

**Guidance on the NHS
Standard Contract
requirements on
discharge summaries and
clinic letters and on
interoperability of clinical
IT systems**



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Guidance on the NHS Standard Contract requirements on discharge summaries and clinic letters and on interoperability of clinical IT systems

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the interoperability team on england.interoperability@nhs.net

Document number:08251	Issue/approval date: 11/07/2018	Version number: 1.0
Status: approved	Next review date: 01/04/2020	Page 3

1 Contents

1	Introduction.....	5
2	The NHS Standard Contract requirements.....	5
2.1	Transfer of Care documentation.....	5
2.2	Open APIs.....	6
3	Detailed guidance on Transfers of Care.....	7
4	What will be next for Transfers of Care?	7
4.1	Why move to FHIR for Transfers of care?	7
5	Detailed guidance on open interfaces.....	8
5.1	CareConnect.....	8
5.2	Guidance.....	8
5.3	On-going interface development.....	8
6	What support is available?	9
7	Timescales for implementation.....	9

1 Introduction

This guidance is aimed at all providers and commissioners of healthcare services operating under an NHS Standard Contract. The guidance provides more information on the Contract requirements on Transfer of Care documentation (specifically relating to discharge summaries for inpatients, days cases and A&E attendances and outpatient clinic letters) and on interoperability of clinical IT systems.

The NHS Standard Contract states that:

- **by 1 October 2018, organisations will be expected to have aligned their acute inpatient discharge, emergency care discharges, mental health discharges and outpatient letters with the nationally published specifications.**
- **all organisations will be required, by 31 December 2018 to have implemented the text and CareConnect profiles specified by CareConnect at a minimum. Where care setting specific specifications exist then organisations will be expected to have implemented by this date and to continue to implement updated specifications as they become available.**

Where each capability is not in place by the stated deadlines, organisations must demonstrate they have plans in place clearly setting out developments and delivery of each capability.

Further information about the Contract is available at <https://www.england.nhs.uk/nhs-standard-contract/>.

2 The NHS Standard Contract requirements

The NHS Standard Contract is used by NHS commissioners to commission clinical services, other than mainstream primary care, from providers (including NHS Trusts, NHS Foundation Trusts and non-NHS providers such as independent sector hospitals and voluntary bodies).

2.1 Transfer of Care documentation

The Contract requirements on Transfer of Care documentation are contained primarily in Service Condition 11, but also in the list of defined terms found at the rear of the General Conditions. The key requirements on the provider are as follows

- following inpatient or daycase care or A&E attendance, to issue a Discharge Summary to the patient's GP within 24 hours; and
- following outpatient attendance, to issue a Clinic Letter to the patient's GP within 7 calendar days.

Document number:08251	Issue/approval date: 11/07/2018	Version number: 1.0
Status: approved	Next review date: 01/04/2020	Page 5

The Contract also sets requirements for Post Event Messages (sent by NHS 111 providers to GPs) and for discharge summaries to be sent to GPs from other community-based services; but these are not addressed in this guidance.

In order to deliver the vision of a fully digital NHS, the Contract has set more detailed requirements, over time, for how Discharge Summaries and Clinic Letters are to be structured and how they are to be sent to GPs. The effect of the Contract provisions is that, from 1 October 2018, both Discharge Summaries (following inpatient or daycase admission or A&E attendance) and outpatient clinic letters must:

- be a structured message, capable of carrying both human readable narrative and coded (SNOMED CT/dm+d) information, using or consistent with the Professional Record Standards Body endorsed clinical headings; and
- be sent by direct automatic transfer onto the GP practice electronic patient record system through a suitable secure interface (rather than being sent by post, fax or email).

The remainder of this guidance provides further information for providers specifically about the technical aspects of implementation of these requirements.

2.2 Open APIs

The requirements of the Contract in respect of the interoperability of a provider's clinical IT systems are set out in Service Condition 23.7. This states in full:

The Provider must use all reasonable endeavours to ensure that its clinical information technology systems provide open interfaces in accordance with Open API Policy and must ensure that, by no later than 31 December 2018, all of its major clinical information technology systems enable the Key Clinical Data Fields to be accessible as structured information through open interfaces (subject to the provisions of GC21 (Patient Confidentiality, Data Protection, Freedom of Information and Transparency)) to other providers of services to Service Users.

The Contract wording above refers to Open API Policy; this is the guidance on open interfaces which has been available for some years at:

<https://www.england.nhs.uk/digitaltechnology/info-revolution/interoperability/open-api/>.

The wording also refers to Key Clinical Data Fields; this is defined in the Contract as structured clinical information relating to significant aspects of a Service User's health, care or treatment, held by the Provider within Service User Health Records and identified in Guidance published by NHS Digital and/or NHS England from time to time as information to be made available, as appropriate, through open interfaces to other providers of health and social care.

National bodies have published guidance on the key elements of clinical information to be made available by providers on an interoperable basis; this guidance document now provides advice on this issue for the first time.

Document number:08251	Issue/approval date: 11/07/2018	Version number: 1.0
Status: approved	Next review date: 01/04/2020	Page 6

3 Detailed guidance on Transfers of Care

To support providers and commissioners in implementing the Contract requirements on Transfers of Care, detailed guidance is available, covering the following three areas:

1. The Professional Records Standards Body (PRSB) has published detailed guidance on the clinical content of discharge summaries for different settings and on clinic letters, as set out below:
 - Guidance on implementing the eDischarge summary (July 2016), including Excel document that details the eDischarge fields that are Mandatory, Required or Optional, available at <https://theprsb.org/standards/edischargesummary/>
 - Guidance on implementing the Mental Health Discharge summary, available at <https://theprsb.org/standards/mentalhealthdischarge/>
 - Guidance on implementing the Emergency Care Discharge summary, available at <https://theprsb.org/standards/emergencycaredischarge/>
 - Guidance on implementing outpatient letters (July 2017), including Excel document that details the outpatient letter fields that are Mandatory, Required or Optional, available at <https://theprsb.org/standards/outpatientletterstandard/>
2. Detailed specifications for discharge summaries and clinic letters have been published at <https://developer.nhs.uk/transfer-care-specification-versions>
3. Guidance on ITK Messaging Distribution (the term used for a set of generic FHIR messaging components) is available at <https://developer.nhs.uk/interoperability-tool-kit-itk-specification-versions/>

4 What will be next for Transfers of Care?

The next phase of the Transfer of Care work will be determined in collaboration with health and social care providers. Work to determine the next areas of work is already underway and has identified referrals, ambulance transfers, maternity notifications and transitions to and from social care as some of the next key areas of need.

4.1 Why move to FHIR for Transfers of care?

Through engagement with suppliers, FHIR is the direction of travel and has gained rapid uptake internationally across digital agencies as well as the supplier community. Within the NHS, the same FHIR resources are utilised within both Transfer of Care documents and CareConnect APIs giving a single, consistent

Document number:08251	Issue/approval date: 11/07/2018	Version number: 1.0
Status: approved	Next review date: 01/04/2020	Page 7

representation for clinical content and so simplifying implementation and avoid nationally published standards that are using different standards.

5 Detailed guidance on open interfaces

To support providers and commissioners in implementing the Contract requirements on inter-operability, detailed guidance is now available as follows.

5.1 CareConnect

The CareConnect project is developing FHIR resources (for data such as problems, medications, observations, procedures etc.) and the text and CareConnect profiles which brings all the individual resources together. This structure should be used across all care settings where a more specific interface does not currently exist. Going forward, interfaces will be designed to meet the needs of particular record types e.g. community care, social care.

The API specification for the CareConnect API has been created as an open source product and is hosted on <https://github.com/>. A viewable form of the API specification is also available at <https://nhsconnect.github.io/CareConnectAPI/>

The CareConnect API specification is not designed against any single use case and as such it is not anticipated that all implementers will deploy the full specification but will deploy components of it to match their needs. Whilst this is expected, the components that are deployed must be done so in a consistent manner so as to achieve meaningful interoperability.

The CareConnect API has a provider reference implementation delivered by the NHS API Lab. This shows a way in which the CareConnect API can be implemented using a variety of open source components.

The design of the reference implementation and associated documentation are published in the Care Connect API specification.

5.2 Guidance

Resources and specifications can be found at <https://nhsconnect.github.io/CareConnectAPI/explore.html>

Reference implementation is available at <https://github.com/nhsconnect/careconnect-reference-implementation>.

5.3 On-going interface development

A roadmap will be created which will show the future developments of interfaces. In order to meet their commitments under the standard contract, provider organisations

Document number:08251	Issue/approval date: 11/07/2018	Version number: 1.0
Status: approved	Next review date: 01/04/2020	Page 8

will need to ensure that as a minimum they are able to support the implementation of the CareConnect API.

The CareConnect API has been built using the CareConnect profiles (referred to as Level 2 profiles). It may well be that when implemented, that more refined profiles are needed (Level 3 profiles) and these will be developed through the INTEROPen profile curation approach and the associated API developed. NHS Digital will provide Implementation Guidance for using Level 3 profiles.

6 What support is available?

NHS Digital will publish materials to support the implementation of each of these areas of need. The technical specifications will be made available and in addition implementation guidance will be included to assist organisations (both providers and vendors) in aligning their systems to these requirements.

NHS England Regional Interoperability Leads will support organisations to understand these requirements and provide additional documentation including frequently asked questions on Transfers of Care and CareConnect Open APIs and a plan checklist to assist organisations in documenting their plans.

NHS England's regional teams will track progress and provide support to implementations bringing in expert knowledge where required.

The PRSB have published guidance on the implementation of the clinical content and materials to support CCIOs and others in achieving successful local buy in from health and care professionals.

NHS Digital will be providing an API lab to enable provider organisations to develop and test their implementations.

Queries on the technical aspects of these requirements can be sent to england.interoperability@nhs.net. Further information on the NHS Standard Contract provisions can be found in the NHS Standard Contract [Technical Guidance](#), and general queries on the Contract can be sent to nhscontractshelp@nhs.net.

7 Timescales for implementation

The NHS Standard Contract sets out clear deadlines by which providers are expected to have implemented the full requirements for

- discharge summaries and clinic letters (from **1 October 2018**); and
- interoperability of clinical IT systems (**by no later than 31 December 2018**).

In respect of discharge summaries and clinic letters, electronic transmission is of course also reliant on the readiness of IT systems in general practice, as well as

Document number:08251	Issue/approval date: 11/07/2018	Version number: 1.0
Status: approved	Next review date: 01/04/2020	Page 9

OFFICIAL

those in secondary care. GP system readiness is not yet established across the country; NHS Digital is engaged with GP Suppliers and GPSoC to confirm clear delivery timescales for the primary care element and will publish details when available. In the meantime, secondary care providers should focus on ensuring that their own systems have the technical ability for electronic transmission in accordance with the terms of the Contract and with this guidance – so that, when local GP systems have been appropriately upgraded, it will immediately be possible to move straight to electronic transmission.

In terms of managing provider compliance with contractual obligations, commissioners should therefore actively review their providers' progress towards the deadlines above. Where, in terms of the readiness of its own systems, a provider unable to meet the Contract timescales, it will be appropriate for a Remedial Action Plan (under the provisions of General Condition 9 of the Contract) to be agreed and implemented, so that it becomes fully compliant as soon as possible.

Active monitoring of these requirements is currently taking place and specific questions are included within the digital maturity assessment.

<https://www.england.nhs.uk/digitaltechnology/info-revolution/maturity-index/>).

Document number:08251	Issue/approval date: 11/07/2018	Version number: 1.0
Status: approved	Next review date: 01/04/2020	Page 10