

## Chapter 8 – Accreditation of paperless practices

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## **8. Accreditation of paperless practices**

### **8.1 Introduction**

In May 1999, the Scottish Executive changed GPs' terms of service to allow them to maintain part or all of their patient medical records on a computer system if they so wished. The change in regulations covers GPs working under both GMS and PMS contracts.

### **8.2 National guidance**

The changes to GPs' terms of service are permissive, allowing practices to keep computerised patient records instead of paper records. PCO approval is required when practices plan to keep computerised patient records in whole or in part. The legislation which covers the use of electronic records is contained within paragraph 66 of Schedule 5 to the National Health Service (General Medical Services Contracts)(Scotland) Regulations 2004 (SSI 2004 No 115) and can be found at:

<http://www.opsi.gov.uk/legislation/scotland/ssi2004/20040115.htm>

Practices need apply for paperless status when they propose to keep some or all of their records in electronic format only. Approval is permissive - practices maintaining EPRs can still maintain paper records if they so wish - but a practice may only maintain wholly electronic records if approved. Keeping duplicate paper and electronic records, however, introduces the potential risk that the two record systems may lose synchrony, information held on one not always being transferred to the other.

There are no mechanisms for penalising practices that are "paperless" but not approved although this would not be a wise position for a practice to find itself in. GPs who maintain EPRs must be able to generate a paper printout of the entire patient's records (including any scanned or linked documents) to be forwarded to their PCO on request.

Although the PCO cannot make any determination as to the content or adequacy of the record, it has an obvious duty to satisfy itself that any EPRs are being properly maintained and held securely.

In Scotland, the clinical systems which are supported by PCOs are accredited against the requirements of the Scottish Enhanced Functionality. GPs and PCOs should try to ensure that clinical systems are fit for purpose within the overall NHS strategic direction outlined in the policy section of these Guidelines.

### **8.3 Implementation - PCOs and LMCs**

The guidance to PCOs makes clear that "individual practices will decide how to implement electronic record keeping locally". PCOs have a key role in satisfying themselves that practices are ready to safely maintain EPRs, but there is no requirement for them to use any pre-determined process before giving consent. Indeed, PCOs are strongly advised to agree suitable processes locally with their LMCs. PCOs do not have any requirement to monitor ongoing standards of record keeping in practices but they can withdraw consent in exceptional circumstances. Once again, a procedure for dealing with this situation should be agreed between the PCO and the LMC. The PCO's main role is to approve appropriate applications and to ensure that practices receive the support they require to safely make the transition from paper to electronic records. Experience to date strongly supports the development of a joint approach to practice approval by PCOs and LMCs.

#### **8.4 Proposed generic schema for the approval process**

1. PCO to implement, in consultation with their LMC, the mechanisms to provide written approval in response to requests to introduce electronic record keeping.
2. PCO to implement, in consultation with the LMC, the procedures that will operate should they wish to remove their approval to allow a GP(s) to maintain electronic records.
3. PCO to identify a senior officer who will have responsibility for approving requests to maintain electronic records.
4. The practice makes a formal written request to the health authority to be paperless (see draft letter below). All the partners (PMS and GMS) should sign the application
5. The designated person at the health authority reviews the application.
6. Where there is no doubt as to the readiness of the practice to become paperless, based upon the information known to the PCO, approval should be granted.
7. This acceptance is then formally acknowledged by the practice that must also agree to inform the PCO of any future changes that could affect the approval.
8. Where the PCO has any doubt as to the readiness of the practice to be paperless, based upon the information about the practice known to them, they should consult the LMC.
9. If, after input from the LMC, there is no doubt as to the readiness of the practice to be paperless, approval should be granted as above.
10. If, after input from the LMC, doubt remains as to the readiness of the practice to become paperless, an accreditation visit should be arranged. The purpose of such a visit is to address any concerns the PCO may have.
11. If the LMC and PCO are satisfied, following the accreditation visit, approval should be granted as above.
12. If the LMC and PCO are not satisfied following the accreditation visit, the PCO should work with the practice to make any necessary changes to enable it to seek approval at a later date.
13. If at anytime after approval has been granted the PCO has reasonable concerns as to the practices' ability to maintain adequate EPRs, the PCO should notify the practice and the LMC immediately, that it is reviewing approval and provide details of any concerns to the practice and the LMC. The PCO should bear in mind that withdrawal of approval is appropriate only as "an extreme course of action".

#### **8.5 Implementation - practices**

Practices need to understand that the decision to become paperless must be supported by the whole practice team and that all clinical team members will require access to the practice clinical system. Practices will need to carefully consider and plan for the transition from paper-based to electronic patient records. Practices should continue to provide the full patient record to their PCO as now, with the existing A4 records and a printout of any electronic records that make up the totality of the patient record. This requirement will be reviewed in the light of technical developments.

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Issues for practices to consider will include

Is the practice system (hardware and software) up to the task?

What are their training requirements?

How will they process the paper?

How will they manage the transition period? (see the pathway to paperless practice - chapter 4)

Practices wishing to apply to become paperless should review chapter 3 of these guidelines in preparation for their application. In their application, practices are required to confirm;

The practice computer system is fit for purpose

The computer system security measures and audit functions are enabled.

The practice will not seek to disable the security and audit functions.

All the GPs in the practice are aware of and undertake to have regard to the Good Practices Guidelines for General Practice Electronic Patient Records v3.

Furthermore, we recommend that the practice provide the following additional information;

Practice computer system name and version

Practice registered name and number under the Data Protection Act

Confirmation that the practice have a disaster recovery plan verified by their system supplier

Confirmation that the practice has in place a security policy that complies with these Guidelines

Appendix 4 is a proposed standard checklist for practices to work through as part of the process of preparation for making a paperless practice application.

In appendix 5 we provide a proposed standard letter for practices to use when applying to become paperless.