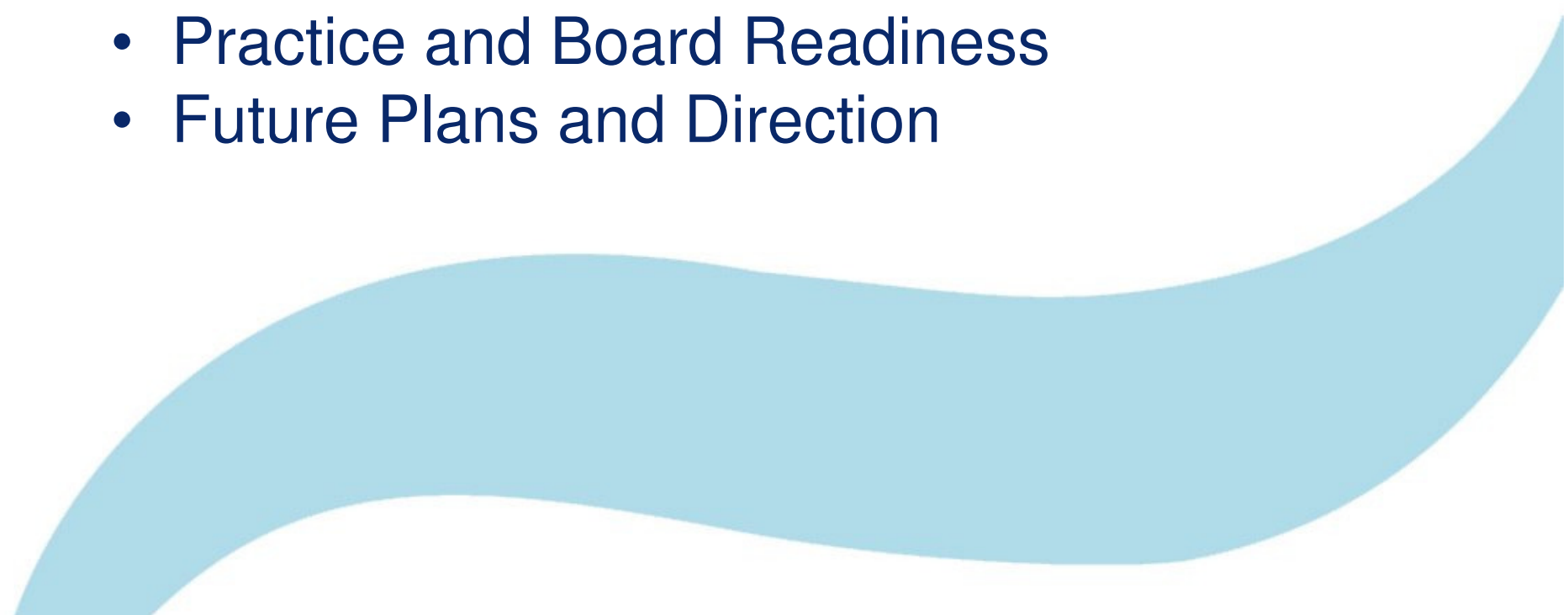


GP2GP



SCIMP Conference
28 October 2014
Jonathan Cameron

Agenda

- GP2GP Overview and Benefits
 - Progress to Date
 - Current Timescales
 - Process within Practices
 - Practice and Board Readiness
 - Future Plans and Direction
- 
- A large, light blue wavy graphic that starts from the bottom left and curves upwards towards the right, ending near the top right corner of the slide.

GP2GP

- Transfer of electronic patient record
 - Clinical Record (HL7)
 - Docman Files
- Transfer at point of new patient registration

Quote from BMA:

“GP2GP is designed to provide clinically safe and useful Electronic Health Record (EHR) transfers between disparate Primary Care systems. It is a pragmatic project to make EHR transfers a reality in the systems of today, not those of an imagined tomorrow”

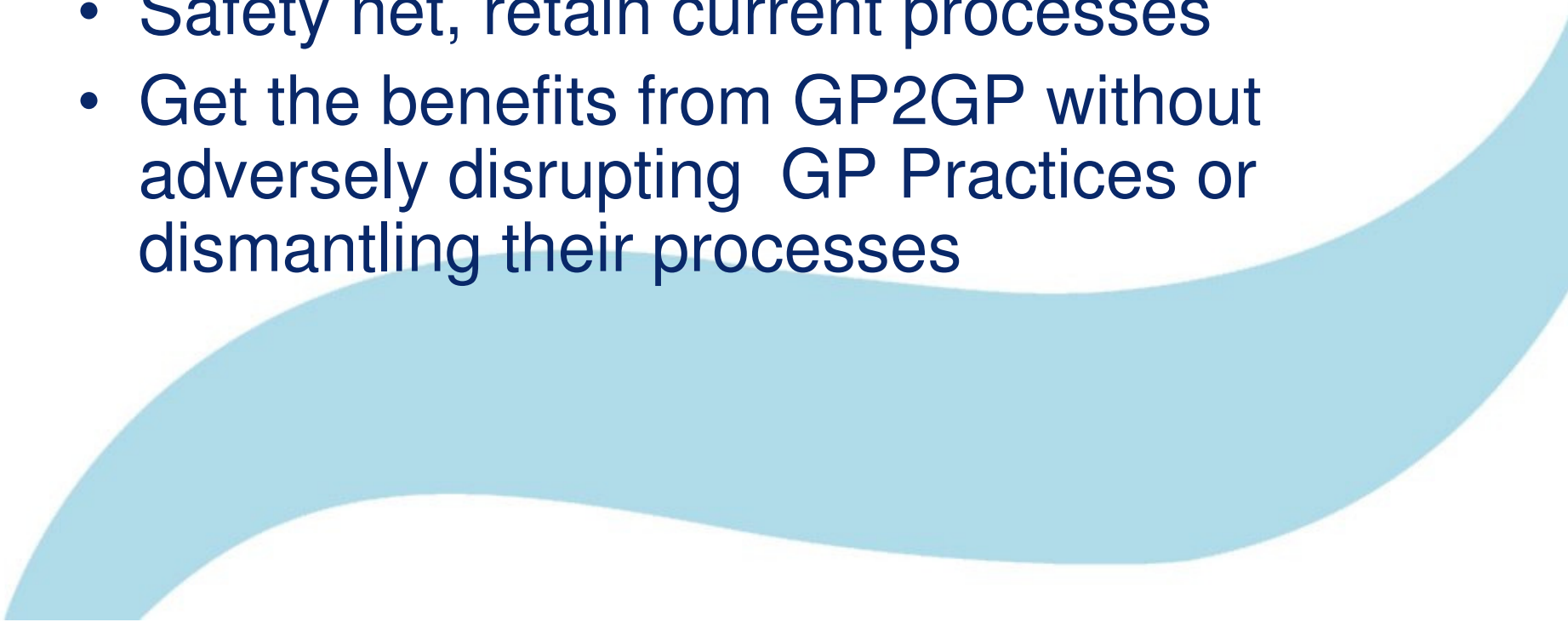
Benefits of GP2GP

- **Improved quality and continuity of care**
 - Consulting with immediate access to the electronic health record
 - Past medical history available and information about medication, allergies, immunisations and vaccinations
- **Improved safety**
 - Accuracy of patient record
 - Fewer errors, less scope for litigation
- **Clinical time savings**
 - EHR available during initial consultations
 - Less request for duplicate lab tests
- **Administrative time savings**
 - Reduced Summarisation
 - Less data entry
 - QOF information readily available

Approach to GP2GP

- Incremental “next step” from Docman Transfer
 - No big Infrastructure change
 - To transfer as much as possible between practices
 - Based on solution used in NHS England
-
- Fully tested before pilot (Clinically Led)
 - Pilot process based on volumes
 - Focus on stability of systems
 - Rollout in line with practice readiness and training
 - Project split into 2 phases

Approach to GP2GP

- Minimising risk
 - No big infrastructure change
 - Transitional approach
 - Safety net, retain current processes
 - Get the benefits from GP2GP without adversely disrupting GP Practices or dismantling their processes
- 
- A large, light blue decorative wave shape that starts from the bottom left and curves upwards towards the right, partially overlapping the bottom of the text area.

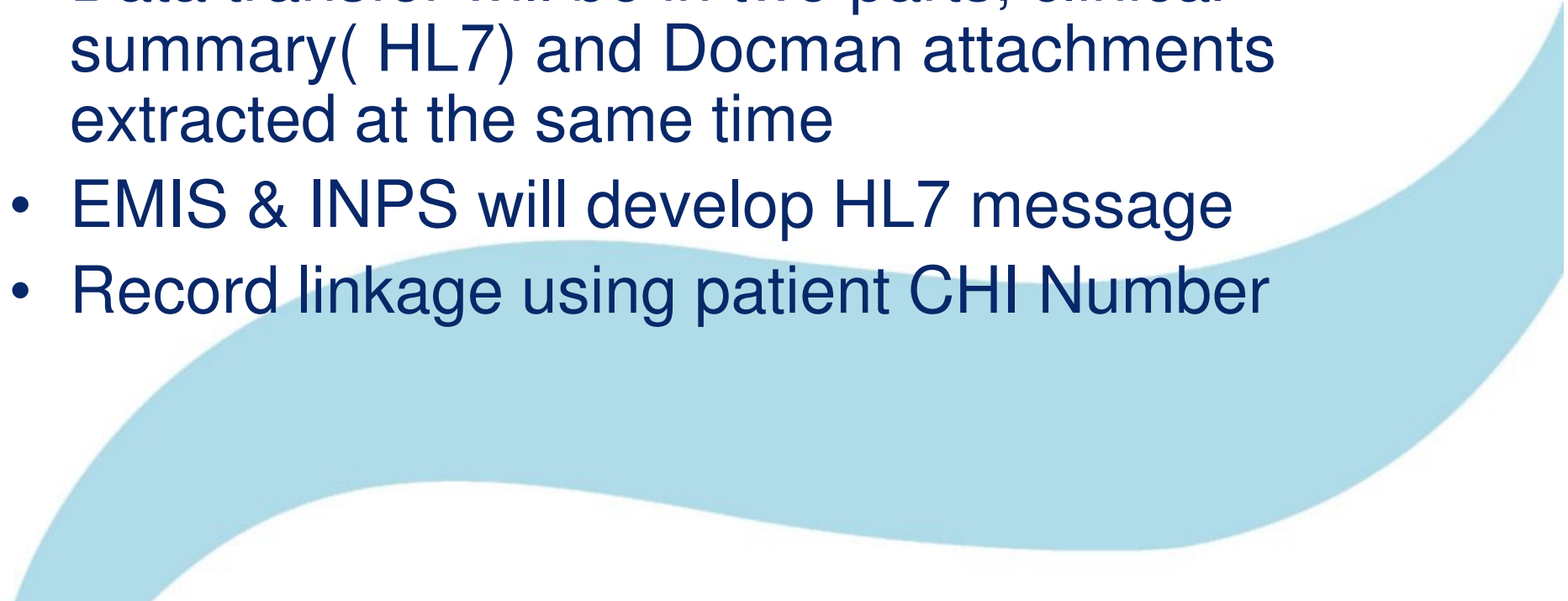
Progress to Date

- Commercial agreements in place
 - EMIS, Vision and Microtech
- All funding in place
- Requirements specification complete
- Test Plan agreed with all suppliers
 - Includes detailed Clinical Test Plan
- Pilot sites identified
 - Grampian / Lothian key areas
- Timescales in place
 - Subject to successful development and testing!

Timescales

- **All timescales are subject to change**
- Development – Now until Feb 2015
- Testing – Feb 2015 to May 2015
- Pilot – May 2015 to August 2015
- Rollout – Sept 2015 to Mar 2016
- Training and support processes are key activities

Phase 1 - Process

- Docman transfer process will be the trigger for data extract, **not** patient deduction
 - Important for practices to be aware of this
 - Data transfer will be in two parts, clinical summary(HL7) and Docman attachments extracted at the same time
 - EMIS & INPS will develop HL7 message
 - Record linkage using patient CHI Number
- 
- A large, light blue, wavy graphic element that starts from the bottom left and curves upwards and to the right, ending near the bottom right corner of the slide.

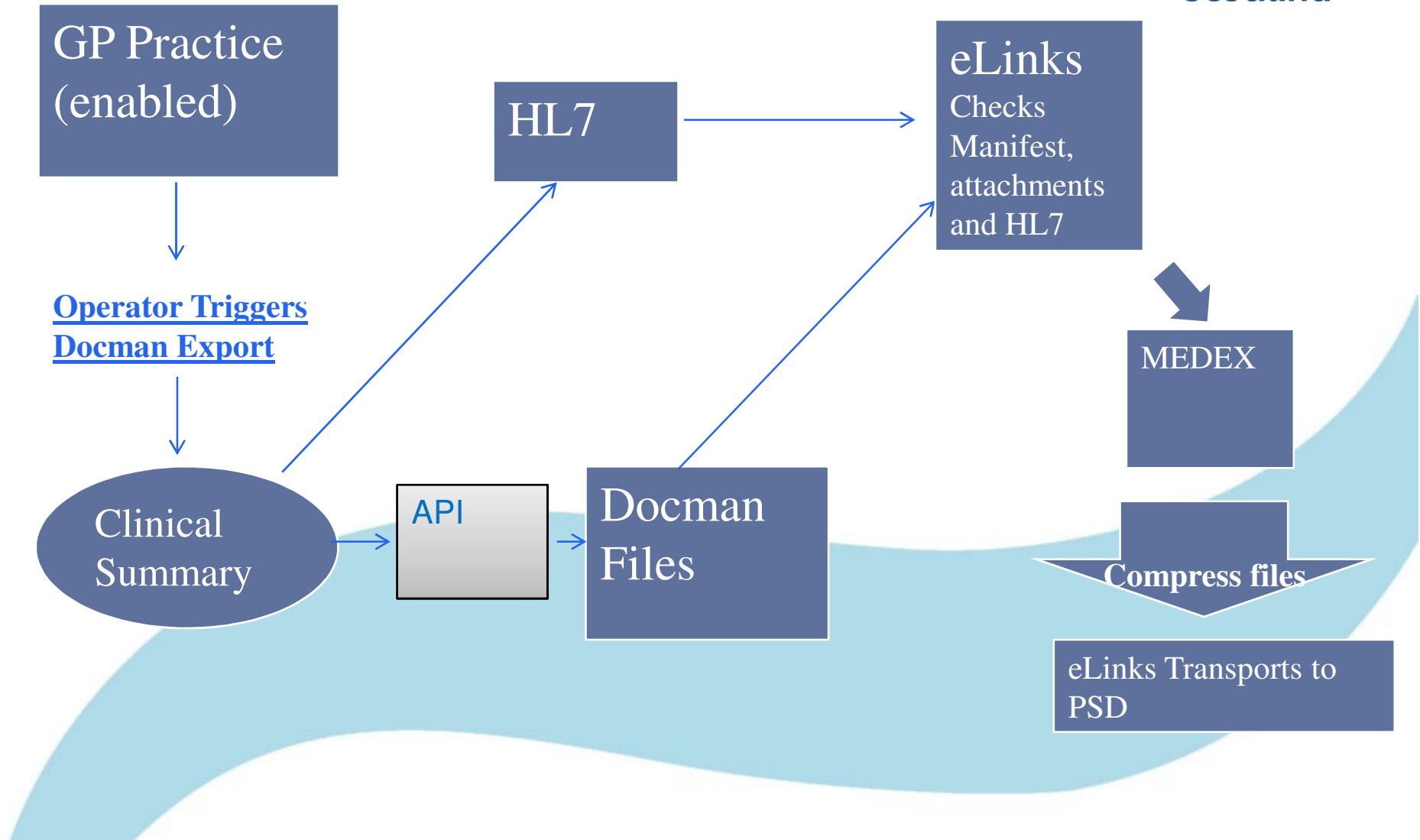
Phase 1 - Process

- Improve the Docman **export** by simplifying process (one button)
- eLinks /Medex Systems will confirm GP2GP status
 - Also used as transfer mechanism
- Develop **import** mechanism
 - Will include functionality to reject records if required
- Audit record is maintained on previous practice
 - All other parts of record transferred

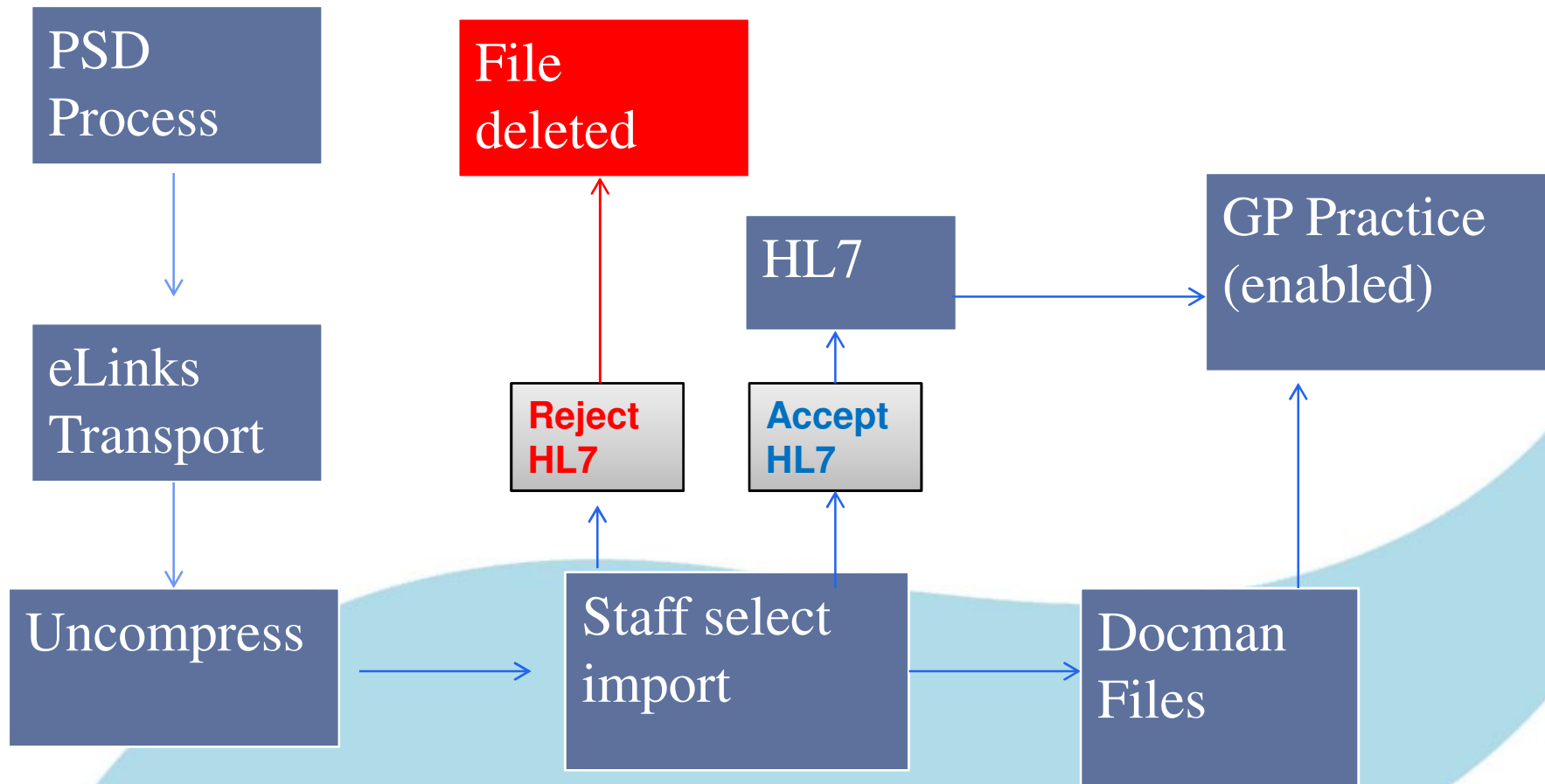
Software Process

- Software will check if receiving practice is GP2GP enabled, if not HL7 message not sent
 - No practice intervention required
- Switch on to be controlled by Health Board
- System matches HL7 with Docman transfer data, so single message to receiving practice
- If any failures in the process, support call to be raised
 - To be confirmed as part of pilot

Export Process



Import Process



Summary of Phase 1 Solution

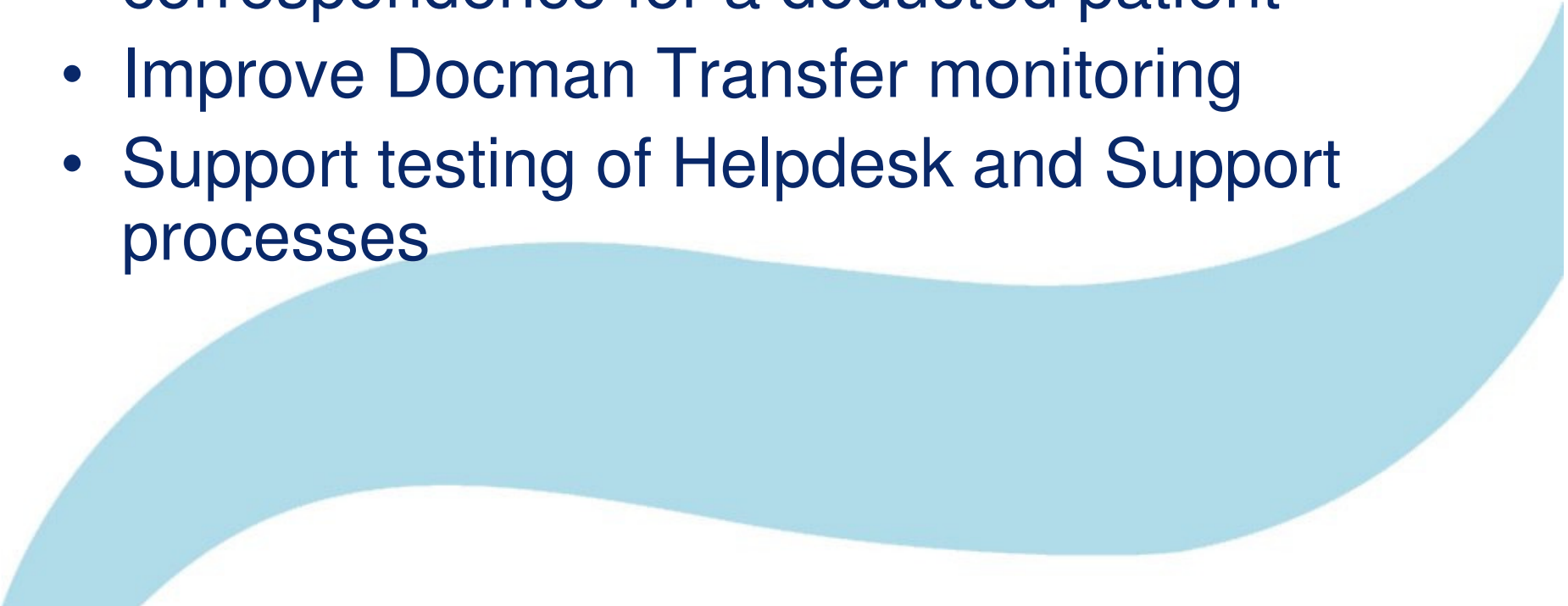


- “One click” to send files via Docman Transfer (as an Export)
- Still requires manual sending / trigger from practices
- 1 “message” received at new practice
 - HL7
 - Docman files
- Can reject incoming HL7 if required
- Switch on and rollout managed by Health Boards and practices

Practice Readiness

- Raise awareness within the practice to GP2GP project and timescales
- Continue to review Data Quality, structured coding
- Need to increase the frequency of Docman exports
- Raise the profile of the Docman Transfer within the practice
- Records filling frequency

Board Readiness

- Working with practices on unacceptable file types (linked Files)
 - Encourage the electronic transfer of correspondence for a deducted patient
 - Improve Docman Transfer monitoring
 - Support testing of Helpdesk and Support processes
- 

Future Plans and Direction

- Phase 2 planning to start by end of 2014/15
- To include:
 - *Cross Border sharing with NHS England*
 - *Solution for returning patients (known as “A-B-A”)*
 - *Automatic “pull” from old practice*
 - *Hosted Server improvements*
- Lessons Learned from Phase 1

Summary

- GP2GP Overview and Benefits
 - Progress to Date
 - Process within Practices
 - Timescales
 - Practice and Board Readiness
 - Future Plans and Direction
-
- Clear Benefits for GP Practices and patients
 - Continuation of Care

Questions?

jcameron2@nhs.net

Jonathan Cameron
Head of Projects and Programmes

A large, light blue decorative wave graphic that starts from the bottom left and curves upwards towards the right, partially overlapping the text.