

Focus on the new IT requirements of the GP contract in England

March 2015



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GP practices will be aware of a number of IT requirements of the GP contract for England, introduced following the 2014/15 and 2015/16 contract negotiations between the BMA general practitioners committee (GPC) and NHS Employers.

This is intended as a quick guide for practices on these changes, outlining the **minimum requirements** of the GP contract. It should be recognised that practices may wish to offer services in addition to the minimum requirements, recognising the benefits increased use of technology can bring.

1. Referral management

From April 2014, GP practices were required to include the NHS Number as primary identifier in all NHS clinical correspondence issued by the practice, whether transmitted electronically through Choose and Book, its successor, or on paper. This requirement does not apply in exceptional circumstances where the number cannot be ascertained, for example when a patient is seen urgently at home or presents in a confused state. Guidance to assist practices in using the NHS Number is available from the Health and Social Care Information Centre (HSCIC)¹.

Summary: practices should be using the NHS Number in all NHS clinical correspondence.

2. Summary Care Record

From April 2014, GP practices were required to enable automated uploads of any changes to a patient's summary information in the medical record, at least on a daily basis, to the Summary Care Record (SCR). Practices were required to implement this requirement as soon as possible after 1 April 2014 and should, by 30 September 2014, have published a statement of intent at the practice premises and on the website (where the practice has a website) to achieve the requirement by 31 March 2015.

The requirement is on the basis of the current definition of the SCR i.e. the core SCR record contains medications, allergies and adverse reactions and is uploaded on the basis of implied patient consent. Additional information can only be uploaded with explicit patient consent and should be information required to support patient care in an emergency or urgent situation. Detailed guidance for practices on the SCR is available from the HSCIC².

Summary: practices should enable automated uploads to the SCR by 31 March 2015.

3. GP2GP record transfers

From April 2014, practices were required to utilise the GP2GP facility for the transfer of all patient records between practices, when a patient registers or de-registers (not for temporary registration). Practices were required to implement this requirement as soon as possible after 1

¹ <http://systems.hscic.gov.uk/nhsnumber/staff/guidance/gppracguide.pdf>

² <http://systems.hscic.gov.uk/scr>

April 2014 and should, by 30 September 2014, have published a statement of intent at the practice premises and on the website (where the practice has a website) to achieve the requirement by 31 March 2015.

However, this requirement is subject to the resolution of outstanding issues with GP2GP, such as the safe incorporation of changes to the patient's record when they return to their originating practice. GPC is fully supportive of GP2GP transfer. The outstanding issues are expected to be resolved during 2015/16, by the end of which we expect every practice in England to be fully 'enabled'. Practices are 'enabled' when they meet a range of 'entry and readiness criteria'. A deployment checklist listing these criteria is available on the HSCIC website³. Training is mandated before practices can go live, and is delivered on-site by either the clinical system suppliers or by local CCG/CSU training teams.

Summary: where practices are GP2GP enabled, they should use GP2GP record transfer for all registrations by no later than 31 March 2015. Thereafter they should utilise GP2GP when 'enabled'.

4. Online booking of prescriptions

From April 2014, GP practices were required to promote and offer the facility for patients to order, view and print repeat prescriptions for drugs, medicines and appliances online. Where the practice has a website, the facility for patients to order repeat prescriptions online should be offered here. However, it was recognised by NHS England that not all systems would have the functionality to enable GP practices to comply with this requirement from April 2014. Where practices did not have access to necessary GPSoC approved systems, they were required to publicise their intention to provide online booking of prescriptions by 30 September 2014, by publishing a statement of intent at the practice premises and on the practice website (where the practice has a website) to achieve the requirement by 31 March 2015.

Practices are only expected to meet the requirements for electronic appointment booking where they have access to the nationally approved and funded IT systems, through GP Systems of Choice (GPSoC). See later section on 'Availability of GPSoC approved systems'.

Summary: practices should offer online booking of prescriptions to their patients by 31 March 2015, once they have access to the necessary GPSoC approved systems. Where systems are not yet available, practices should publish a statement of intent to provide this facility.

5. Electronic appointment booking

From April 2014, GP practices were required to promote and offer the facility for patients to book, view, amend, cancel and print appointments online. However, it was recognised by NHS England that not all systems would have the functionality to enable GP practices to comply with this requirement from April 2014. Where practices did not have access to necessary GPSoC approved systems, they were required to publicise their intention to provide electronic appointment booking by 30 September 2014, by publishing a statement of intent at the practice

³ <http://systems.hscic.gov.uk/gp2gp/implementation>

premises and on the practice website (where the practice has a website) to achieve the requirement by 31 March 2015.

There is no requirement to make a specific number of appointments available for online booking. Practices should ensure an appropriate number are available, taking into account the characteristics of their patients. Where the practice has a website, the facility for patients to book appointments online should be offered here. **From April 2015, GP practices are required to consider whether it is necessary to expand the number of appointments available for patients to book online**, in order to meet the reasonable needs of their patients.

Practices are only expected to meet the requirements for electronic appointment booking where they have access to the nationally approved and funded IT systems, through GP Systems of Choice (GPSoC). See later section on 'Availability of GPSoC approved systems'.

Summary: practices should offer an appropriate proportion of their appointments to be booked electronically by 31 March 2015, providing they have access to the necessary GPSoC approved systems. Where systems are not yet available, practices should publish a statement of intent to provide this facility.

6. Patient online access to their GP record

2014/15

From April 2014, GP practices were required to promote and offer the facility for patients to view online or print the information held in their Summary Care Record (i.e. medications, allergies and adverse reactions and any additional information the patient had explicitly consented to). However, it was recognised by NHS England that not all systems would have the functionality to enable GP practices to comply with this requirement from April 2014. Where practices did not have access to necessary GPSoC approved systems, they were required to publicise their intention to provide online access to the record by 30 September 2014, by publishing a statement of intent at the practice premises and on the practice website (where the practice has a website) to achieve the requirement by 31 March 2015.

Eligible patients wishing to access their records online are enabled on a patient-by-patient basis by the practice. A range of resources to help practices implement this requirement are available, see 'Further guidance for practices' below.

2015/16

Following the 2015/16 GP contract negotiations, **GP practices will also be required to offer online access to the detailed information from the medical record** i.e. information held in coded form. However, where the necessary systems are not available to practices during 2015/16, practices are required to publish a plan by 30 September 2015 on how they intend to achieve the requirement by 31 March 2016.

Safeguards have been negotiated in implementing expanded records access. There are circumstances where a GP may believe it is not in the best interests of the patient to share all information in the record, for example where it could cause harm to their physical or mental health. GP software will be configured to offer all coded data by default, but GPs will be provided

with the tools to withhold coded information where they judge it to be in the patient's interests or where there is reference to a third party.

Where free text is currently embedded within coded information, technical amendments will be made to GP software, through the GPSoC contract, to allow coded information to be separated from free text to allow GPs to withhold free text whilst still meeting the contractual obligation to provide coded information.

Practices are only expected to meet the 2014/15 and 2015/16 requirements for patient online access to their record when they have been provided with the GPSoC approved and funded IT systems. See later section on 'Availability of GPSoC approved systems'.

Summary: practices should prepare for patient online record access, providing access to the summary information from 31 March 2015, where requested by the patient, and where the practice has access to the necessary GPSoC approved systems. Where systems are not yet available, practices should publish a statement of intent to provide this facility.

Availability of GP Systems of Choice approved systems

GPC has heard of practices being placed under pressure to implement new IT requirements ahead of the 31 March 2015 deadline. **Practices are reminded that the contractual requirements are clear, and they are under no obligation to implement these ahead of the deadlines.**

Whilst GPC is fully supportive of the benefits IT can bring for patients and practices, there are safeguards in linking these requirements to the provision of GPSoC approved and funded systems. Therefore a number of the IT contractual requirements can only be met by practices if they have access to those systems. Different clinical systems are currently at different stages in meeting these requirements. It is GPC's current understanding that none of the suppliers has yet completed the full GPSoC assurance process for all these functionalities.

GPC has learned that some practices have been advised to meet these contractual requirements using existing systems that are not nationally approved through GPSoC. **Practices are reminded that under the GP contract, and associated GMS regulations, they are only required to provide online prescriptions, electronic appointment booking, and online record access once they have access to the necessary GPSoC approved systems.** Where practices do not yet have access to these systems, they will be expected to implement the requirements as soon as those systems become operational. GPC recommends that practices await the availability of GPSoC accredited systems, which are designed to meet the contractual requirements, rather than use alternative solutions. Use of non-approved systems will not necessarily meet practices' contractual obligations.

Practices can check on the progress of their particular system using the GPSoC Lot 1 Accredited Services Register, available on the Health and Social Care Information Centre (HSCIC) website⁴.

⁴ <http://systems.hscic.gov.uk/gpsoc/services/lot1.pdf>

Further guidance for practices

Practices should be supported through the process of implementing these requirements by their Area Team, CCG, CSU, clinical system supplier or NHS England's central patient online team. The Royal College of GPs (RCGP) and NHS England have provided a toolkit of resources and guidance for GP practices to implement online appointments, repeat prescriptions and online records access, for those patients wishing to use them. The toolkit⁵ includes guidance for practices on: identity verification; patient responsibilities; online appointments; repeat prescriptions; records access; proxy access; coercion and patient take-up. Practices should note that these resources are based upon the currently available systems and are not necessarily tailored to the GPsOC approved systems.

Practices who implement any of the currently available systems could potentially experience additional or duplicate workload when the approved systems become available. We expect all of the GPsOC approved systems to be available by the summer. GPC's position is that these new contractual requirements should be implemented without unnecessary workload, given the current significant pressures practices are facing. Where practices are uncertain about the contractual requirements, they can contact their LMC or the GPC secretariat, via their regional liaison officer or at info.gpc@bma.org.uk

Separate GPC guidance 'Quality first: Managing workload to deliver safe patient care'⁶ includes a section on the use of technology, including some of these IT contractual requirements, that practices could consider in order to increase productivity and reduce workload.

⁵ <http://elearning.rcgp.org.uk/course/view.php?id=180>

⁶ <http://bma.org.uk/practical-support-at-work/gp-practices/quality-first>