

GP2GP


“Top 10 things practices should do to prepare for GP2GP”

23rd September 2015

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Agenda

- What is GP2GP?
 - Short and Long Term Benefits
 - Project Timescales
 - GP2GP Process Export and Import
 - Practice and Board Readiness
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GP2GP

- Transfer whole patient record
 - Electronic Clinical Record
 - 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.”

GP2GP

- Phase 1
 - Maintain current infrastructure
 - No big Process Change
 - Transfers between practices in Scotland
- Phase 2
 - *Cross Border Transfers with NHS England, Wales and Northern Ireland*

Approach to GP2GP – Phase 1

- Minimising risk
- Transitional approach and no big infrastructure change
- Safety net, retain as much of current process as possible – e.g. Docman and eLinks
- Rollout in line with practice and board readiness coupled with training
- Gain benefits from GP2GP without adversely disrupting GP Practices

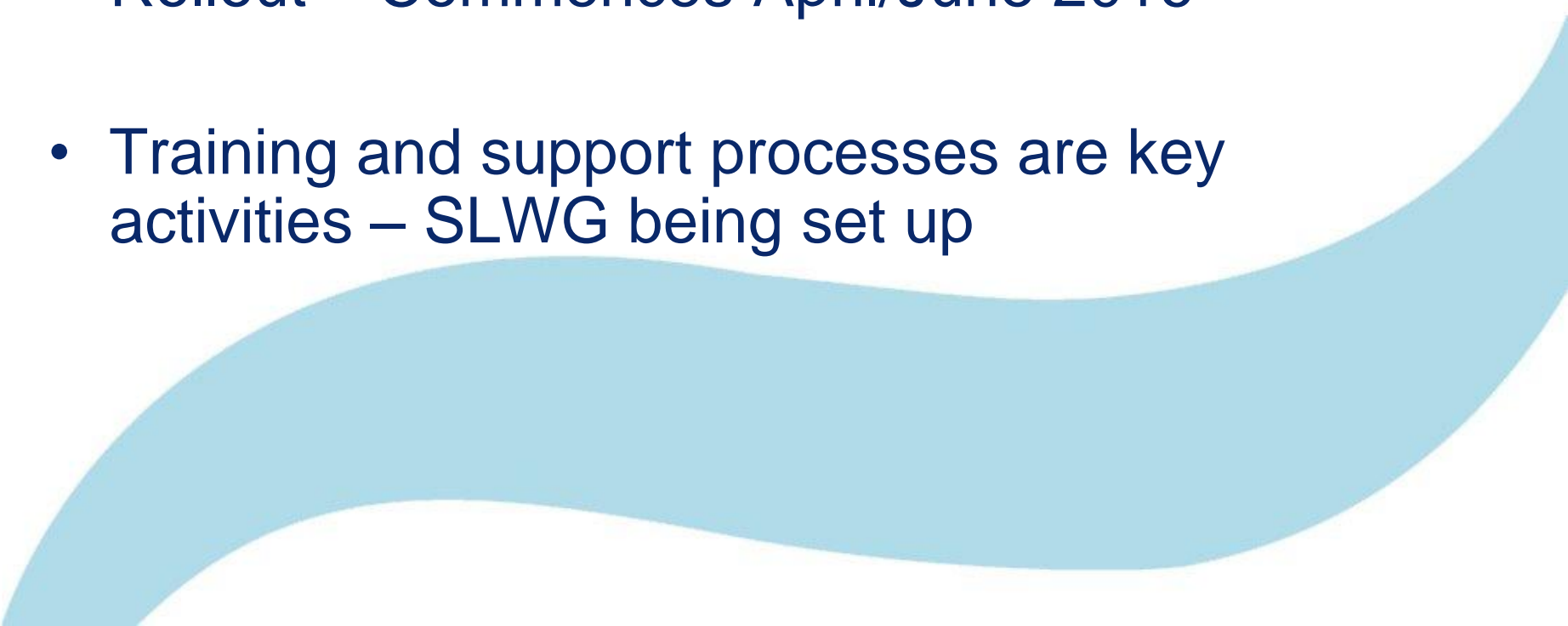
Expected Benefits of GP2GP Export – Short & Long Term

- **Improved quality and continuity of care**
 - Past medical history and information about medication, allergies, immunisations and vaccinations sent
- **Improved safety**
 - Accuracy of patient record
 - Reduced need for manual print outs
- **Clinical time savings**
 - Read coded and non read coded items sent
 - Any National and local codes sent from PCS to new practice
 - All lab results sent to new practice
- **Administrative time savings**
 - Improved automation “one click” for export process
 - QOF information readily available for export

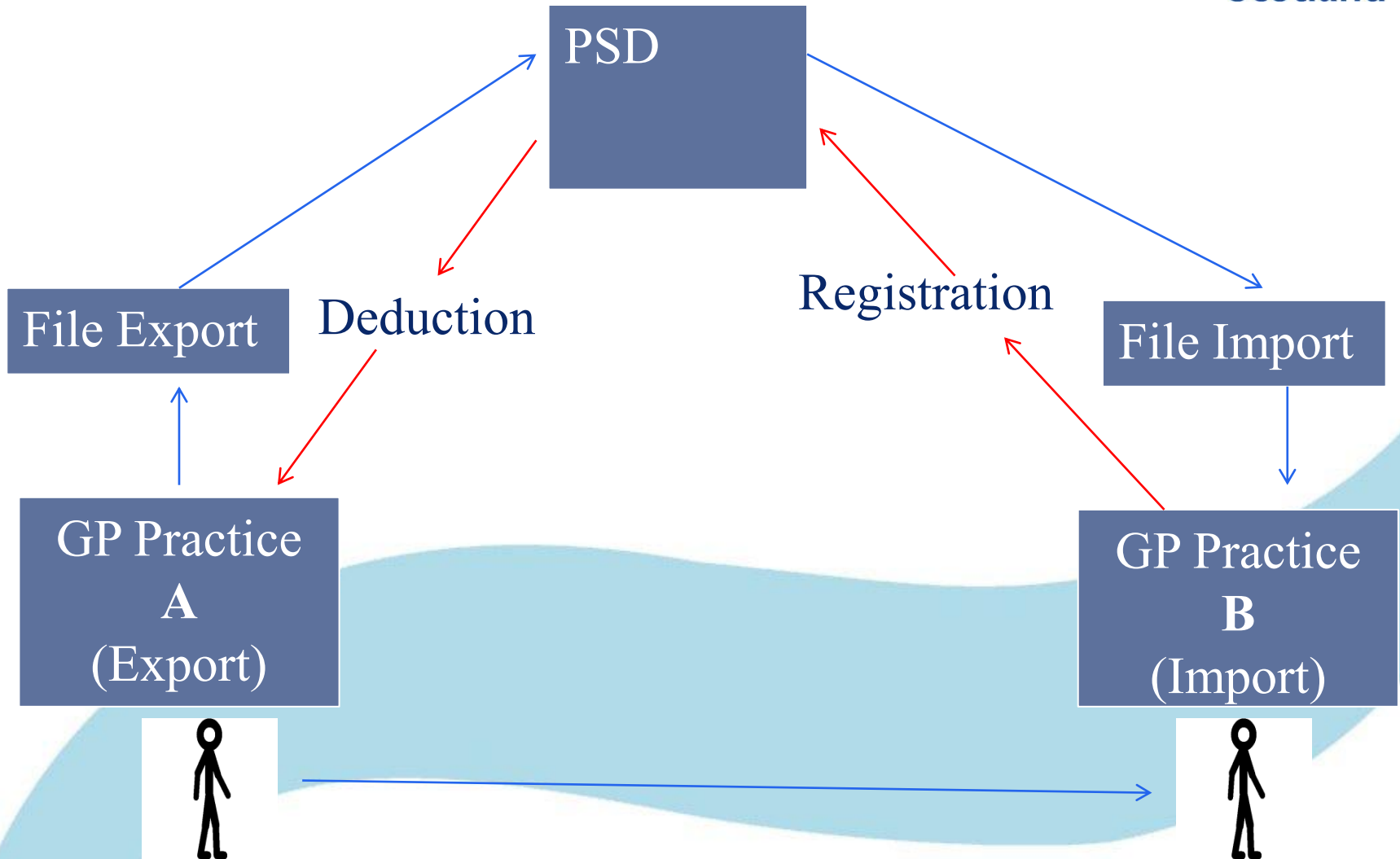
Expected Benefits of GP2GP Import - Short & Long Term

- **Improved quality and continuity of care**
 - Immediate access to the electronic health record
 - Past medical history available and information about medication, allergies, immunisations and vaccinations
- **Improved safety**
 - Less re-keying from manual printouts – more reviewing
 - Fewer errors, less scope for litigation
- **Clinical time savings**
 - Record available during initial consultations
 - More appropriate requesting of lab tests by new practice
- **Administrative**
 - Single click to initiate Import process
 - Less back entry of data - but more summarising
 - QOF information readily available

Timescales

- Development – Now until October 2015
 - Testing – October 2015 to January 2015
 - Pilot – Q1 / Q2 - 2016
 - Rollout – Commences April/June 2016
 - Training and support processes are key activities – SLWG being set up
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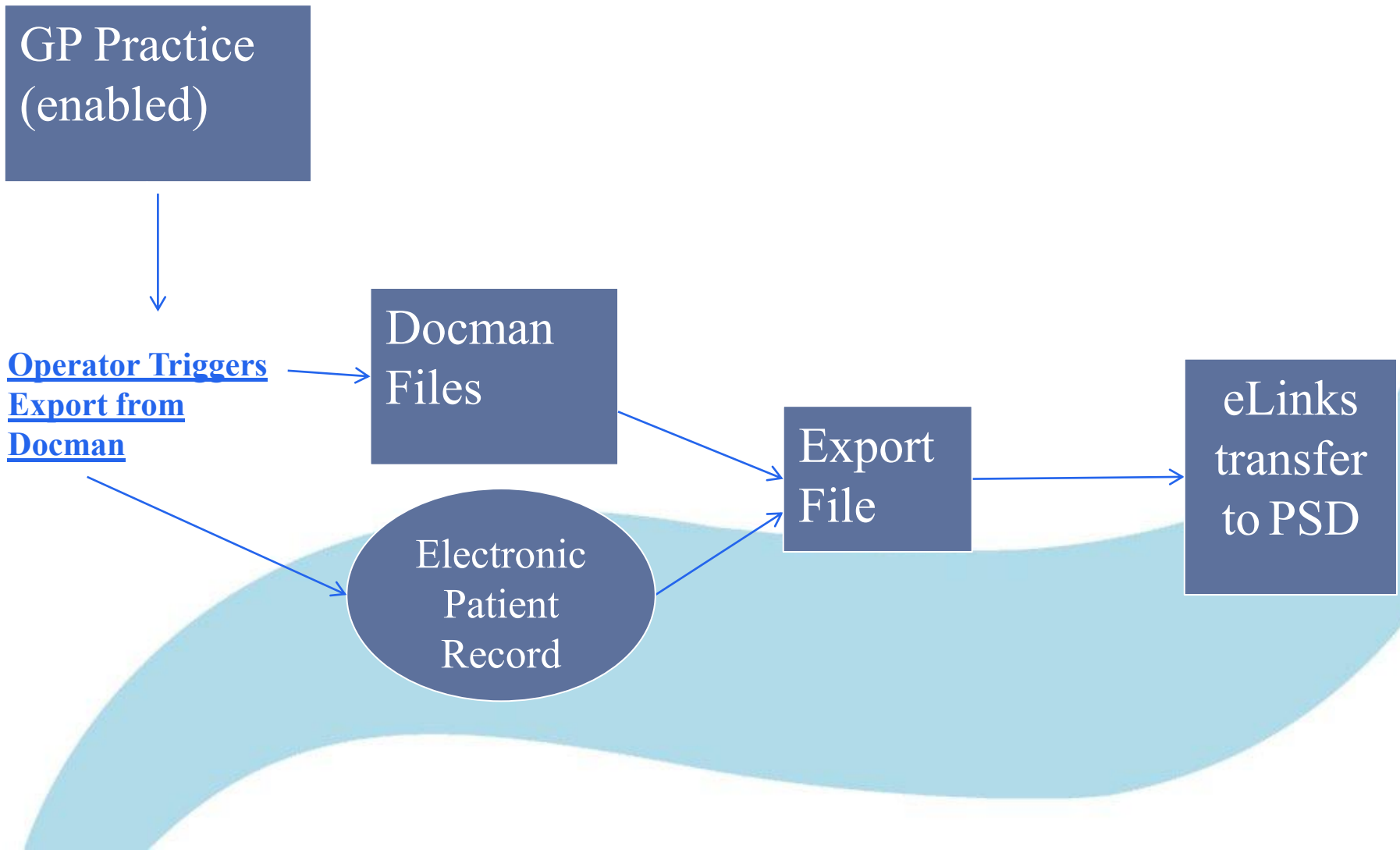
Process Overview



Export Process

- Starting the Docman transfer process is the trigger for the patient deduction
 - ✓ Practices must not process deductions through Partners
- The sending practice initiates the send process
- The transfer process starts with a single click
- Data transfer is a single file containing two parts
 - ✓ Electronic patient record
 - ✓ Docman attachments

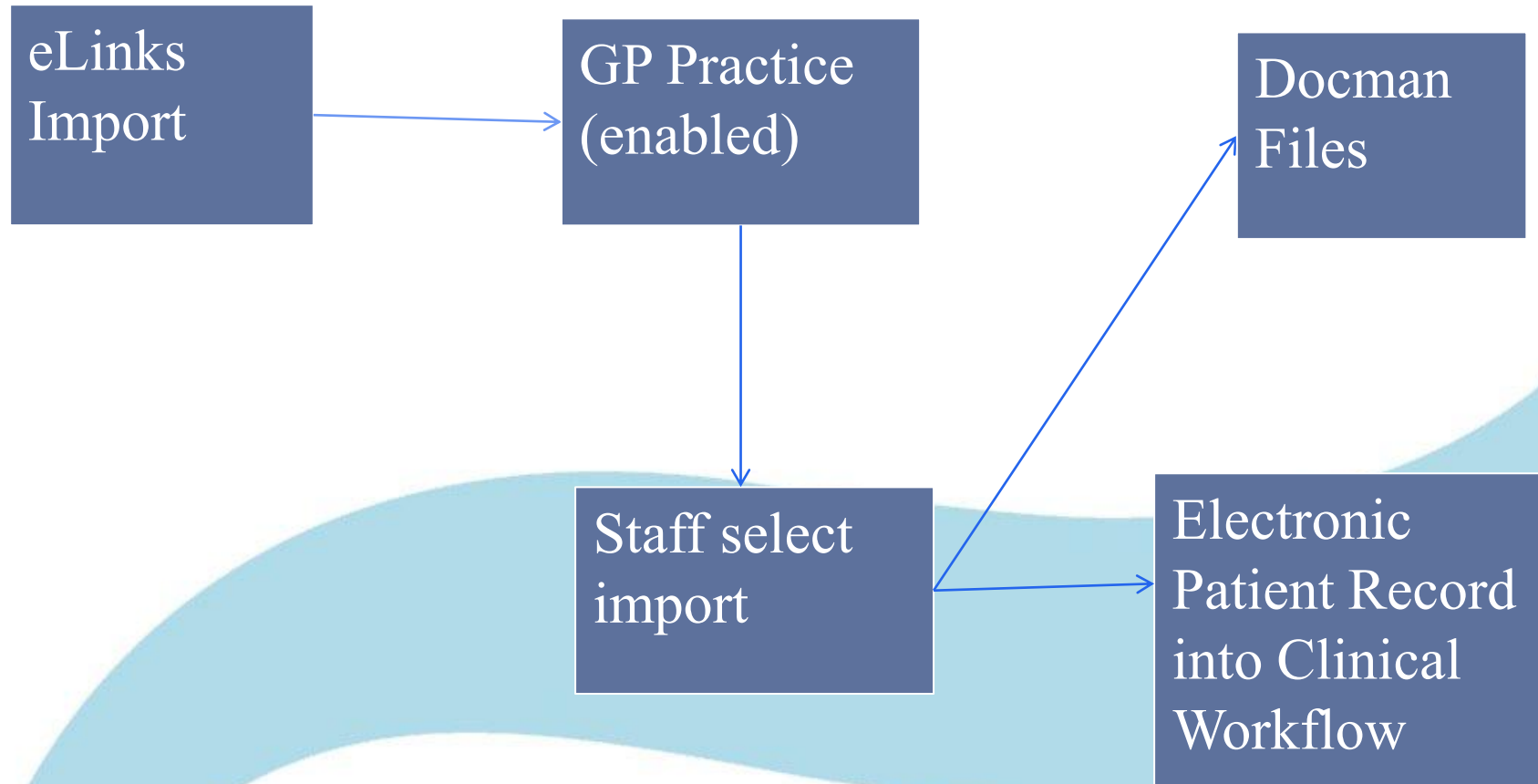
Export Process



Import Process

- Batch Import process is exactly the same
- If the practice is GP2GP enabled
 - ✓ Docman attachments filed in Docman
 - ✓ Electronic patient record to the Clinical system (Workflow / Mail Manager)
- In the Clinical system the patient record can then be viewed and filed

Import Process



Future Direction – Phase 2

- Phase 2 planning commenced in April 2015
- Discussions Include:
 - *Cross Border sharing with NHS England, Wales & N.I.*
 - *Solution for returning patients (known as “A-B-A”)*
 - *Automatic “pull” from old practice (necessitates business process change)*
 - *Hosted Server improvements*
- Lessons Learned from Phase 1

Questions?

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The Nuts and Bolts

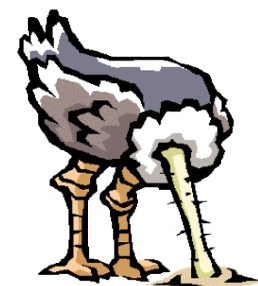


Boards

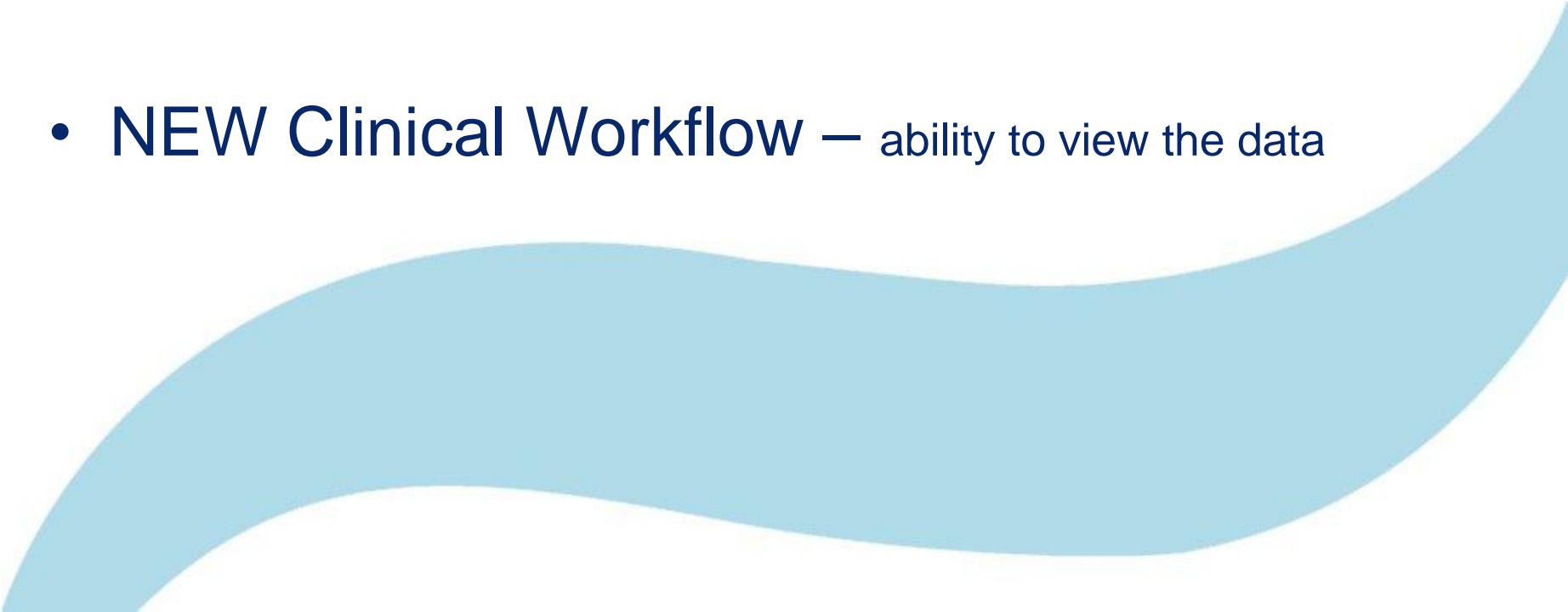
- Working with practices on unacceptable file types (Black list from PSD)
- Improve Docman Transfer monitoring (Timescales are paramount)
- Ensure clarity (Helpdesk & Support processes)
- Think about awareness sessions
 - each practice works differently
 - clinical systems look and record differently

Practice – Exporting

- Initiating export process will include acceptance of deduction in partners and also cancellation of CMS etc
- Raise awareness — (its coming ready or not)
- Review Data Quality, structured coding
(SCIMP guidance available)
- Frequency of Docman exports



Practice - Importing

- Import process — looks the same
 - Docman import — is the same
 - NEW Clinical Workflow — ability to view the data
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Practice - Considerations

- Registration process

				Docman Import		Paper Records			Basic Info	Main
Name	DOB	Date Registered	Given to ?GP	Yes / No	Date Rec'd	Yes / No	Date Rec'd	Date to be summarised by:	Date Summarised	

				Docman Import		Paper Records		GP2GP			Basic Info	Main
Name	DOB	Date Registered	Given to ?GP	Yes / No	Date Rec'd	Yes / No	Date Rec'd	Yes/No	Accepted yes/no	Date to be summarised by:	Date Summarised	

Practice - Consideration

- Data entry systems - different

Heading	Content
P - Problem	
H - History	
E - Examination	
M - Medication	
V - Family History	
O - Social	
C - Comment	
L - Result	
F - Follow up	
Q - Test Request	
R - New Referral	
G - Allergy	
V - Referral Activity	
- Additional	

Multiple lines
Read coding optional

History - Add

Event Date: 11 September 2015 Clinician: Admin. Dr. ☐ Private Read Term for Characteristic: Comment: Type of Characteristic: Examination Episode Type: Other Priority: 3 End Date:

Single line entries
Read coding compulsory

Practice - Considerations

- Trust
 - How many currently trust a summary for another practice
 - GOGI - garbage out = garbage in
 - ? QSA
 - Re-organising
 - Different formats
 - Dealing with derogated data - recoding
 - Different problem levels - Active/Past and Priorities
 - Remember KIS/APCA/EPCS/CMS etc
- ? Print a patient summary or similar after import to enable you to see the information in the record

Someone



Data Checking

? a guideline/template / report /data style sheet or similar aligned to SCIMP summarising guidance that will pull out all data within the electronic record being imported

This could highlight:

- ✓ data already in the record (that may need to be re-organised to suit the practice)
- ✓ data missing from the record that can you checked when the paper record arrives (if there is one)

Summary



Suggested Read Codes


.9349

- Electronic general practitioner medical record received

.93340

- Electronic record notes summary verified

Thank you...for attending our
overview / awareness session

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