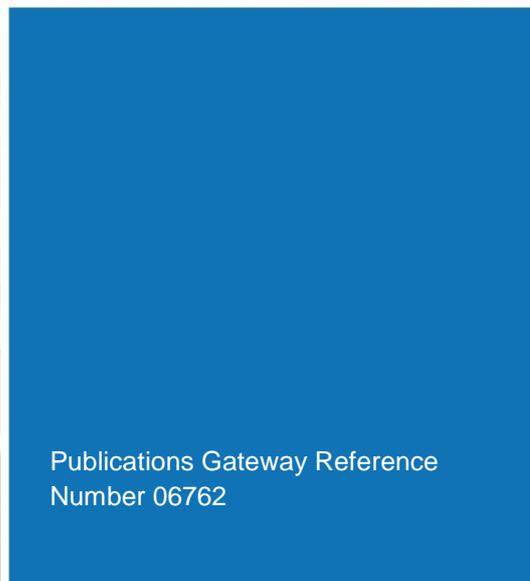
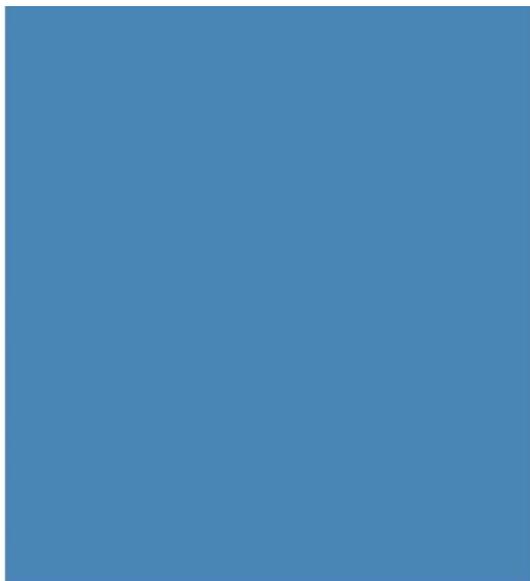




2017/18 General Medical Services Digital guidance

April 2017



www.bma.org.uk/gpc
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Introduction

NHS England and the General Practitioners Committee (GPC) continue to work together to develop high quality secure electronic systems and pro-actively encourage patients and practices to use them. Recent initiatives have been taken forward in part through changes to the contract, but largely through agreed joint working arrangements and guidance.

We have continued this approach for 2017/18 having agreed a number of non-contractual joint working arrangements - a summary is at Annex 1 below. The Joint General Practitioners Information Technology Committee (JGPITC) will be the main forum for this work, which will be ongoing throughout 2017/18.

Continuing contractual requirements

Contractual requirements for referral management, online ordering of repeat prescriptions, interoperable records, patient access to their patient record and electronic appointment booking continue unchanged. The guidance and audit requirements for these are set out in the [2015/16 GMS guidance](#). Information relating to coding for this is available in the [Technical Requirements for 2015/16](#).

Continuing joint working arrangements

Continuing to build on previous changes, NHS England and GPC agreed some non-contractual joint working arrangements in 2016/17¹. The arrangements for apps for patients to access records and online access to clinical correspondence remain unchanged.

Apps for patients to access services

Practices will be required to support patients, as they do now, with Patient Online Services and it will be for practices to determine the level of support they wish to provide to patients in operating these apps and services. Technical support for patients in using the apps will be provided by the app suppliers. Those apps that are provided as subsidiary services through Lot 1 of GPSoC will be assured during the pairing process. This provides a number of services in line with Patient Online. A wider review is underway on the replacement for the previous NHS Choices App Store, with investigation underway of what appropriate assurances processes should be put in place.

¹ NHS Employers

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/GMS/2016%2017%20GMS%20guidance.pdf>

Online access to clinical correspondence

Practices will provide patients who request it with online access to clinical correspondence such as discharge summaries, outpatient appointment letters and referral letters unless it may cause harm to the patient or contains references to third parties. Practices will have the facility to make available online only those letters received from a chosen prospective date which will be no later than March 2017.

In other areas and building on the 2016/17 agreement, there are new joint working arrangements for 2017/18 as set out below.

New joint working arrangements

Information Governance

As in previous years, NHS England and GPC will continue to promote the completion of the NHS Digital Information Governance toolkit², including adherence to its requirements³. For 2017/18, it is recommended that practices attain Level 2 accreditation as a minimum.

Practices are encouraged to implement the National Data Guardian's 10 new data security standards⁴. This is important to ensure that patients can trust that their personal confidential data is protected, and that those involved in their care, and in running and improving services, are using such information appropriately and only when absolutely necessary. NHS England recognises the challenges for practices in committing to these essential data security standards. It is committed to working with GPC alongside the Department of Health, NHS Digital and others to provide appropriate support to practices. In order to ensure general practice can successfully deliver these new data security standards, it is recognised that the requirements need to be relevant, pragmatic and reasonable.

Separate joint guidance advising practices how to comply with these recommendations will be available on the NHS England and GPC websites.

Electronic Repeat Dispensing (ERD)

Electronic repeat dispensing provides an efficient way to supply patients with repeat medication without the GP needing to sign repeat prescriptions each time. It allows the GP to authorise and issue a batch of repeat prescriptions, which will be available

² NHS Digital.

<https://www.igt.hscic.gov.uk/RequirementsList.aspx?tk=427943868688062&Inv=2&cb=56d68817-1bdb-4a45-b468-d984b1b0687c&sViewOrgType=4&sDesc=General%20Practice>

³ The 2016/17 toolkit was decommissioned on 31 December 2016 and a replacement is in development.

⁴ NDG. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF

at the patient's nominated pharmacy, at a specified interval until the patient needs to be reviewed. This has significant benefits to practices and patients as a time saving measure. To help improve the take-up of ERD, we have agreed a non-contractual target for 2017/18 of 25 per cent for electronic prescriptions to be converted to ERD. Co-ordination with community pharmacy is vital to help maximise uptake through joint promotion of the benefits of this service for patients and the NHS.

Electronic Prescription Service (EPS)

A non-contractual target of 80 per cent of repeat prescriptions to be transmitted electronically was agreed in 2016/17. For 2017/18, we aim to further increase uptake, as this service benefits practices by:

- enabling more efficient processing of prescriptions,
- providing greater control, and
- reducing time spent dealing with prescription queries.

It is recognised that some patients will always choose to have a paper prescription and that not all pharmacies fully enable EPS. However, practices are encouraged to consider the benefits of this service for both themselves and their patients, working with their local pharmacies to increase uptake.

Further information about EPS can be found on the [NHS Digital website](#).

Electronic Referrals

Building on the 2016/17 target of 80 per cent, we will aim in 2017/18 for 90 per cent of elective referrals to use the NHS e-Referral Service. It is recognised that in some instances the secondary care provider may not have made the service available on its system and there may be a clinical need or a patient preference to refer to a provider who doesn't use the service.

Patient access to online services

Practices are required to offer and promote online services to patients for appointment booking, ordering of repeat prescriptions and access to information in the GP record.

In supporting the increased use of these services and building on the 2016/17 target of ten per cent, practices are encouraged to aim for twenty per cent of their registered patients to be using one or more online services by 31 March 2018.

Practices that actively promote these services are already seeing significant benefits in time saving, safety, reduced DNA rates and improved patient satisfaction. Advice and support for practices is available from the [NHS England Patient Online](#) team.

Clinical correspondence from secondary care

Secondary care providers are required under the terms of the NHS Standard Contract to send clinical correspondence to general practice electronically. To support the increased use of interoperable records and reduction in burden on general practice, practices should have the processes in place to enable receipt of electronic clinical correspondence from providers. This includes discharges, A&E discharges and outpatient clinic letters.

Further information

Record sharing including GP2GP using CDs

Where GP2GP v2 is not available to practices, then transfer of patient records via CD can be used. However, practices will need to ensure they meet the requirements set out in 'The Good Practice Guidelines for GP electronic patient records' V4 (2011)⁵ and 'Records Management Guidance: Digital Document Scanning' (2011)⁶

Integration

Practices should note that NHS Digital is managing the migration of systems to SNOMED CT, which includes GP Systems of Choice (GPSoC). System suppliers will provide training on changes within their system; NHS Digital is providing awareness of SNOMED CT. NHS Digital is also liaising with CCGs to enable it to provide appropriate support as part of the GP IT Services it provides to practices. It is expected that all systems will migrate to SNOMED CT by the end of 2017/18.

The transition to SNOMED CT will happen by SNOMED CT codes being added to the system and associated with the appropriate Read codes. The system suppliers will carry out his work and other related activity, which will be assured by NHS Digital.

Practices are encouraged to ensure at least one person from the practice has attended the '[Introducing SNOMED CT in General Practice](#)'⁷ 1-hour webinar which provides an overview of the project as well as a short introduction to SNOMED CT.

NHS Digital is working closely with suppliers to minimise system changes. There will be some changes to data entry when undertaken via the taxonomy/code selector and practices should note that some terms in Read have different description text in SNOMED CT; the more significant of these are documented in the [Data Quality Guidance](#) provided by NHS Digital and practices are encouraged to appraise themselves of such differences.

⁵ DH.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215680/dh_125350.pdf

⁶ NHS Digital <https://www.igt.hscic.gov.uk/WhatsNewDocuments/NHS%20IG%20guidance%20-%20Document%20Scanning%20V1%202011.pdf>

⁷ There are 9 webinars at fixed dates and a pre-recorded webinar is available to view

Searches within systems will need to be reviewed and updated when practices start to use SNOMED CT codes that do not have equivalent Read terms. NHS Digital will provide an on-line course from May 2017 for those who write searches.

Where practices have their own contracts with suppliers not within GPSoC, we would encourage practices to contact those suppliers and ensure they are undertaking the necessary changes. If these suppliers require further information and guidance please refer them to snomedprimarycare@nhs.net.

More information is available on the [NHS Digital website](#). Regular updates will be provided through the [NHS Digital GP Bulletin](#).

Summary of changes

Agreement	New or ongoing requirement?	1 April start date?
<p>National Data Guardian Security Review (NDGSR) Compliance with ten new data security standards in the NDGSR.</p> <p>NHS England & GPC have agreed to jointly promote in guidance, with support from NHS England, DH and NHS Digital on the practical implementation of these recommendations. NHS England & GPC will take this forward via JGPCIT.</p>	New requirement	No – to be developed throughout the year
<p>Information governance (IG) toolkit Complete NHS Digital IG toolkit, including adherence to requirements and attain Level 2 accreditation.</p>	Ongoing requirement – most practices already complete the toolkit.	No – must be completed 31/3/2018
<p>Electronic repeat dispensing (ERD) Conversion by practices of electronic repeat prescriptions to electronic repeat dispensing</p> <p>A non-contractual target of 25% for 2017/18 with reference to the need for co-ordination with pharmacy to maximise uptake.</p>	New target but practices should know how to convert to ERD	No – target for 31/3/2018
<p>Electronic Prescription Service (EPS) Non-contractual agreement to promote increased uptake of EPS in guidance, with reference to patient choice and pharmacy enablement.</p>	Ongoing – up from 80%	No – target for 31/3/2018

Agreement	New or ongoing requirement?	1 April start date?
<p>Patient access to online services Registered patients to be using one or more online services by 31/3/18 - online access to patient record, online appointment booking or electronic ordering of repeat prescriptions.</p> <p>A non-contractual target of 20% for one or more online service.</p>	Ongoing – up from 10%	No – target for 31/3/2018
<p>Electronic referrals A non-contractual target of 90%, with reference to where that is possible and enabled by secondary care providers.</p>	Ongoing – up from 80% in 2016/17	No – target for 31/3/2018
<p>Clinical correspondence from secondary care Building on 2016/17 guidance, amend wording to ensure this guidance remains relevant as secondary care is required to send all clinical correspondence electronically.</p>	Ongoing – minor word change	Yes
<p>Record sharing including GP2GP using CDs Where GP2GPv2 not available CD transfer can be used - CD transfer should meet 'The Good Practice Guidelines for GP electronic patient records' V4 (2011) and Records Management Guidance: Digital Document Scanning (2011).</p>	Ongoing – for information only	Yes
<p>Integration Practices to note NHD is managing migration of systems to SNOMED-CT, which includes GPSoC.</p>	New	No
<p>Apps to access services & online access to clinical correspondence To note of ongoing provisions of 2016/17 guidance</p>	Ongoing	Yes

**General Practitioners
Committee**
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NHS England
www.england.nhs.uk

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