



## ***National eHealth Programme***

### **PRIMARY CARE MEDICAL RECORDS**

### ***MEDICAL RECORDS PROCESS***

### ***IMPROVEMENTS***

**Version: 2.0**

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## Document Control

Configuration History Sheet		
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<b>Associated documentation</b>	1 .Legal framework
	Data Protection Act 1998: <a href="http://www.opsi.gov.uk/acts/acts1998/ukpga_19980029_en_1">http://www.opsi.gov.uk/acts/acts1998/ukpga_19980029_en_1</a>
	2. Guidance/Policies
	Records Management: NHS Code of Practice (Scotland) version 1.0 <a href="http://www.scotland.gov.uk/Publications/2008/07/01082955/0">http://www.scotland.gov.uk/Publications/2008/07/01082955/0</a> SCIMP Good Practice Guide 2006 <a href="http://www.scimp.scot.nhs.uk/gpg/documents/GPG%20September%20%202006_master.pdf">http://www.scimp.scot.nhs.uk/gpg/documents/GPG%20September%20%202006_master.pdf</a>
<b>Approved by</b>	SGHD, SGPC, SCIMP, NSS eHealth
<b>Date approved</b>	1/10/09

This document requires the following approvals:

Name	Signature	Representing	Date of Issue
Brian Robson		NSS eHealth	01/10/09
David Prince		SGPC	01/10/09
Libby Morris		SGHD	01/10/09
Nadine Harrison		SGHD	01/10/09

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**Further information:** Practitioner Services Division and SCIMP web site

<http://www.psd.scot.nhs.uk/index.html>

[http://www.scimp.scot.nhs.uk/eRecords\\_advice.html](http://www.scimp.scot.nhs.uk/eRecords_advice.html)

# INDEX

<b>1. INTRODUCTION .....</b>	<b>4</b>
<b>2. BACKGROUND .....</b>	<b>5</b>
2.1. GP Registration & Transfer Process .....	5
2.2. Electronic Transfer Process .....	5
<b>3. AREAS FOR IMPROVEMENT .....</b>	<b>7</b>
3.1. Audit and Access .....	7
3.2. File Types.....	10
3.3. GP Clinical System Extracts .....	10
3.4. Retention & Disposal of Electronic Records .....	11
<b>4. FURTHER INFORMATION.....</b>	<b>14</b>
<b>5. APPENDIX A – PROGRAMME BOARD MEMBERSHIP .....</b>	<b>15</b>
<b>6. APPENDIX B – GP REGISTRATION &amp; TRANSFER PROCESS .....</b>	<b>16</b>

## 1. Introduction

The Docman Transfer project was initiated in 2006 to enable the electronic transfer of Docman records between GP Practices (Docman records are the letters and correspondence in patient records which have been scanned and filed electronically). As at 30<sup>th</sup> September 2009, 13 NHS Boards and 92% of GP Practices were Docman Transfer enabled.

If practices send Docman Patient files to a practice which is not enabled for Docman Transfer or is out-with Scotland, Practitioner Services Division (PSD) has to print off the Docman images and forward them to the receiving practice along with the historic paper record. For Docman to Docman transfers, PSD continues to transfer the historic paper record.

According to the SCIMP Good Practice Guidelines for Electronic Records 2006:

*“The transfer of paper GP records alongside electronic ones will continue for the foreseeable future”*

This is due to the fact that the Patient Record consists of several parts, namely the A4 folder, Lloyd George envelope and any historical paper notes that exist. There are options available to practices in relation to ‘back-scanning’ paper records<sup>1</sup> but until a national agreement is formed, use of the paper record will continue.

PSD continues to store both paper and electronic records as required e.g. for deceased patients and ‘transferred off’ patients (see Section 3.4).

Some of the processes currently undertaken in relation to Records transfer are labour-intensive and potentially at risk of contravening certain pieces of legislation. The GP Connect Programme Board considered these issues and identified possible solutions which are documented in this paper. (See Appendix A for Programme Board membership details). This paper sets out a high level overview of the Records transfer process, highlights current issues and areas for improvement, and describes agreed solutions to these issues. In the

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<sup>1</sup> A back-scanning options paper is available at <http://www.scimp.scot.nhs.uk/>

next steps, SCIMP guidance will be updated and a communication to NHS Board IM&T Facilitators and GP Practices prepared.

## 2. Background

### 2.1. GP Registration & Transfer Process

The current GP medical record transfer process is initiated when a patient registers at a new GP Practice. Patient details are entered on to the Practice clinical system; this triggers a PARTNERS registration message which is transferred via eLinks to CHI. PSD staff are responsible for reviewing and accepting/declining registration requests. Approval of a registration request triggers a Deduction message and a Medical Records Request message, both of which are sent to the patient's previous GP Practice. Similarly an acceptance message is sent to the patient's new GP Practice.

Patient medical records are returned to PSD by the previous GP Practice, who subsequently update the patient record on CHI. Practices also return records for patients who are deceased or who have left the practice for other reasons. Medical records are then transferred accordingly (i.e. to the new GP Practice, to another PSD Regional Office, to the relevant Health Authority/Agency elsewhere in the UK, or to storage). Records sent to storage are typically for patients who are deceased, in the Armed Forces, have moved out-with the UK, or are deemed 'untraceable'. Processes are also in place for the transfer of patient records relating to Service Dependents, Witness Protection and Adoption cases. (See Appendix B for further information regarding the registration and transfer process).

### 2.2. Electronic Transfer Process<sup>2</sup>

- PSD is responsible for supporting the electronic transfer of patient records and provides the following support facility to GP Practices:
- Investigating 'Exceptions' i.e. where patient details have failed the automatic matching process against CHI
- Printing electronic documents for non-Docman Transfer enabled practices (currently approximately 19% of transfers) and including these with the paper medical record

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<sup>2</sup> For detailed information see <http://www.psd.scot.nhs.uk/professionals/medical/patient-registration.html>

- Printing electronic documents for patients transferring out-with Scotland but within the rest of the UK (currently approximately 14% of transfers) and including these with the paper medical record
- Retrieving and printing deceased patient records from electronic storage (at the request of, for example, GP Practices in response to Insurance enquiries)
- Monitoring outstanding transfer requests (i.e. whereby patient records have not been returned by the original GP Practice)
- Manually checking and updating CHI for those GP Practices submitting fully electronic records marked as Docman only i.e. where no paper record exists
- Managing miscellaneous calls from GP Practices

Ultimately the process of transferring records electronically will evolve and develop into a forerunner of the full GP2GP transfer (clinical summary export and import).

### 3. Areas for Improvement

This section highlights issues and areas for improvement and provides details of the solutions/next steps (as agreed by the Programme Board; see Appendix A for membership details).

#### 3.1. Audit and Access

##### 3.1.1 The Data Protection Act 1998

The 2004 General Medical Services (GMS) Contract requires Scottish GPs to send “the complete records relating to a patient to the Health Board”<sup>3</sup> following the patient’s death or transfer to another practice. The Data Protection Act 1998 states that data should not be held inappropriately or for longer than necessary. According to the SCIMP Good Practice Guidelines 2006:

*“this would reasonably be interpreted as meaning that when the patient moves away and/or registers with a new GP the electronic records held by the former GP should be deleted”*

Normally the GP record will consist of three elements; the historical paper record, the Docman images, and the content of the GP clinical system (often referred to as the Data Protection Summary or clinical summary) which is extracted from the system when a patient leaves the practice and can be transferred electronically with the Docman images or printed and sent with the paper record.

However, the audit trails within the GP clinical system record and the Docman record cannot be transferred electronically from one practice to another, and it is unlikely that the ability to transfer audit trails will be available in the foreseeable future<sup>4</sup>. Both GP clinical system records and Docman images should therefore be retained in Practices to ensure audit trails are available if required. As a result, the General Practitioners Committee (GPC) and Information Commissioner have agreed that:

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<sup>3</sup> It should be noted that PSD carry out this task on behalf of the NHS Boards

<sup>4</sup> It should be noted that this is not a feature of GP2GP in England and therefore practices are still be required to retain copies of the patient record on their clinical system after the patient has left the practice

*“GPs are exempt from complying with the Fifth Principle of the Data Protection Act 1998 and are not expected (or advised) to delete the records of ex-patients<sup>5</sup>”*

Previous guidelines (in line with DPA etc) stated that although still available within the practice, deducted records which have been deactivated should only be accessed in legitimate and justifiable circumstances e.g. accessing records for a deceased patient for insurance purposes. However there are clearly reasons for reactivating elements of a patient record that would meet the needs of the GP and patient resulting in improved clinical safety, e.g. a student returning as a temporary resident during the vacation.

Discussions between SGHD, SCIMP and SGPC have reviewed the requirements in line with the current process and make the following recommendations:

### **3.1.2 Reactivating GP clinical system records**

Queries have been raised regarding the reactivation of records for deducted patients who are returning to the Practice following a period elsewhere. It has been agreed that the GP clinical system record can be reactivated for both patients returning to practice and temporary residents. However due care should be taken as the record will be out of date and there will be a gap in clinical and prescribing information. If a patient re-registers with the practice and the patient record is reactivated then care will need to be taken to note this and update this record once information is received from the sending practice

It should be noted that this process causes problems in England with the GP2GP process and may need to change at some point in the future as we further develop the electronic record

### **3.1.3. Archiving of Docman Images**

The following functionality has been developed and guidelines distributed to practices.

Archiving on export has been made mandatory within Docman

- An un-archive function will be made available within Docman, with a list of acceptable reasons that will be recorded against the patient record audit trail (see 3.1.4 below).

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<sup>5</sup> SCIMP Good Practice Guidelines 2006

[http://www.scimp.scot.nhs.uk/gpg/documents/GPG%20September%20%202006\\_master.doc](http://www.scimp.scot.nhs.uk/gpg/documents/GPG%20September%20%202006_master.doc)



A process for monitoring use of the un-archive function should be established within each NHS Board area as part of practice visits.

Practices have been issued with details on how to download the functionality, guidance and training material for this new functionality.

GP Practices may continue to retain paper and Docman records for deceased patients for a period of 6 weeks after the date of death, to enable a quick response to information requests. After 6 weeks practices should send the full patient record to PSD for long term storage and archive their own copy

### **3.1.4 Reactivating Docman images for temporary and returning patients**

Problems arise with reactivating of Docman images for returning patients as this information will also be sent electronically to the practice resulting in duplication and confusion (for example an image may have additional information added from the sending practice that may be missed.) The following process should be followed for reactivation of Docman records:

- Temporary resident records can be un-archived and should be re-archived at the end of the temporary resident contract. The current process for temporary residents should be followed for sending information to PSD
- If patients re-register with a practice, Docman images **should not** be un-archived in order to avoid duplication, complication, and clinical risk. If, once the full record has been received (including the paper record) it is clear that electronic images will not be available (i.e. the sending practice is not Docman transfer enabled) then the practice can un-archive Docman images and amend/update as required from the paper record. It should be noted that the electronic (Docman) record will normally be available within 48hrs.

Additional reasons for un-archiving Docman images include:

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

Practices should be aware that if they are considering accessing ex-patient files for the purposes of research, they require explicit consent from each patient.

### **3.2. File Types**

Currently the Medex system (PSD system used to support Docman Transfer) holds a 'blacklist' of file types known to cause problems in transit (e.g. unable to print, unable to be viewed without specific software). The list operates on file extension type and will halt, within Medex, medical records received from Practices which contain one or more of these file types. Both PSD and Microtech are required to intervene to resolve file type issues and to arrange for Practices to resend Docman packages.

In order to reduce the level of intervention currently required by multiple parties, and to bring file types more in line with those used in England (thus reducing the likelihood of cross-border transfer issues in the future), a 'whitelist' of acceptable file types will be developed. This whitelist will be aligned with the GP2GP programme in England and other eHealth initiatives, and will be developed within Docman. As such, once the white list is implemented, if Practices attempt to export Docman packages containing unacceptable file types (i.e. those not on the white list), they will be required to convert the problem file(s) to an acceptable file type from the white list before packages will successfully export<sup>6</sup>.

### **3.3. 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 receiving paper records. In addition the full clinical record 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.

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<sup>6</sup> For further detail on acceptable files types see Section 6.4 of the SCIMP Good Practice Guidelines 2006  
<http://www.scimp.scot.nhs.uk/gpg.html>

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. The following has been agreed in consultation with the programme board:

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

- Patient demography
- Repeat prescriptions
- Recent active prescriptions
- Adverse drug reactions
- Screening:
  - Immunisations
  - cervical cytology
- Clinical Summary (with appropriate prioritisation of clinical codes)
- Referral details (if recorded)
- Details of every contact with patient (Read codes and freetext)
- Lab results which are sent directly to the clinical system (as opposed to lab results that have been scanned into Docman)

Information **not** required includes appointment details and other administration details.

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

<b>GP system</b>	<b>Report name</b>
GPASS	Data Protection Summary
Vision	Full Report
EMIS	Medical record printout
Ascribe	Summary of patient record

### **3.4. Retention & Disposal of Electronic Records**

The guidance for the retention and disposal of GP medical records are contained in “Records Management: NHS Code of Practice (Scotland)<sup>7</sup>”. This paper states that

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<sup>7</sup> <http://www.scotland.gov.uk/Publications/2008/07/01082955/0>

“Electronic Patient Records (EPRs) – GP only – must not be destroyed, or deleted, for the foreseeable future”. This statement relates to the GP clinical system record, because it will not be possible to “transfer the EPR audit trail between systems in the foreseeable future”.

The retention and disposal of electronic Docman images should be treated in the same manner as the GP paper medical record, as set out in the following table:

Category	Retention Period
Transferred Off and Embarkation	Records will be kept for a minimum of 6 years. If patient is aged under 25 years when transferred off, the retention period will be longer. Records will be kept until the patient is aged 25 years or for a period 6 years, whichever is the longest time period. After this retention period, records will be destroyed. Records for embarked patients can be kept longer at individual patient request.
Deceased	These will be kept for 3 years after Date of Death unless the NHS Board has specified they be kept longer. After this retention period, records will be destroyed.
Removal at request of Doctor, Enlistment to Armed Forces and Long Term Hospital Care	These will be retrieved from storage if the patient re-registers with a GP. They will be retained until deceased and then kept for three years after Date of Death. After this retention period, records will be destroyed.

The MedEx system will be developed in line with these guidelines to ensure electronic records are not retained beyond the minimum retention period.

### 3.5 Temporary Residents

Patients can register as Temporary Residents at a GP Practice in addition to their own if they are going to be in the area for less than 3 months. These registrations are not transmitted through PARTNERS and as such do not trigger the transfer of medical records or the provision of a CHI number. Once expired (i.e. patient leaves the Practice) the paper records, together with printed Docman images, are batched with similar records and forwarded to PSD. PSD subsequently attempt to match patients with CHI and forward the

medical records accordingly. In cases where patients cannot be identified, the records are shredded.

A review of the process for transferring Temporary Resident medical records is currently underway within PSD to determine if a more efficient electronic process can be developed. This would result in records for temporary residents being archived once the patient has left the practice.

#### **4. Further information**

Further information regarding the developments and what they mean to Practices in terms of rollout timescales, training/guidance, etc will be made available in due course.

In the meantime, for further information on Records transfer, Docman transfer, GP connect or contact numbers please refer to either the Practitioner Services website or the SCIMP website:

<http://www.psd.scot.nhs.uk/index.html>

<http://www.scimp.scot.nhs.uk/>

## 5. Appendix A – Programme Board Membership

### **GP Connect Programme Board**

Executive – David Knowles

Head of Programme – Tony Callaghan

Programme Manager – Tammy Watchorn

Primary Care Division SGHD – Stephen Tither

Senior User/Customer – Libby Morris, SCIMP

Senior User/Customer – Martin Morrison, PSD

Senior User/Customer – Roslynn O'Connor, Practice Manager

Senior User/Customer – Stuart Scott, David Prince SGPC

GPASS Supplier – Greg Thomson

Data Standards – Paul Woolman

Project Assurance – PSD Programme Office

Senior Supplier – Stephen McSherry, PSD Business Systems Solutions

NSS eHealth Rep/Clinical Governance – Brian Robson, Marion Bain

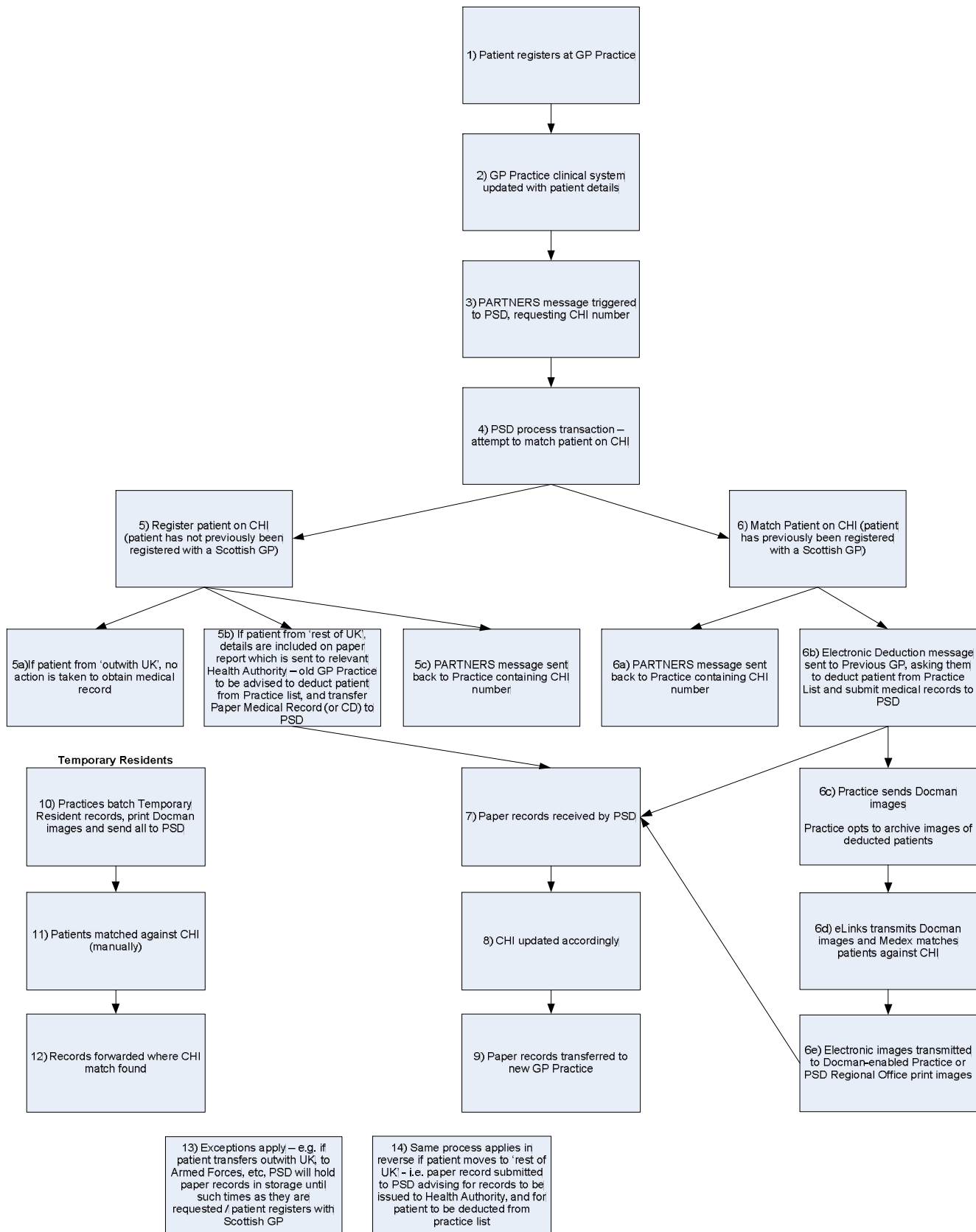
NSS Data Protection Advisor – Patricia Ruddy

eHealth SGHD – Alan Hyslop

NISG – Stewart MacDonald

Partnership – Gerry McAteer

## 6. Appendix B – GP Registration & Transfer Process



Further information relating to the above process as well as PSD Medical contact details can be found at: <http://www.psd.scot.nhs.uk/professionals/medical/patient-registration.html>