

In the first instance, please contact your supplier's helpdesk.

## ***Do controlled drugs such as chemo/opiates transfer over in a different way from other drugs?***

All drugs that are held on a previous practice's system will be transferred, including controlled drugs. As with all medications, they will appear at the new practice as 'inactive' and will therefore need to be re-authorised by a clinician.

## ***Choose and Book defaults unknown date entries to 1841. Will GP2GP do this when it transfers data?***

Unknown data entries will appear at the new practice as they did at the old practice, e.g. 'Not Known'.

## ***What is a 'flagged record' (previously known as 'stop noted' record)?***

A flag is applied to a patient's demographic record in specific circumstances, such as adoption, mental health or if the record contains sensitive information. The flag means that access to a patient's demographic record is limited. Healthcare professionals will only be able to see the NHS Number, name, date of birth and gender for the patient. No other demographic details will be displayed, including the patient's registered or preferred pharmacy. The flag is applied to that patient only and will remain with them if they move address.

## ***Will flagged records be transferred using GP2GP?***

No, flagged records will not be transferred using GP2GP.

## ***Why are medications transferred as inactive?***

This is a safety feature and prompts GPs to review new patients' medications.

## ***Will un-issued medication (i.e. that which has not been printed off) from the old practice transfer across?***

Yes, un-issued medication will transfer and will appear as un-issued medication.

