**GP Connect Collaborative Working & PCN Enhanced Access Support Guide**

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# Version Control

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# Enhanced Access Service

As of 1st October 2022, all PCNs must deliver Enhanced Access in accordance with their contract. PCNs must provide additional appointments in accordance with the Network Contract DES Specification.

Additional Clinical appointments are to be provided between the hours of 18:30hrs and 20:00hrs, Mondays – Fridays, and between 09:00hrs -17:00hrs on Saturdays. However, this may vary depending on patients expressed preferences, evidenced by patient engagement.

The service may be provided by Face to Face (F2F), telephone, video or online consultations, ensuring that a reasonable amount of F2F appointments are available where appropriate.

The service must be actively promoted by all practices/PCNs via multiple media channels and actively offered by reception staff.

Although many PCNs have the technology to implement most of this service, there are a number of PCNs with mixed economies who will find it challenging. All PCNs will need to implement “work arounds,” to a greater or lesser degree, as there still remains interoperability issues between different clinical systems.

# Service Requirements

* Bookable appointments which can be made same day or in advance
* Appointments need to be available two weeks in advance
* Available for all PCN patients to book into
* Make available on-line booking and cancellation
* Appointment reminders
* In line with guidance make available to NHS 111 any unused on the day slots
* Appointments to be delivered by a multi-disciplinary team of healthcare professionals offering routine medical services:
  + Full access to patient clinical records
  + Prescriptions
  + Blood tests
  + Referrals
  + Shared Admin

The above list in not exhaustive.

* Offer On-line, video, telephone and F2F consultations
* Have in place an appropriate DSA

# Mixed Economy Solution

Options for delivery within an EMIS and SystmOne (TPP) mixed economy estate.

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| --- | --- |
| **Requirements** | **GP Connect** |
|
| Single Sign-On | N/A |
| Cross Org Appt Booking (shared appt book) | ✓ |
| Video Appointments | Via video consultations third party provider |
| Appointment Reminders (text messaging) | Via SMS third party provider |
| Patient can cancel appointments | Via SMS third party provider |
| Patient can book appointments online | X |
| Shared Patient Record Access | ✓ |
| Consultation Write Back (direct to record) | X |
| Consultation Summary (PDF) | ✓ |
| Make e-RS referrals | TBC |
| Order and view tests | TBC |
| Prescribing (EPS) | TBC |
| NHS 111 directly bookable appointments | ✓ |

* GP Connect functionality can be enabled within all core foundation systems and Hub solutions
* The above-mentioned capabilities are delivered via the clinical system with GP Connect functionality enabled

Single sign-on via foundation clinical system which provides access to sharing capabilities via GP Connect

# Access Record

GP Connect: Access Record makes patient medical information available to all appropriate clinicians when and where they need it to support direct patient care, leading to improvements in both care and outcomes.

GP Connect: Access Record allows clinicians to view a read-only version of the patient’s detailed GP practice record. It has two methods of retrieving data from the patient record;

1. Access Record: HTML enables a read-only view of a patient’s record regardless of the practice clinical system. The record can be viewed within another care setting including another GP practice, an urgent care call centre, or an acute care organisation via an accredited system or application
2. Access Record: Structured provides access to a patient’s record in a machine-readable, structured, and coded format. Structured data allows the consuming system to import and process patient data in to best support patients and the healthcare professionals treating them. GP Connect does not place any restrictions on how data is processed providing the data is only used for direct care, and the system meets the specified GP Connect consumer requirements, including information governance and clinical safety standards.

Access Record: Structured is in pilot testing for the first stage of deployment where a patient's Medication and Allergy fields have been made available in a structured machine-readable format. GP suppliers are currently working on extending the scope of Access Record: Structured to include the full record and we expect to be able to commence a pilot in Spring 2022.

**Access Record in GP practices**

Most practices have been enabled for Access Record: HTML. Control over sharing patient records remains with the practice and can be disabled if necessary at practice level.

Once enabled for GP Connect: Access Record, practices have no additional tasks to perform to share patient records. An audit trail is available within the GP system.

Access Record: Structured remains in the pilot stage at a small number of practices. GP Connect respects a patient's decision not to share their data, but follows a different sharing model to Summary Care Record.

GP Connect: Access Record is real-time, so the information sent to the consumer is an up-to-date reflection of the actual GP record.

**Key considerations for practices**

The Secretary of State for Health and Social Care has issued NHS Digital with a Notice under Regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI) to require NHS Digital to share confidential patient information with organisations entitled to process this under COPI for COVID-19 purposes. This covers the use of Access Record: HTML and Access Record: Structured and runs until 30 June 2022. The arrangements for data sharing post COPI are still being finalised and will published by NHS Digital.

Further information of the current arrangements can be found on the Control of Patient Information (COPI) notice.

**Update data protection impact assessments**

Following the introduction of GDPR Legislation, all organisations sharing information need to have a data protection impact assessment (DPIA) in place. DPIAs should be updated to include the use of GP Connect capabilities.

**Notes on NHS Digital's role as a data controller**

As we deliver the GP Connect service, our role in the end-to-end flow of information is minimal. It is limited to the use of the Spine Secure Proxy (SSP) and Message Exchange for Social Care and Health (MESH) for message validation and transfer. The main constituent parties involved in GP Connect are the provider and consumer systems.

NHS Digital acts as a controller for the content of the messages that are passed using the GP Connect service. This means that we are responsible for messages as they traverse NHS Digital infrastructure, and we ensure they are passed securely, accurately and safely to and from provider and consumer systems.

We do not collect or store the content of the messages.

We are not a controller of the content of the messages passed between clinicians using the GP Connect service. We send the messages on behalf of the GPs, who are data controllers of the GP patient record. NHS Digital is therefore the data controller of the information on the Spine.

Associated local privacy notices should also be updated in line with the DPIA.

**Using GP Connect: Access Record within a primary care network**

GP Connect capabilities can be used within a primary care network (PCN) to share appointments, view records and share consultation summaries back to the patient record. In EMIS Web and SystmOne, Access Record: HTML can be used during a consultation with a patient who is registered at another practice to view their record.

**Using GP Connect: Access Record HTML in other settings**

Many systems have now developed the ability to view the patient record via GP Connect: Access Record HTML - a full list can be found on our supplier progress page.

Who can view the patient record using GP Connect: Access Record HTML?

Access to information via GP Connect: Access Record is controlled by role-based access control (RBAC). How this is managed is dependent on the system in use.

**What information is available via GP Connect: Access Record HTML?**

Dependent on the consumer system implementation the Access Record: HTML view can contain the following information.

**Summary**

The Access Record: HTML Summary view is a standard view in all GP Connect implementations. It is populated from information recorded within the patient record and contains:

* active problems and issues
* current medication issues
* current repeat medications
* current allergies and adverse reactions
* last three encounters

**Consultation - encounters**

For GP Connect, an encounter is an interaction between a patient and a health care professional that's recorded on the patient record. These can be:

* planned encounters - such as pre-arranged appointments with a GP
* unplanned encounters - such as at an out of hours clinic and those unrecorded through appointment module(s)
* direct encounters - such as a face-to-face session with a GP
* indirect encounters - such as a GP reviewing and updating a patient record on receipt of some test results

Attended appointments appear as an encounter and these may reference a document, diagnostic report (investigation), or other parts of the record, dependent on local data entry processes.

**Problem**

Any issue that is significant to a patient that impacts their health or wellbeing. It includes disease, surgery, and social issues such as bereavement or unemployment.

**Clinical areas**

Medications - Current medication issues including repeat dispensing and medication history

A list of drugs or other forms of medicines that are currently being, or have recently been, used to treat or prevent disease for the patient.

Current repeat medication

A list of repeat drugs or other forms of medicines that are currently being used to treat or prevent disease for the patient. This may also include PRN occasional use medication.

Past medication

A history view of drugs or other forms of medicines that have been used to treat or prevent disease for the patient.

Allergies and adverse reactions

Allergies and adverse reactions – description and date only.

Referrals

Request for transfer of care or requests to provide assessment/treatment or clinical advice on the care of a patient.

Immunisation

Vaccinations and immunisations. May also contain vaccination-related information such as flu vaccine declined.

Uncategorised

Coded record entries not associated with a main clinical area of the record. These are split across three views:

Administrative items

These include tasks such as scheduling and administering clinical care encounters, clinical communication with other care organisations, administering and monitoring of critical safety processes such as repeat medication administration and call/recall for care. Not all clinical systems support administrative items.

Clinical items

Items of information relating to the care, health, or wellbeing of the patient. Examples of this type of information include screening information and past medical history.

Observations

A clinical observation recorded by health professionals in the course of assessment or care of their patients. Examples include blood pressure measurement, weight, height, or temperature measurement.

**Further information**

[EMIS Now - Customer support portal](https://www.emisnow.com/csm?id=kb_article&sys_id=1f23ba6c1b34f0d0ab794156b04bcb43)

# Sending information via CP Connect

The GP Connect: Send Document provides the capability for a patient’s registered GP practice to receive a document capturing the details of a care encounter following a patient being seen in another care setting.

The product uses NHS Digital's [MESH file transfer service](https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh) to create a PDF capturing the details of a care encounter in another care setting. The PDF is created within the sending organisation's system, transferred across secure infrastructure, and delivered directly into the patient's registered GP practice's system with minimal user interaction. This can replace similar information being sent via outdated methods such as printed letters, NHSmail, or fax, and reduces administrative time and effort to send the consultation and update the patient record.

Both TPP and EMIS have developed this capability and are currently in the latter stages of pilot testing.

Email us at [gpconnect@nhs.net](mailto:gpconnect@nhs.net) to discuss a potential use case with us.

**Receiving information via GP Connect**

The NHS Digital [MESH file transfer service](https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh) is rolled out across the majority of GP practices and is in use for receiving information such as flu vaccinations which have been administered in community pharmacy and pathology results. When a patient has a consultation away from their registered practice, a PDF care encounter is created and received by the registered practice. The message with an attached PDF will be visible to the practice team and the system will indicate that action is required. How this works is dependent on the system in use. The PDF can be added manually to the patient record and any follow-up actions arranged.

Most practices have already been set up to receive messages of this type.

[See an example of the consultation summary PDF](https://developer.nhs.uk/apis/gpconnect-messaging-1-3/pages/senddocument/GP_Connect_Messaging_-_PDF_Layout.pdf)

**The evolution of GP Connect: Update Record**

The GP Connect: Update Record product is new to the suite of GP Connect capabilities and is still being developed.

To support new use cases an uplifted specification has been published to enable SNOMED coded observations to be returned alongside the attached document. Our team is investigating the development of a generic payload that would allow further machine-readable coded information to be sent alongside different types of attachments allowing additional senders to use the capability. The team is also investigating the feasibility of an update record API, which could be used to automatically write back information to the patient record.

**Supplier specific guidance**

[EMIS (EMISWeb): GP Connect main menu - requires EMIS Now access](https://www.emisnow.com/csm?id=emisweb_gpconnect)

# Appointment Management

We're helping primary care organisations share appointments with other care settings such as extended access hubs, NHS 111 and COVID vaccination hubs to improve patient care.

The majority of GP practices in England can now use GP Connect: Appointment Management so that organisations can share and manage their appointments to support joined-up patient care.

**GP Connect: Appointment Management for referrals from NHS 111**

GP Connect: Appointment Management can be set up to allow appointment bookings and referrals directly from NHS 111. How this is set up will depend on your established practices and procedures and should align with NHS England guidance on the total number of appointments to be made available to NHS 111. All GP systems allow appointments to be shared with individual or multiple organisations. Proprietary booking solutions such as Blackpear, Front Desk, can still be used, but GP Connect must be set up to enable NHS 111 referrals with the two systems running in parallel. Potential approaches for sharing appointments and national categorisation are outlined below.

**Create a new and separate nominal prioritisation list**

You can create a new and separate NHS 111 nominal prioritisation list with appointment slots for all NHS 111 bookings.

This option enables practices to identify any new NHS 111 direct bookings. You can use this option if your practice can allocate a member of staff to manage this list so that all bookings are picked up and processed.

With this option, it is likely that the appointment slots in a prioritisation list would not represent a real-time direct encounter between a health care professional and a patient. If this is the case, appointment slots may be categorised using the most appropriate Care Related Activity Category, further information is available in GPAD Categorisation guidance to support appointment categorisation.

**Add dedicated appointment slots into your routine appointment list**

You can add dedicated slots for NHS111 direct bookings to your routine appointment list.

These slots should be made available for all of the clinical session so that they remain bookable for NHS111. Appointments should be checked regularly, ideally between each patient, so new referrals are picked up.

This solution may suit small or single-handed practices where it is difficult to maintain and access two appointment schedules. You can use flagging or colour-coding to make these appointments stand out.

These appointment slots will most likely represent real-time encounters between a healthcare professional and a patient, further information is available in [GPAD Categorisation guidance](https://www.england.nhs.uk/publication/gpad-appointment-categorisation-guidance-2021-22/) to support appointment categorisation.

**When to share appointments for NHS 111 direct booking**

You should make these slots available at regular intervals until the end of each clinical session so that they remain bookable for NHS 111.  Much of the NHS 111 traffic occurs overnight. Releasing slots 24 to 48 hours in advance will mean NHS 111 can book patients into appointments the following morning. If all appointments which have been released to NHS 111 have been taken, the patient will be advised to call their GP practice. If this happens regularly, the practice should review the number of appointments released for NHS 111 bookings and add more slots.

Sharing appointments with all NHS 111 organisations

During peak times NHS 111 capacity is managed on a national basis with calls transferred around NHS 111 providers. To facilitate this, all practices in England should open appointments to all NHS 111 organisations.

**Appointment slot naming conventions for appointments being made available to NHS 111**

GP users can assign a slot name to the appointments they share via GP Connect: Appointment Management. The entry is free text and will be displayed as entered in your system to the user making the appointment booking on behalf of the patient. The user should be able to understand the purpose of the appointment by reading the slot name. Avoid using the specific name of your local NHS 111 service as this could cause confusion when a patient is being looked after by an NHS 111 service in another area. We suggest you call the slots for NHS 111 'NHS111 Untimed Callback'. Users also have options to assign the mode or channel of the appointment. These can be 'Telephone' or 'In person', for example.

**Directory of service set up for NHS 111 direct booking**

The NHS 111 IT system searches the Directory of Services (DoS) using the details of the patient and the assessment outcome. The DoS returns a ranked list of services including information on the service such as opening times, and whether the service accepts bookings via GP Connect. DoS Leads will set up services in the DoS that match specific patient needs returned from an NHS Pathways assessment - DoS Service Configuration

**GP Connect: Appointment Management within a primary care network**

GP Connect: Appointment Management functionality can be used to offer cross-organisational booking within a primary care network where practices use different GP systems. SystmOne and EMIS Web have inbuilt GP Connect booking functionality and some local configuration is required to set up primary care network booking. All GP systems allow appointment slots to be shared with individual or multiple organisations. Primary care network appointments will not be visible to NHS 111.

**Appointment slot naming conventions within a primary care networks or similar**

When using GP Connect: Appointment Management for a purpose other than NHS 111 - within a primary care network, for example - users should consider the relevance of the slot name assigned to the shared appointment. Reference should be made to the service being offered and to the practice offering the appointments. This is especially helpful within a primary care network where searches often contain responses from multiple sites. An example for a flu clinic might be "FluClinic\_practicename\_Postcode".

**Sharing appointments and setting filters**

All systems allow users to apply filters so that GP Connect bookable appointments can be shared with specific organisations. Careful attention should be paid to filters if practices are using GP Connect Appointment Management for multiple purposes, for example NHS 111 booking and clinic bookings within a Primary Care Network. Users should aware that a result of no filters being set is that appointments could be available to any organisation to book into and could lead to erroneous bookings. Guidance on the use of appointment filters is available from the system supplier.

**The GP Connect Appointment Checker Tool**

The GP Connect Appointment Checker Tool is used to view details of GP Connect appointments being shared by any practice with any other organisation.  It’s used by practices to check their own appointment set up, via a Clinical Commissioning Group or NHS111 provider to help investigate technical issues. To access the GP Connect appointment checker users must have an NHS Mail account.

Email us at [gpconnect.appointmentchecker@nhs.net](mailto:gpconnect.appointmentchecker@nhs.net) to request access to the tracker.

**GP Connect: Appointment Management in other settings**

**Sites using non-GP versions of EMIS Web or SystmOne to provide appointments**

GP Connect: Appointment Management can be used in different settings to provide appointments for other organisations to book into, such as an extended access hub. This requires additional steps to configure configuration. We recommend you contact us for further support.

**Organisations wanting to book patients into appointments in other services**

Systems used to book patients into an appointment in another organisation are called consumers. These could be NHS 111 organisations, extended access hubs, or GP out-of-hours services. These systems can be used to check any appointments a patient has booked, search for an available appointment to book a patient into, booking an appointment, and for appointment cancellations or changes.

A list of approved consumer suppliers can be found on our [GP Connect supplier progress](https://digital.nhs.uk/services/gp-connect/supplier-progress) page. EMIS Web and SystmOne have embedded the consumer capability in their systems to support booking within a primary care network.

These systems follow a specific assurance approach with elements that are the responsibility of the organisation deploying or planning to use the system. Further information can be found on our consumer onboarding page.

**Users of Advanced Adastra**

Advanced Adastra is used widely by NHS 111. Users should be aware that Adastra stores a cached version of the details of patients who have been seen by the service previously. If the patient has changed personal demographics then the cached version may differ from PDS. This could cause a mismatch and as a result appointment booking via GP Connect will not be possible, to resolve this the user would be required perform a manual PDS synchronisation, and select the most up to date information from PDS .

**Appointment slot naming conventions**

GP users can assign a slot name to the appointments they share via GP Connect: Appointment Management. Guidance has been issued to GP practices on how to word the slot name associated with an appointment. To avoid patients being booked into inappropriate appointments, users booking appointments via GP Connect: Appointment Management should be made aware to look out for the slot name.

**Untimed call back appointments**

All appointments shared with NHS 111 by GPs are untimed telephone appointments. The clinician will prioritise these bookings and call the patient back. The system will display an appointment time. This should not be communicated to the patient. NHS 111 should be made aware of this and should inform the patient that the GP will be in touch within the same working day.

**Supplier specific guidance**

[EMIS (EMISWeb): GP Connect main menu - requires EMIS Now access](https://www.emisnow.com/csm?id=emisweb_gpconnect)

# GP Connect is for direct patient care

GP Connect products can help people share, view or act on information that they are legally entitled to access, but cannot do so easily because they are using different IT systems.

GP Connect APIs can only be used legally for direct patient care, not for planning or research.

Direct patient care is defined as a clinical, social, or public health activity concerned with the prevention, investigation, and treatment of illness and the alleviation of suffering of individuals. It includes:

supporting individuals’ ability to function and improve their participation in life and society

making sure care and treatment is safe and of high quality through local audits, managing when things go wrong, and working to improve satisfaction by measuring patient outcomes

# Users of GP systems

GP systems users are the organisations that hold registered patient records and are the source of the shared data. GP systems can be configured to receive appointment bookings or consultation summaries from different care settings.

GP Connect supports greater flexibility in how primary care networks (PCNs) operate by enabling records to be viewed and updated, and for appointment booking between practices regardless of GP IT systems in use.

GP Connect has a team of local implementation managers to support GP Connect projects and offer practical advice in the use of GP Connect in your organisation. You can email [gpconnect@nhs.net](mailto:gpconnect@nhs.net) to find out who your local contact is.

# GP Connect - GP Practice interoperability (for Practices on differing clinical systems)

**GP Connect will allow GP Practices (and other Extended/Urgent care providers) to:**

* View an HTML copy of a Patients record, where the patient is registered at another practice
* Provide appointment slots to other GP practices / providers to book into (GP Connect Appointment Provider)
* Book into appointment slots that other GP practices / providers have made available (GP Connect Appointment Consumer)

**GP Connect – Current position in HIOW**

* All GP practices across currently have the GP Connect functionality enabled ‘centrally’ (on the spine via work completed recently within the National teams. This will allow them to locally enable HTML GP Record Sharing and Appointments booking between practices and other organisations.
* Additional local configuration will be necessary to set up/configure appointment books. These current agreements are however bound to CCG areas (e.g. no cross CCG, GP bookings)
* Additionally some CCG’s have enabled clusters of practices that can book into their local EUPCS/UTC hubs

|  |
| --- |
| **Local enablement:**  Working with the GP Practices/Organisations:   * GP Practices to review user guides * Ensure GP practices action local configuration. * GP practice to consider necessary business change & disseminate training * Linking up with NHS Digital to resolve any issues |

**Local enablement process:**

Assuming above central enablement has been done, the following user guides can be used by practices to setup & use the functionality

**Appointment booking:**

All Practices will need to know which practices are participating and the ODS codes respectively

### EMIS Specific Guidance

* **EMIS Practices PROVIDING appointments:**

EMIS Practices can set up organisation groups & configure their system to allow 3rd parties to view and book into certain slots. User guides should be completed in the following order:

* 1. EMIS GP Connect Configuration:



* 1. EMIS – GP Connect Organisation Groups (attached):



* 1. EMIS GP Connect Session Filters (attached)



NB – Any GP Connect appointments need to have an active Clinician named as the session holder. Otherwise the appointments will not be visible to others

* **EMIS Practices CONSUMING appointments**:

Practices can view and book their own patients into 3rd party slots at one of their collaborating practices. Please see below user guide:



**HTML Record viewing:**

* EMIS Practices – Enabling and Viewing:
  1. To enable HTML Viewer in EMIS, see the following guide (if not already done):



* 1. EMIS Practices can view the HTML record for a patient registered at a 3rd party organisation/practice. Please see the below guide:



### TPP Specific Guidance

* **TPP Practices PROVIDING appointments:**

Practices can set up appointment books which will allow their collaborating practices to view available slots and book patients into.

Please refer to this user guide:



* **TPP Practices consuming appointments:** Practice can view and book their own patients into 3rd party slots at one of their collaborating practices.

**HTML Record viewing:**

* TPP Practices - Enabling & Viewing
  1. To turn on HTML Viewer in Systm One, see the following guide:



* 1. TPP practice can view the HTML record from a 3rd party (Emis) record.

### Considerations / Limitations:

At present, GP connect does not provide functionality to:

* Write/update a patient’s record (at their registered practice)
* Discharge to the patients registered practice will need to be manual (e.g. via email) to ensure that consultation details / medications issued / pathology tests needed and any follow on actions are communicated
* HTML Patient record does not support attachments/documents

# Support

For more support or questions please contact GP Connect - [gpconnect@nhs.net](mailto:gpconnect@nhs.net)

Or contact Mike Harris - [mike.harris3@nhs.net](mailto:mike.harris3@nhs.net)

Or contact the Primary Digital Care Team - [hiowicb-hsi.dpc@nhs.net](mailto:hiowicb-hsi.dpc@nhs.net)