EXCHANGING PATIENT RECORDS

Joint project newsletter of Docman Transfer, GPConnect and *Practitioner Services*

NHS National Services Scotland

The newsletter for General Practitioner (GP) practices and Practitioner Services (PSD) Medical staff, produced by the Practitioner Services eMedical Programme, who are working to develop new processes and systems to undertake the electronic transfer of records when a patient transfers between practices in Scotland.

If you have any queries or require further information on anything featured in this newsletter please contact - **Mandy.Barlow@nhs.net**

DEVELOPING ELECTRONIC TRANSFER OF RECORDS
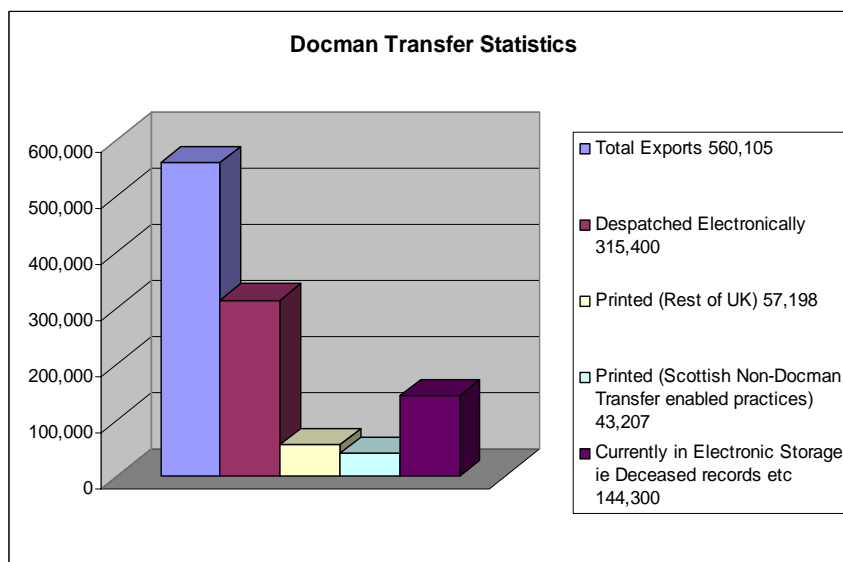
Practitioner Services (PSD)

Docman Transfer Rollout

Docman Transfer has been rolled out successfully to 13 NHS Board areas. Only NHS Orkney remains. As at 30 September 2009, the total number of practices that are now live for Docman Transfer is **941 (92%).**

The target is to have Docman Transfer rolled out to 97% of GP practices by the end of this financial year.

Docman Transfer Information

The following chart provides up-to-date information regarding Docman Transfer since its introduction in December 2006 to 30 September 2009:

Docman Transfer Statistics

- Total Exports 560,105
- Despatched Electronically 315,400
- Printed (Rest of UK) 57,198
- Printed (Scottish Non-Docman Transfer enabled practices) 43,207
- Currently in Electronic Storage, ie Deceased records etc 144,300

Further information regarding Docman Transfer can be found on the PSD website: http://www.psd.scot.nhs.uk/professionals/medical/DocmanTransfer.html

See overleaf for details of the new improvements to the Docman Transfer process.

DOCMAN TRANSFER PROCESS IMPROVEMENTS

In line with the 'Medical Records Process Improvements' document, supported by SGHD, the following improvements to the Docman Export and Import process are being implemented. These changes are reflected in the updated GP Guidelines that are available on the Docman Transfer pages of the PSD website together with a link to the 'Medical Records Process Improvements' document:

http://www.psd.scot.nhs.uk/professionals/medical/DocmanTransfer.html

ARCHIVING

Currently, GP Practices can voluntarily archive records in Docman. As the GP clinical system audit trail cannot be transferred with the patient records, and it is unlikely this ability to transfer audit trails will be available in the foreseeable future, there is a need to ensure audit trails are retained in practices and are accessible if required. In the event that a practice requires access to the archived records (in line with the Data Protection Act), supplier intervention is currently necessary.

In order to improve this current situation, the following improvements have been made and are available in DocMan Version 7:1237, released on 15 June 2009.

✓ **Archiving of Docman Images**

➢ Archiving on export is now mandatory within Docman.

This will ensure that all records/clinical system summaries associated with a patient are kept together, eliminate the likelihood of records being deleted, and ensure the audit trail is as robust as possible.

The main benefit of this new functionality is that practices will ensure they remain within the terms of the Data Protection Act by automatically archiving patient records on export.

✓ **Un-archive Functionality of Docman Images**

➢ An un-archive functionality has been developed in Docman, with a list of acceptable reasons that will be recorded against the patient audit trail.

This un-archive functionality allows practices to access a copy of the archived Docman records, under agreed circumstances, thus removing the need for supplier intervention. The original archived record is left untouched.

Records should only be un-archived for the following reasons:

- Deceased patient – eg family request, insurance claim, solicitor request due to medical claim, cancer research (with ethical approval), police enquiry
- Audit – eg QOF reviews, enhanced services, practice audits
- Complaints

Only the reasons above should be noted within the 'Reason for Restore' free text box. For information, the 'Reason for Restore' will be a configurable list in the next Docman release.

The main benefit of this new functionality is that practices will have more control over access to ex-patient records rather than relying on suppliers to provide access to necessary files or for PSD to print the Docman records and send back to the practice ie deceased patient records.

Once you have completed the necessary information requests or checked the required data, the copy of the archived record can then be deleted, following the normal deletion process. We would recommend that GP Practices delete the documents as a whole.

Please note: The audit trail will be held as a PDF document in the Deleted Folder, alongside the deleted documents, and will be retrievable if necessary. The original archived record is left untouched.

There is a requirement for each NHS Board to develop a process to monitor the use of the un-archive functionality within practices, possibly as part of routine visits.

INFORMATION FOR PRACTICES

The following Docman Transfer development has yet to be finalised and will require a phased implementation plan:

✓ **White List**

> A white list of acceptable file types that may be transferred via Docman transfer is to be implemented. This will mean that if practices attempt to export Docman packages containing unacceptable file types, they will be required to convert the problem file(s) to an acceptable file type before packages will successfully export. This white list will be aligned with the GP2GP programme in England for future compatibility.

> Once discussions have been completed and the content of the white list agreed, a phased implementation plan will be developed and shared with practices. This will give practices the opportunity to familiarise themselves with the while list and the conversion process. Guidance will be made available in advance of the white list go-live.

OTHER AREAS OF INTEREST

✓ **GP Clinical System Extracts**

The current contractual requirement is that practices must send the complete medical record onwards to PSD when a patient leaves their practice. This can be done in two ways:

> Extract, print and send with the paper record
> Extract and save within the Docman folder and send electronically

However, the requirement to extract and transfer the whole medical record is causing problems for both PSD and practices due to it's size, particularly for those practices which are fully electronic or paper-light but still receive paper records. In addition, the full clinical records extract from the system is often in a clinically unusable form and of little use to the receiving practice. As an example PSD have had to print off in excess of 1000 pages to send to England, the bulk of which was unreadable.

There has been some confusion over the actual requirements of the information that is needed to be transferred and the names of the reports that are available in the various clinical systems. In consultation with the programme board the following has been agreed:

Practices should ensure that the information they provide from the GP Clinical summary should include, as a minimum:

- Patient demography
- Repeat prescriptions
- Recent active prescriptions
- Adverse drug reactions
- Screening – Immunisations
- Screening – cervical cytology
- Clinical summary (prioritised to system standards)
- Referrals (if recorded)
- Details of every contact with patient (Read codes and free text)

Information *not* required includes appointment details.

The table below describes the clinical system and the available reports that meet the minimal requirements:

GP System	Report Name
GPASS	Data Protection Summary
Vision	Full Report
EMIS	Medical record printout
Ascribe	Summary of patient record

Reminder: The GP Clinical summary should be filed in the:

- National Filing Folder Name - **Clinical**
- Description – **GP System Record**
- Organisation – **Exporting Practice Name and Practice Code**

✓ Cross Border Transfer

PSD recently met with representatives from the home countries to identify options for electronic cross-border transfer of records. A two day workshop is planned to discuss this further with the aim of working towards an interoperable electronic transfer process. Further information will be provided in due course.

GOOD PRACTICE CHECKLIST – DOCMAN EXPORTING/IMPORTING

✓ Good Practice - Docman Exporting

- ➢ Wait until the deduction has been received for the patient via Partners before exporting the Docman records.

- ➢ Remember to check the reason for removal as not all deductions require the Docman records to be exported for example – Transfers within the practice (K Transfers).

- ➢ Add the GP Clinical summary to the Clinical folder in Docman before exporting. Take care when adding to Docman to ensure that the summary has been added to the correct patient record.

- ➢ Check for any 'Not in Folder' items before exporting and refile as necessary.

- ➢ Take care when selecting your answer to the export message prompt as to whether the patient's record is fully scanned - Yes if fully scanned and no paper records to follow; No if paper records exist

- ➢ If returning paper records to PSD, remember to complete the Patient Transfer Notification form and attach to the front of the records.

- ➢ If no Docman records exist for the patient and no electronic transfer, remember to select 'No Images' on the Patient Transfer Notification form.

✓ Good Practice – Docman Importing

- ➢ Check your import folder regularly

- ➢ Check that all records have been imported into Docman before running the archive routine