**RICHMOND HILL PRACTICE LTD**

**Electronic Transfer of and Access to the Healthcare Record**

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# Introduction

## Policy statement

In this digital age, it is vital that organisations offer an array of services to patients to keep up with the demand for greater efficiency and, of course, for better healthcare.

Access to and the transfer of healthcare records are required for the following:

* GP online services
* When a patient moves between practices via the GP2GP transfer system
* When remote access is required to a patient’s medical record away from the organisation by other healthcare professionals

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# GP online services

## Overview

[GP online services](https://www.england.nhs.uk/gp-online-services/about-the-prog/) is a service offered to patients in addition to telephone and face-to-face interactions at GP practices. By empowering people to manage their health and care, better health outcomes can be delivered, patient experience can be improved and efficiency can be increased.

At any GP practice, [online health and prescription services](https://www.nhs.uk/nhs-services/gps/online-health-and-prescription-services/) often offer patients the ability to:

* Contact a healthcare professional for advice and support
* Order repeat prescriptions
* View parts of their health record, including information about medicines, vaccinations and test results
* See communications between primary care and other services, such as hospitals
* Book, check or cancel appointments with a healthcare professional

Digital technology has the power to change the relationship between patients and their GP practices and patients who are informed and involved in their own care have better outcomes and are less likely to be hospitalised.

## Accessing online services

This organisation actively encourages the use of online services to all our patients and suggests that they access this facility

. Information on how online services can be accessed is detailed on the organisation’s website and there are posters and leaflets in reception.

Additionally, access to online services can be via the [NHS App](https://www.nhsapp.service.nhs.uk/login) which can be downloaded onto a smartphone or tablet. This allows patients to:

* Obtain their NHS COVID pass
* Order repeat prescriptions
* Book and manage appointments
* Obtain health information and advice
* View their health record securely
* View their NHS number

To have an NHS App, patients must be registered at a GP surgery in England and be over the age of 13.

# GP to GP records (GP2GP)

## GP2GP transfers

As part of the General Medical Services Contract, organisations are required to transfer patient records using [GP2GP](https://digital.nhs.uk/services/gp2gp). This supports the objective set out by DHSC which is to ensure that the patient’s digital record can follow them around the health and social care organisation.

NHS England (NHSE) advises that the integration process is to be carried out promptly while degrades and medication authorisation can be completed later by summarisers or clinicians.

Integration should be carried out within eight days to avoid the sending organisation printing a copy of the healthcare record, thereby reducing cost and workload for the sending organisation.

The [GP Registration Data Platform](https://gp-registrations-data.nhs.uk/) can be used to view integration times for practices receiving GP2GP transfers.

While this starts with registration and summarising, the record follows the patient throughout the lifetime of the registration up until the time the patient leaves the practice. When joining a practice, any patient would expect the GP practice to have their medical records at their first consultation.

With GP2GP, the record arrives immediately after registration. In comparison, paper medical records can take weeks or months to arrive. GP2GP is the electronic transfer of records and, as such, is normally instantaneous. GP2GP involves a three-stage process:

1. The first stage is to register the new patient on the clinical system and perform a Personal Demographics Service search to check if the patient has an entry on the Spine. A successful search and match will request their electronic health record to be sent
2. The second stage, sending, is automated and usually takes no more than a few minutes
3. Once the record is received, the third stage is to integrate or file the record into the clinical system. This makes it available for use within the practice and also informs the sending practice if they need to print copies of the record or attachments before they send the Lloyd George envelope to the new practice.

It should be noted that GP2GP is only available to be used to transfer patients’ clinical records between practices in England. Furthermore, it is not available for registrations to and from the Armed Forces.

More information about GP2GP can be found in the Registrations Policy.

## Benefits of GP2GP

The benefits of GP2GP are:

* Full electronic health record is available for the first and subsequent consultations at the new practice. This improves continuity of care for on-going medical conditions
* Safer prescribing as the new practice has a record of both current and previous medications
* Repeat medication information is readily available
* There is no requirement for patients to provide a detailed history as this information is already available to their new clinical team

## Roles and responsibilities

The following roles and responsibilities regarding GP2GP apply:

See more information in Registrations Policy.

|  |  |
| --- | --- |
| **Responsible team** | **Role** |
| Reception | Check the correct information is provided on the [PRF1 form New Patient Registration](https://gp-registration.nhs.uk/register-with-a-gp-surgery-paper-form)  |
| Admin | * Register new patients on EMIS ensuring that a Personal Demographics Service match is undertaken to trace the patient
* Regularly monitor the GP2GP folders to manage associated tasks and report any errors
* File the received records
 |
| Summariser | * Summarise Lloyd George envelope against the e-record
* Process degrades and check the electronic health record received via GP2GP

Further information can be sought in our Summarising Policy. |
| Clinician | * Review medication/authorise current repeats
* Review allergies/adverse reactions (ensuring they are appropriately read-coded)
 |

## Data transfer

GP2GP [Version 2.2a](https://digital.nhs.uk/services/gp2gp/gp2gp-version-2-2) enables organisations to transfer healthcare records that are greater than 5MB or have in excess of 99 attachments. Both the sending and receiving organisations must have Version 2.2a to enable the transfer of large amounts of data.

Further reading on GP2GP and data transfer can be sought in the HSCIC document titled Introducing GP2GP v2.2 that can be found in the above link.

## Record sharing using CDs

In the unlikely event that GP2GP v2.2a is not available, then transferring patient records via CD can be undertaken. Should organisations use this method, then they will need to ensure that they meet the requirements set out in [The Good Practice Guidelines for GP electronic patient records v4](https://www.gov.uk/government/publications/the-good-practice-guidelines-for-gp-electronic-patient-records-version-4-2011).

## Transfer of GP records to England from another UK country

GP2GP will not work for patients should they move between countries within the UK as the patient's new and old GP practices currently both need to be in England and each to be live with GP2GP.

Guidance found [here](https://pcse.england.nhs.uk/help/patient-registrations/patient-registrations/) from PCSE is to be adopted should a patient join an English practice from another UK country.

## Summarising process

Upon registration, and after receipt of the medical record, the summarising process is to be conducted to ensure that key information is logged to provide safe, high quality care. The aim of summarising a patient’s record is to establish an accurate brief account.

This is achieved by:

* Documenting the patient’s significant past medical history
* Ensuring that all entries are appropriately read-coded, examining the healthcare record for any errors, incorrectly filed data and omissions of significant conditions or information

Further reading can be found in the Sumarising Policy.

## Training and guidance

The GP clinical system supplier [EMIS](https://www.emisnow.com/csm)  provide online GP2GP user guides and supporting materials for practice staff.

Further guidance can be sought from NHSE [here](https://digital.nhs.uk/services/gp2gp/training-and-support-for-your-role) and from PCSE [here](https://pcse.england.nhs.uk/services/medical-records/gp2gp/).

# Remote access to healthcare records

## Summary Care Record (SCR)

A [Summary Care Record](https://digital.nhs.uk/services/summary-care-records-scr#:~:text=Summary%20Care%20Record%20(SCR)%20is,created%20from%20GP%20medical%20records.) (SCR) is a national database that holds electronic records of important patient information that is created from GP medical records and includes:

* Current medication
* Allergies and details of any previous reactions to medicines
* Personal details, such as name, address, date of birth and NHS number

## Enhanced or additional information in the SCR

Enhanced or additional information can also be included in the SCR although this can only be included provided that patient consent has been received.

Following agreement, by changing the patient’s consent status on EMIS, the following additional information can also be included in the SCR:

* Significant medical history (past and present)
* Reason for medication
* Anticipatory care information (such as information about the management of long-term conditions)
* End-of-life care information
* Immunisations

For those patients who are unable to consent, this organisation will always act in the best interests of our patients. For more information, refer to the NHSE webpage titled [Additional Information in SCR](https://digital.nhs.uk/services/summary-care-records-scr/additional-information-in-scr).

A SCR and Enhanced SCR patient advice poster is available [here](https://practiceindex.co.uk/gp/forum/resources/summary-care-records.1316/?fromcat=75).

## Opting out

Patients who are registered at a GP practice in England have an SCR created automatically.

However, options are available should a patient wish to opt out altogether or opt out of any additional information being added to their SCR.

Regardless of any past decisions by a patient to have a SCR, consent can be amended at any time with the following three options:

1. SCR with additional information shared

This means that any authorised, registered and regulated health and care professional will be able to see an enriched Summary Care Record if direct care is needed.

1. SCR with core information only

This means that any authorised, registered and regulated HCP will only be able to see information about allergies and medications in the patient’s SCR should direct care be required.

1. To opt-out of having an SCR altogether

This means that the patient does not want any information shared with other authorised, registered and regulated HCP involved in their direct care. This includes in an emergency.

To make any changes, the patient should inform the organisation of their preference, or complete the [SCR patient consent preferences form](https://digital.nhs.uk/services/summary-care-records-scr/scr-patient-consent-preference-form). This can be found on our website and it can be handed into reception or emailed to admin.p81025@nhs.net.

The PRF1 new patient registration form also includes an option to update your preferences when it comes to Summary Care Record and this will be updated during the registration process.

## Summary Care Record usage

Patient data is protected by strict information governance rules and procedures, and an SCR should only be viewed if the healthcare worker is involved in the patient's care. This is called a 'legitimate relationship'.

The patient should be asked for their permission before their SCR is viewed. When it is not possible to ask for permission to view the SCR, healthcare professionals may act in the patient's best interests.

Data in the SCR is protected by secure technology and all users must have an NHS smartcard with the correct codes set to allow the viewing of patients’ records. Every time records are accessed, this is recorded for auditing purposes. A patient can ask to see the record of who has looked at their SCR from the viewing organisation and this can be completed by raising a Subject Access Request form which is detailed within the [Access to Medical Records Policy](https://practiceindex.co.uk/gp/forum/resources/access-to-medical-records-policy.1702/).

Further details on this subject can be found on [View Summary Care Records (SCR)](https://digital.nhs.uk/services/summary-care-records-scr/viewing-summary-care-records-scr#view-the-scr).

## Updating an SCR

When a patient’s discharge note is received from an alternative care setting, information regarding any prescribed medication is to be added to the patient’s record to ensure that an informed clinical decision can be achieved.

This organisation will automatically update the SCR when changes are made to ensure that the information is current and correct.

## Summary Care Record application (SCRa)

The [SCRa](https://digital.nhs.uk/services/summary-care-record-application) process has now ceased and moved to the National Care Records Service (NCRS) on 29 September 2023. This was due to SCRa being a legacy system.

## National Care Records Service (NCRS)

NCRS is a service that allows health and care professionals to access and update a range of patient and safeguarding information across regional Integrated Care Services boundaries.

The service provides a summary of health and care information for care settings when the full patient record is not required to support their direct care. The service is a web-based application and can be accessed regardless of which IT system an organisation is using and it is the improved successor to the SCRa.

Guidance on how NCRS can be used can be found on [this](https://digital.nhs.uk/services/national-care-records-service/user-guidance) NHSE webpage. This includes a video clip that shows how to:

* Select a role
* Authenticate to the service
* Search for a patient
* Access different national information for that patient.

NCRS enables any authorised clinician, care worker and/or administrator, in any health or care setting, to access a patient’s information to support that patient’s direct care.

Further reading, including how to access NCRS, can be sought from the NHSE webpage titled [National Care Records Service (NCRS)](https://digital.nhs.uk/services/national-care-records-service).