TPP SystmOne 6.01, Phase 2
GP2GP
Training Guide

The CSC Alliance
Working with NHS Connecting for Health
to deliver the National Programme for IT
<table>
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<td>Originator:</td>
<td>Victoria Smith</td>
</tr>
<tr>
<td>Owner:</td>
<td>Hilary Buckley</td>
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<tr>
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Foreword

This document is delivered pursuant to the provision of an Integrated Care Record Service and associated services ("Agreement") between the Secretary of State for Health ("Authority") and CSC Computer Sciences Limited ("Contractor") entered into on the Second Amended and Restated Project Agreement dated 2nd April 2009 for the NE/EEM/NWWM Clusters, both forming a part of the Department of Health’s National Programme for Information Technology..

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Glossary

Project-wide terms and abbreviations are defined in the CSC Alliance Glossary (NHS-PROG-LST-13000-001-CSC Alliance Glossary of Health & IT Terms). Those specific to this topic are expanded below and, where applicable, expanded on their first occurrence in the text.

<table>
<thead>
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<td>Acknowledgement</td>
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<tr>
<td>CfH</td>
<td>Connecting for Health</td>
</tr>
<tr>
<td>CSC</td>
<td>Computer Science</td>
</tr>
<tr>
<td>CTV3</td>
<td>Read Codes – Clinical term version 3</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>DOB</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>GMS</td>
<td>General Medical Services</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GP2GP</td>
<td>General Practitioner to General Practitioner</td>
</tr>
<tr>
<td>GPSoC</td>
<td>General Practitioner System of Choice</td>
</tr>
<tr>
<td>HL7</td>
<td>Health Level Seven International is the global authority on standards for interoperability of health information technology</td>
</tr>
<tr>
<td>LSP</td>
<td>Local Service Provider</td>
</tr>
<tr>
<td>NPIIT</td>
<td>National Programme for Information Technology</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>PDS</td>
<td>Personal Demographics Service</td>
</tr>
<tr>
<td>QOF</td>
<td>Quality and Outcomes Framework</td>
</tr>
<tr>
<td>RBAC</td>
<td>Role Based Access Control</td>
</tr>
<tr>
<td>TPP</td>
<td>The Phoenix Partnership</td>
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**Risks and Hazards**

Where the Risks and Hazard symbol is displayed, this denotes that there are software/user factors that need to be considered when carrying out that particular functionality. For full details relating to the risk/hazard, please refer to the Risks and Hazards document.
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# 1 Introduction

## 1.1. Purpose

This document is the R6.01 TPP SystmOne GP2GP Training Guide, to be used to support the training delivery of GP2GP functionality within SystmOne. This document will only support the upgrade of SystmOne functionality to R6.01 GP2GP.

This document solely covers the delivery of a GP2GP Electronic Health Record (EHR) transfer solution. This will enable patient’s electronic health records to be transferred both to and from GP practices using SystmOne and those who use any other GP system (known as heterogeneous transfers). This document fulfils the requirements of both the Local Service Provider (LSP) and the GP System of Choice (GPSoC) areas of Connecting for Health (CfH), for the electronic transfer of patient’s health records from one GP system to another, where one, but not both, of those systems is SystmOne.

### 1.1.1. Related Documents

CSC TPP SystmOne GP2GP Training Guides, supporting material and all other CSC TPP SystmOne Training Guides referenced in this document can be found on NHS Alto. If you do not have access to NHS Alto you can self register using the link provided – [http://www.nhsaltoportal.net/nhsalto/main.aspx](http://www.nhsaltoportal.net/nhsalto/main.aspx)

The CSC TPP SystmOne GP2GP Business Change Material, and full supporting documentation, is located in the Primary Care Portal, within the Business change section for Release 6.01, Phase 2.

## 1.2. Background Information

When a patient registers at a new GP practice, GP2GP will be used to electronically transfer their electronic health record to their new GP. GP2GP electronic transfers are faster, more reliable and more secure than the current paper based method of transferring patient records. At the moment, GP2GP is not a replacement for the transfer of paper-based records, which must continue for the foreseeable future until GP patient records are 100% electronic in nature (Ref 1).

The current process relies on an exchange of paper records, ('The ‘Lloyd George’), between general practices. The transfer of paper records can take up to 6 weeks or more, and when the records are received by the practice it takes practice staff a considerable amount of time to add a summary of the record to the new system, and this information will only be a fraction of the historical information held in most patient Lloyd George notes.

**Note:** The previous practice is responsible for ensuring that the paper patient record is up-to-date prior to sending following the normal deductions process taking place. The practice is still required to deal with the record in the usual way and follow the GP Links process.
1.3. Benefits
The GP2GP functionality can support a number of benefits including:

- Improved quality of care
- Access to the EHR at first consultation
- Continuity of care; past medical history available including drugs, allergies, immunisations and vaccinations
- Improved clinical safety
- Clinical time savings
- Administrative time savings
- Reduced time to Summarise
- QOF information readily available
- Reduced risk of transcription errors

1.4. SystmOne GP2GP Functionality
GP2GP is only possible for patients who are registered with full GMS status. It is not intended for temporary residents, private patients, or for people who are returning from living abroad.

The high level functionality for SystmOne Release 6.01 GP2GP:

- Secure transfer of EHR for patients who fully transfer from one GP practice to another, where one practice uses SystmOne and the other practice uses a different, compliant system (Heterogeneous)
- GP2GP Transfer In Tasks
- Review and Integration of EHR
- Structured degradation of items where necessary
- Monitoring of Incoming and Outgoing GP2GP Transfers
- System acknowledgement of the EHR Transfers In and Transfers Out
- Report of GP2GP Transfers In Tasks
2 General Process Requirements

2.1. Process Overview

GP2GP transfers are intended only for patients who fully transfer from one GP practice to another. GP2GP clinical safety guidelines dictate that patients who have been previously registered at the practice and are being Re-registered at the same practice will trigger the GP2GP process via the A-B-A procedures, details of which will arrive as an attachment only. This is to avoid possible duplication of information on a clinical system where a record exists for that patient.

Successful GP2GP transfer is not dependent upon any sharing model. Both the transfer in and the transfer out process will work effectively on all sharing models.

2.2. Extract Size Constraints

There are constraints in both the size of data and the volume of attachments which can be transferred via the GP2GP process, due to the capabilities of the spine. Limits of 5MB and 100 attachments have been placed on transfers – if either of these are exceeded the process will fail. Guidance on system errors are listed in Section 6.4 in this document.

2.3. Clinical Coding Considerations

When patient health records are transferred between GP practices, there is no certainty that the systems in use at both practices will be using the same versions of clinical coding systems.

SystmOne uses the CTV3 coding system; other GP systems may use Read2 or SNOMED. SystmOne will attempt to map incoming codes to their CTV3 equivalents. Any codes that cannot be mapped will appear in SystmOne as a Degraded Item.
3 Types of Transfer

3.1. A to B

SystmOne functionality supports two possible scenarios with an A to B transfer:

- SystmOne is in use at the GP practice to which the patient wishes to move, and a different, compliant system is in use at the GP practice from which they are moving.
- A compliant system, other than SystmOne, is in use at the GP practice to which the patient wishes to move and SystmOne is in use at the GP practice from which they are moving.

3.2. A to B to A

This is where the patient returns to a SystmOne practice from a different system i.e. SystmOne to Emis Web and then back to SystmOne. The returning record extract will be recorded as an attachment in TPP SystmOne.

Returning patient registrations will result in a GP2GP transfer (A-B-A) if there is already an existing, previous GP registered health record within SystmOne. This is to adhere to clinical safety standards. When the returning patient registers at a SystmOne practice, their previous GP health records will become available and SystmOne will transfer the other health record as an attachment only. Practices can then re-key relevant information from the attachment into the patient record. This applies to previous GP registrations only: if there are SystmOne records at other care settings or there are GP temporary or local registrations, a GP2GP transfer can still take place.

3.3. A to B to C

This is where a patient moves from three different types of systems i.e. SystmOne to Emis Web and then to EMIS LV.

If a patient, currently registered at A, registers at practice B and then shortly afterwards (before the EHR has been received and/or integrated by B) registers at practice C. The following scenario could apply:

- In this scenario it is clinically unsafe for B to send the extract to C, as the record at B is currently incomplete. In this instance, the Task B will be updated to say that a request has been received and the outstanding extract should be integrated. Once the outstanding extract from A has been integrated at B, a new extract will automatically be generated and sent to C.
4  Setup

4.1. Staff Activity

The staff activity requirements for GP2GP are outlined below.

4.1.1. Smartcards

The use of Smartcards to access SystmOne remains un-changed. Smartcards must be used at all time to access SystmOne and to progress through the GP2GP process.

4.1.2. RBAC Functions

Role-Based Access Control (RBAC) governs the level of access individual SystmOne users have, dependent upon their role within their GP practice. The RBAC ‘Area of Work’ for GP2GP transfers is designated as ‘Primary care’. SystmOne already meets all the appropriate RBAC requirements.

The RBAC activities which are relevant to GP2GP transfers are listed in the following table:

<table>
<thead>
<tr>
<th>Activity name</th>
<th>BF Code</th>
<th>Description</th>
<th>GP2GP Activity</th>
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<tr>
<td>View Detailed Health Records</td>
<td>B0360</td>
<td>Allows user to view and print detailed clinical records including clinical coding, patient medication, clinical alerts, health issues, comments, contact events, assessments, care plans, conditions, dependency levels, birth (delivery and CDS details) and Results.</td>
<td>Validating user authorises the import of the EHR</td>
</tr>
<tr>
<td>Perform detailed health records</td>
<td>B0380</td>
<td>Allows user to enter information in detailed clinical records including clinical coding, patient medication, clinical alerts, health issues, comments, contact events, assessments, care plans, conditions, dependency levels, birth (delivery and CDS details). Also allows user to change the consent to treatment flag and upload information to the Summary Care Record as defined by the CRS programme board.</td>
<td>1. Validating user authorises the import of the EHR 2. Re-codes degraded items</td>
</tr>
<tr>
<td>Independent Prescribing</td>
<td>B0420</td>
<td>Allows user to view, amend and add new items to medication records and add new prescription items. Can prescribe against sensitivity, prescribe</td>
<td>Re-authorises medications</td>
</tr>
<tr>
<td>Activity name</td>
<td>BF Code</td>
<td>Description</td>
<td>GP2GP Activity</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Amend Patient Demographics</td>
<td>B0825</td>
<td>Allow user to amend local instance of patient demographics and synchronise with PDS (where the application is able to synchronise with the record on PDS, differences detected can be accepted or rejected).&lt;br&gt;Also allows the user to import patient identified on PDS into local instance (where not already registered) using PDS simple trace (forename, surname, DOB or sex).&lt;br&gt;The user cannot register a patient locally when there is no connection to the Spine.&lt;br&gt;When used in conjunction with the gateway activities 'B0089 Access DSA' or 'B0264 Access CSA (Perform Patient Trace)' allows user to update demographic data on the Personal Demographics Service (the national demographic database) for the patient they have selected EXCLUDING the Civil Registered birth and death data.</td>
<td>Requesting user at new practice accesses PDS (advanced trace).&lt;br&gt;Re-send EHR extracts</td>
</tr>
<tr>
<td>System Administrator</td>
<td>B1065</td>
<td>Allows a user to access system administration functions like system profiles, for the system operated by the organisation in the User's User Role Profile. This business function covers system administration for either Trust or LSP staff.</td>
<td>Monitor those EHRs which have not been integrated within a given elapsed time period.</td>
</tr>
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</table>

**Note:** The RBAC activities in the table above are those described in V.2.2a of the GP2GP requirements - GP2GP R2.2 Requirements Specification (Ref 2).

All SystmOne users, who partake in the GP2GP transfer, will utilise the correct RBAC Business Activities relevant to their involvement in the process.
### 4.1.3. GP2GP RBAC Staff Roles

RBAC Activity, requirements by Staff Role.

<table>
<thead>
<tr>
<th>Example Staff Role</th>
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<td></td>
<td>B0360</td>
</tr>
<tr>
<td>GP</td>
<td>●</td>
</tr>
<tr>
<td>Nurse</td>
<td>●</td>
</tr>
<tr>
<td>Practice Manager</td>
<td>●</td>
</tr>
<tr>
<td>Medical Admin</td>
<td>●</td>
</tr>
<tr>
<td>Receptionist</td>
<td>●</td>
</tr>
<tr>
<td>Administrator</td>
<td>●</td>
</tr>
<tr>
<td>IT Support</td>
<td></td>
</tr>
</tbody>
</table>

**Disclaimer:** The GP2GP RBAC Staff Roles table is intended to be used as a guide only. Each GP surgery is managed and staffed uniquely; a staff member performing roles at one surgery would not necessarily perform the same roles at another surgery. Therefore, the RBAC activities required for a staff role are likely to be different across sites and as such should be determined locally or in conjunction with the PCT RA Manager.

GP2GP activity itself is not reliant on RBAC code B0540, this activity is for accessing reports in SystmOne. It is required for members of staff who are required to run reports such as Task Report to capture Tasks In for GP2GP.

**Note:** For an explanation of the RBAC Activities please refer to the above section; 4.1.2 - RBAC Functions Table.
### 4.1.4. GP Role Groups

<table>
<thead>
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<tbody>
<tr>
<td>CLINICIANS</td>
<td>• GP Partner</td>
</tr>
<tr>
<td></td>
<td>• GP Senior Partner</td>
</tr>
<tr>
<td></td>
<td>• GP – Salaried</td>
</tr>
<tr>
<td></td>
<td>• GP Nurse Specialists</td>
</tr>
<tr>
<td></td>
<td>• Practice Nurse</td>
</tr>
<tr>
<td></td>
<td>• Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td>• Healthcare Assistant</td>
</tr>
<tr>
<td>MANAGEMENT</td>
<td>• Practice Manager</td>
</tr>
<tr>
<td></td>
<td>• Business Manager</td>
</tr>
<tr>
<td></td>
<td>• Assistant Practice Manager</td>
</tr>
<tr>
<td></td>
<td>• Accounts Manager</td>
</tr>
<tr>
<td></td>
<td>• Office Manager</td>
</tr>
<tr>
<td>MEDICAL ADMIN</td>
<td>• Summariser</td>
</tr>
<tr>
<td></td>
<td>• Medical Secretary</td>
</tr>
<tr>
<td></td>
<td>• Senior Medical Secretary</td>
</tr>
<tr>
<td>ADMINISTRATORS</td>
<td>• Secretary</td>
</tr>
<tr>
<td></td>
<td>• Data Input/Administrator</td>
</tr>
<tr>
<td></td>
<td>• Finance Administrator</td>
</tr>
<tr>
<td></td>
<td>• Admin Assistant</td>
</tr>
<tr>
<td></td>
<td>• Receptionist</td>
</tr>
<tr>
<td>OTHER / IT SUPPORT</td>
<td>• IT Support</td>
</tr>
<tr>
<td></td>
<td>• Development &amp; Systems Administrator</td>
</tr>
<tr>
<td></td>
<td>• Patient Liaison</td>
</tr>
</tbody>
</table>

**Disclaimer:** The GP Role Groups table has been based on Job Roles highlighted in the GP Deployment welcome packs from numerous GP deployments. It should be used as a guide only to identify staff roles for training, outlined in 4.1.5 - GP2GP Functional Areas for Training table. Any local differences should be taken into consideration.
4.1.5. GP2GP Functional Areas for Training

The SystmOne GP2GP training will be delivered by Role Groups and the functionality that applies to that role.

### GP2GP Functional Process Areas

<table>
<thead>
<tr>
<th>Example Role Group</th>
<th>Config</th>
<th>Task / Review / Integrate</th>
<th>Degraded</th>
<th>Workflow – Transfer In/Out</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinicians</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>Management</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Medical Admin</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Administrators</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>Other/IT Support</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
<td>○</td>
</tr>
</tbody>
</table>

**Disclaimer:** The GP2GP Functional Areas for Training table is intended to be used as a guide only. Each GP surgery is managed and staffed uniquely; a staff member performing roles at one surgery would not necessarily perform the same roles at another surgery. Therefore, the areas of training required for each staff member is likely to be different across sites and as such should be determined locally in advance of the training day.
4.2. Tool Bar Configuration

The process of configuring the tool bar remains un-changed. This is outlined in the TPP SystmOne Core - Introduction Training Guide (Ref 3).

This can be configured by a user with appropriate Permissions access to amend their tool bar, and can be applied at an individual User level or an Organisation Level.

The table below shows the new GP2GP Tool Bar options and what function they perform.

<table>
<thead>
<tr>
<th>Tool Bar Option</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP2GP Transfers</td>
<td>Opens the GP2GP Transfers window</td>
</tr>
<tr>
<td></td>
<td><em>This option is also available in the Workflow drop down menu.</em></td>
</tr>
<tr>
<td>Integrate GP2GP Extract</td>
<td>Within the appropriate Patient record, this will integrate the GP2GP extract into the patient record.</td>
</tr>
<tr>
<td></td>
<td><em>This option is also available in the Patient drop down menu.</em></td>
</tr>
</tbody>
</table>

These nodes can be added in a number of ways, depending upon the users preferred method. From the Organisation Preferences window select the Tool Bars node.

Alternatively, right click in the toolbar and select Configure Tool Bar
Or, click the **Configure Tool Bar** button in the Tool Bar.

Highlight the Tool Bar to locate the new GP2GP buttons.

**Click on the Amend Tool Bar button**

Amend the Tool bar to include the 2 nodes, “GP2GP transfers” and “Integrate GP2GP Extract.”

The new buttons appear on the Tool Bar.
4.3. Home Page

The process of configuring the Home Page remains un-changed. This is outlined in the TPP SystmOne Core - Introduction Training Guide (Ref 3).

This will be applied at an individual User level for those users that may require GP2GP shortcuts in their Home Page.

The table below shows the new GP2GP Home Page options and what function they perform.

<table>
<thead>
<tr>
<th>Home Page Option</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP2GP Transfers</td>
<td>Opens the GP2GP Transfers window</td>
</tr>
<tr>
<td></td>
<td><em>This option is also available in the Workflow drop down menu.</em></td>
</tr>
<tr>
<td>Integrate GP2GP Extract</td>
<td>Within the appropriate Patient record, this will integrate the GP2GP extract into the patient record.</td>
</tr>
<tr>
<td></td>
<td><em>This option is also available in the Patient drop down menu.</em></td>
</tr>
</tbody>
</table>

From the Organisation Preferences window select the Home Screen node.

Alternatively, from the Home Screen click on the Configure Home Screen button.
Add the 2 The GP2GP options to the list of **Quick Jump Buttons** for the Home Screen.

Click the **Ok** button.

The new GP2GP buttons are now displayed the Home Screen.
4.4. Clinical Tree Configuration

The process of configuring the Clinical Tree remains un-changed. This is outlined in the TPP SystmOne Core - The Patient Record Training Guide (Ref 4).

This can be configured by a user with Administration access, and can be applied at an individual User level or an Organisation level. Users who have access to patient records will be able to view this information.

It should be determined in advance which Users Groups will require what options.

The table below shows the GP2GP Tree Nodes and what function they perform.

<table>
<thead>
<tr>
<th>Tree Nodes</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degraded GP2GP Data</td>
<td>manage and action degraded data.</td>
</tr>
<tr>
<td>Degraded GP2GP Medication</td>
<td>manage and action degraded medication.</td>
</tr>
<tr>
<td>Communications &amp; Letters</td>
<td>Any User who has access to view patient records will require this node adding to the clinical tree. This is to ensure that any attachments from a GP2GP Transfer can be viewed.</td>
</tr>
</tbody>
</table>

From the Organisation Preferences window open the Clinical Policy folder and select the Clinical Tree Configuration node.

Either amend, copy, or create new setup to add these nodes to the Clinical Tree.
The new GP2GP options are in the Clinical Tree.
5 GP2GP Transfer In

5.1. Patient Registration

The registration process and requirements remain un-changed when GP2GP is enabled.

For further details relating to SystmOne Patient Registration please refer to:

- TPP SystmOne Core - The Patient Record Training Guide (Ref 4)
- TPP SystmOne R4.01 Personal Demographics Service (PDS) Training Guide (Ref 5)

Scenario:

A patient is currently registered at a GP Practice, on EMIS web. They have some Medications, Attachments and Problems on the record. That patient is then registered at a GP Practice with SystmOne; this would trigger a GP2GP transfer when the following conditions are met:

- A valid Smartcard is used during the registration process
- A Personal Demographic Service (PDS) match is found
- A Registration Type of Applied for full General Medical Services (GMS) Status
- The previous practice is GP2GP compliant

The GP2GP transfer is triggered by a Personal Demographics Service (PDS) update. This is performed at the end of the Patient Registration process upon pressing **Save** in the patient record.

To register the patient on SystmOne, click the **Patient** Menu, select **Patient Maintenance**, and select Patient Registration Wizard from the list. The **Register New Patient** screen is displayed.

The registration can be completed by entering the patients NHS Number or First Name, Surname and Date of Birth.

Once the correct patient is found, confirm the patient by clicking on the button with the green tick.
Note: For details relating to Patient Returns and Multiple Matches please refer to the 2 Patient Registration Training Guides detailed above in section 5.1 and the agreed local Business processes.

The Confirm Patient Match dialogue is displayed, click Ok.

Note: Users MUST be sure they have matched the CORRECT patient on PDS before confirming the match, using the registration form or with the patient in person.

If the correct patient is not displayed, click Cancel match.
The Spine Record Matching dialogue is displayed, click Yes.

Selecting No will create a local SystmOne record and will stop the GP2GP process.
The Register New Patient > New Patient screen is displayed.

This screen is standard SystmOne functionality.
Selecting the Applied radio button will make the user eligible for a GP2GP transfer. Selecting Incomplete or None will prevent a GP2GP transfer.

A Previous GP must be entered.

An Acceptance Type must be selected for an Applied patient

This screen is standard SystmOne functionality. The mandatory fields and functions of this screen remain unchanged.
Registration Warning dialogue, click Ok.

This screen is standard SystmOne functionality

The Patient Record is displayed:
Click the Save button

The patient will now be registered on SystmOne; the patient record will close automatically. The GP2GP transfer integration process will be triggered.

From the SystmOne Home screen, navigate to Tasks and select GP2GP Transfer In task:

![SystmOne Task Screen](image)

The process of managing Tasks within SystmOne remains un-changed with GP2GP

For further details regarding SystmOne Tasks please refer to:

- TPP SystmOne Core - Basic Tasks and Notifications Training Guide (Ref 6)
5.2. **GP2GP Transfer In Task**

The GP2GP Transfer In tasks are displayed from the **Task List** screen.

The right hand upper pane lists all of the outstanding transfer in tasks.

Clicking on a specific task will display the relevant information for that patient, in the lower pane.
To action a task and preview the patient record, in preparation for integration, right click on a specific patient and select **Action** from the drop down list.

The patient record will open in a Read Only format, and an information dialogue will appear:

- **Check Record After GP2GP Transfer**
  - This is a preview of the GP2GP record integrated into the SystmOne record. You should review the contents of the record and check degraded data.
  - If you are happy with it you should choose to integrate the GP2GP extract.
  - If you discard the patient you will be given the opportunity to action the GP2GP transfer later.
  - Note - No information should be entered into the patient record as part of this preview. Any information entered will not be saved. If you need to enter new data you should complete the integration first.

  - **Show Message Next Time?**
    - **Ok**
The Save button will appear greyed out and no changes or saves can be made.

Click Ok

The following message will be displayed if the EHR contains Drug allergies

The record should now be reviewed in its entirety, paying particular attention to:

- Problems
- New Journal
- Medication
- Sensitivities & Allergies
- Record Attachments
- Communications & Letters
- Degraded GP2GP Data
- Degraded GP2GP Medication
- Repeats Ended by GP2GP Import

Users should ensure they check and confirm the correct patient details, once the patient record has been reviewed the record must be integrated.

Note: For ‘A to B to A’ transfers the user should pay particular attention to the Record Attachments node as this will contain an extract of the previous EHR record that could not be integrated into SystmOne. The Record Attachments node is the only place the A-B-A content will appear.
5.3. Integrate GP2GP Extract

From the open patient record click on the Patient menu and select Integrate GP2GP Extract

An **Information** dialogue appears:

![Information Dialogue]

- This will integrate the GP2GP extract into the patient record. Any other changes made to the patient record since the task was actioned will be lost.
- **Show Message Next Time?**

Click Ok
An **Information** dialogue appears to inform the user the GP2GP extract has been integrated into the patient record:

![Information dialogue]

Click **Ok**
5.4. Integrated Patient Record

The Integrated record is automatically displayed:

The content of the patient record can now be amended.

Once the patient record has been integrated following the GP2GP Transfer, a number of items may not automatically integrate into the SystmOne patient record. These can be viewed in the relevant GP2GP Degraded nodes:

- Degraded GP2GP Data
- Degraded GP2GP Medication

Repeats ended by GP2GP import appear in the Repeat Template node and can be filtered in the View field, by selecting Deduction-ended Repeats.

If required, the actioning of each degraded item can be carried out from these nodes or the relevant node that it applies to. Examples of the types of items are covered in the following sections.
5.5. Degraded GP2GP Data node

The degraded GP2GP data node can contain the following items:

- Read Codes
- Free text
- Sensitivities and Allergies
- Referrals
- Acute medication that cannot be matched to a Multilex item.

In general, Allergies and sensitivities are not interoperable between different systems, in the sense that allergies and sensitivities in one system cannot always be relied upon to trigger prescribing decision support.

Consequently, if inbound transfers of allergies and sensitivities degrade (show on screen) they need to be actioned appropriately otherwise the user cannot prescribe medication for that patient.

By clicking on the **Degraded GP2GP Data** node, you can review, manage and action degraded data from the **Degraded GP2GP Data** pane:
Each item can be expanded by clicking the button, to display more detailed information about that item:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 Feb 2013</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>08 Feb 2013</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>21 Aug 2008</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>21 Aug 2008</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>21 Aug 2008</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>21 Aug 2008</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>28 Mar 2007</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>08 Feb 2013</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>21 Feb 2012</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>21 Feb 2012</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
<tr>
<td>21 Feb 2012</td>
<td>Transfer depolarized cardiac (SpA, MA)</td>
</tr>
</tbody>
</table>

Right click options from Degraded GP2GP Data node:
Note: These right click options are existing SystmOne functionality. By clicking on the Print Summary option the user can get a full print out of the degraded data at any time, should they wish to do so.

### 5.5.1. Print Summary

Selecting Print Summary will create a complete summary of all Degraded GP2GP Data within that node. This is provided in a Word document format:
Note: The identified Clinician can review the degraded data from this document or directly from the patient record. Local process will determine the approach.

5.5.2. Managing Degraded Data

There are a number of right click actions from each degraded data item. These will vary, depending upon the item type. Examples are:

- New Coded Entry
- Add to current consultation
- Summarise
- Promote to problem
Note: These functions are existing SystmOne functionality and can be currently utilised for Summarising patient records. How the Clinician chooses to integrate this information into the patient record must be determined via local process.

5.5.2.1. New Coded Entry

To add the data to the Patient Record using the **New Coded Entry** option, select from the list, the **Record New Coded Entry** dialogue is displayed:
5.5.2.2. Add to Current Consultation

Add the data to the Patient Record using **Add to Current Consultation** option, select from the list, the information will be added and can be viewed in the **New Journal**:

![Add to Current Consultation Screen]

5.5.2.3. Summarise

Add the data to the Patient Record using **Summarise** option; select from the list, the **Summarise** dialogue is displayed:

![Summarise Dialogue Screen]
5.5.2.4. Promote to Problem

Add the data to the Patient Record using **Promote to Problem** option; select from the list, the **Problem Details** dialogue is displayed:
5.5.2.5. Problems

Add the data to the Patient Record using Problems option; select from the list, any existing problems will be displayed:

5.5.3. Scenario: Integrating a Degraded Drug Allergy

There are two possible processes for integrating a degraded drug allergy:

- Integrating a Degraded Drug Allergy from the Degraded GP2GP Data node
5.5.3.1. Integrating a Degraded Drug Allergy from the Degraded GP2GP Data node

Select an Allergy from the list

Right Click > Select New Coded Entry
Search for the Allergy

Add the date and Allergy information accordingly
Highlight the Allergy again > Right click > Mark In error

Select Other radio button, add appropriate Notes:

Marked in error items that have already been saved in the patient record will be found in the Deleted Items patient record view. Items that have not yet been saved will just be removed from the record.

- Data was recorded in wrong patient record
- Data was recorded with wrong date
- Incorrect data was recorded
- Data was duplicated
- Other

Notes: Degraded drug Allergy

This now appears in the Sensitivity & Allergies node.
5.5.3.2. Integrating a Degraded Drug Allergy from the Sensitivities & Allergies node

Right click on the Allergy to be actioned > Select ‘Record Allergy or Sensitivity’

Add the Allergy information accordingly

Select Drug Sensitivity radio button and press the Drug icon
Enter the correct **Start date** and click **Ok**
A new entry for this Allergy is displayed

Mark in error the original degraded entry

Select the Other radio button, add appropriate Notes:

Data was recorded in wrong patient record
Data was recorded with wrong date
Incorrect data was recorded
Data was duplicated

Other

Notes: Degraded drug Allergy

Click Ok
This is removed from the **Sensitivities & Allergies** node

This item is also removed from the **Degraded GP2GP Data** node
5.6. Degraded GP2GP Medication node

The degraded GP2GP Medication node will show any medication that could not be matched to Multilex within SystmOne, and therefore needs to be manually matched to the closest alternative when the Patients record is integrated.

Prior to actioning degraded medication, the user must ensure that any degraded drug allergies or sensitivities are resolved. Prescribing functionality is disabled until these are rectified.
By right clicking on an item it is possible to process medication with standard functionality, for example:

- Re-prescribe
- Make repeat
- Amend medication
- Assign diagnosis
- Add new acute

Note: The right click menu option that is displayed is the same as the right click menu option of the existing Medication node. Therefore this is standard SystmOne functionality and does not differ from the existing functional process for Re-prescribing, Amending Medication etc.
Existing Medication Node and right click options:

If the medication needs to be re-prescribed:

- Select Re-prescribe
- The rest of the process is standard SystmOne prescribing functionality
- Mark in error the un-integrated entry
- The item will now show in the Medication node as an Acute issue
5.7. **Repeats Ended by GP2GP Transfer**

All Repeat Medications are automatically ended as a result of a GP2GP Transfer.

Any items that need to be re-issued or re-prescribed should be actioned from the Repeat Template node.
Using the View filter select the option **Deduction ended repeats**.

This lists the Repeat Medications ended by the GP2GP Import.

Select the required medication > Right click > Select Re-authorise / restart
Complete the details as normal

<table>
<thead>
<tr>
<th>Other Details...</th>
<th>Exact date &amp; time</th>
<th>Mon 14 May 2012</th>
<th>19:04</th>
</tr>
</thead>
</table>

**Changing the consultation data will affect all other data entered. To avoid this, cancel and press the Next button.**

**Medication start:** Mon 14 May 2012

**Drug prescribed:** Zolmitriptan 2.5mg tablets

**Prescriber, Generic or Brand, CHPN No., Style: Standard, Legal: POM**

**Sample type:**
- CHPN Issue
- Private Issue
- Installment Dependent Issue

**Dosage:**
- Take one as directed

**Total quantity:**
- Number
- Pods
- Free Text

**Sample notes:**

**Administrative notes:**

**Issue duration:** 1 day

- Use review date: 14 Nov 2012
- Synchronize all review dates to this
- Use maximum issues
- Synchronize all maximum issue counts

**Link to Read code(s):**
- Patient can initiate issues
- Irregularly issued template
- Request template can be reauthored

- No behind fused codes

- Record that a medication review has been performed

Check details and click **Ok**
5.8. Mark in Error

Once the degraded item has been added to the patient record, this item MUST be manually removed from the relevant node. The same process applies to:

- Degraded GP2GP Data
- Degraded GP2GP Medication

Right click on the item that has been resolved and select Mark in Error from the list:
The **Reason for Marking in Error** dialogue is displayed. Select the **Other** button and enter the resolution in the **Notes** field:

```
Marked in error items that have already been saved in the patient record will be found in the Deleted Items patient record view. Items that have not yet been saved will just be removed from the record.

- Data was recorded in wrong patient record
- Data was recorded with wrong date
- Incorrect data was recorded
- Data was duplicated
- Other

Notes: Summarised and added to the patient record

Ok | Cancel
```

Alternatively select the radio button for **Data was duplicated**

Click **Ok**

**Note:** Any item that has been removed, marked in error, will be stored in the **Deleted items patient record view**.
6  GP2GP Transfers

The GP2GP Transfer screen enables the monitoring and progress of any GP2GP Transfers in or out of that particular GP Practice. It will show the status of the transfer and will display any errors messages if a problem occurs with a transfer. The information is broken down by Transfer In and Transfers Out tabs.

To access the GP2GP Transfer screen, click the Workflow menu, select GP2GP Transfers from the list.

The GP2GP Transfer screen will be displayed:
The screen is separated by two tabs:

- Transfers In
- Transfers Out

### 6.1. File Options

There are 3 filter options by which the data can be sorted, for both tabs. From the drop down options in the Show field:

- All active transfers
- Transfers by date
- Transfers for a patient

To show 'All active transfers' users should select the refresh button, no criteria is necessary for this search.

The show 'Transfer by date' fields will enable searching of Incoming or Outgoing transfers using the specified dates.

**Trainer Note:** You cannot search for a date range greater than six months

To show 'Transfers for a patient' users are prompted to select a patient using the icon.

The Patients dialogue is displayed users should select the patient and click **Search**
6.1.1. Key to GP2GP Transfers Screen

Depending upon the status of the transfer, each record will be in a certain colour of text or may have a flag. The meaning of these is in the table below:

<table>
<thead>
<tr>
<th>Text</th>
<th>Denotation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Red bold</strong></td>
<td>Transfer is outstanding with error</td>
</tr>
<tr>
<td><strong>Red</strong></td>
<td>Cancelled transfer</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td>Active request</td>
</tr>
<tr>
<td>Graded Out</td>
<td>Completed transfer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flag</th>
<th>Denotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Successful transfer]</td>
<td>Successful transfer</td>
</tr>
<tr>
<td>![Failed transfer]</td>
<td>Failed transfer</td>
</tr>
<tr>
<td>![Message error]</td>
<td>Message error</td>
</tr>
<tr>
<td>![Cancelled transfer]</td>
<td>Cancelled transfer</td>
</tr>
</tbody>
</table>

The flags are discussed in further detail below.
6.2. Transfer In Tab

Users are able to produce a list of transfers in, check their status and view any errors that have prevented the transfers in completing.

For each patient transfer, information is split by the ‘Request’ and the ‘Extract’

The columns show:

- **Patient**: Patient name and NHS number
- **Request Sent**: The date and time the Request was sent
- **Request Ack Received**: When the Request Acknowledgement was received
- **Request Ack Details**: Details of the Request Acknowledgement
- **Extract Received**: The date and time the Extract was Received
- **Extract Ack Sent**: When the Extract Acknowledgement message was sent
- **Extract Ack Details**: Details of the Extract Acknowledgement
- **Flags**: Information / warning Flags

**Note:** further details and explanation of each column can be found via the F1 function key

If there has been an error with a GP2GP transfer, this will be displayed by the appropriate flag in the Flags column with supporting information in both Details columns. It should be noted that some errors have to be resolved in order for the transfer to proceed.
Right click options for each transfer record are:

Show Details, Show message IDs and Cancel Transfer are shown in the following sections.

6.2.1. Successful Transfer

A successful transfer is indicated by a ‘Green Tick’ flag:

Right click the record and select Show Details will display the following dialogue and show a more comprehensive set of GP2GP Transfer Details:

GP2GP Transfer Details

Patient: Tyrety Mostyn - 9450276359
Extracting Unit: C88032
Request was accepted
The extract has been received
Extract was successfully integrated

Ok
6.2.2. Failed Transfer

A failed transfer is indicated by a ‘Red cross’ flag:

Right click the record and select **Show Details** will display the following dialogue and show a more comprehensive set of GP2GP Transfer Details including the error and error code that caused the failure:

![GP2GP Transfer Details](image)

Right click the record and select **Message IDs** will display the following dialogue and show a list of the unique message Id’s which may be required when reporting a failure.

![Message IDs](image)

**Note:** The transfer details (NHS number, extracting unit, error messages and message IDs) will enable clinical system suppliers to trace the GP2GP message and help resolve any issues.
6.2.3. **Message Error**

A message error is indicated by a ‘Yellow triangle’ flag:

Right click the record and select **Show Details** will display the following dialogue and show a more comprehensive set of GP2GP Transfer Details including details of the error:

![GP2GP Transfer Details](image)

Right click the record and select **Message IDs** will display the following dialogue and show a list of the unique message ID’s which may be required when reporting the error:

![Message IDs](image)

**Note:** The transfer details (NHS number, extracting unit, error messages and message IDs) will enable clinical system suppliers to trace the GP2GP message and help resolve any issues.

6.2.4. **Cancelled Transfer**

A cancelled transfer is indicated by a ‘Red waste bin’ flag:

![Cancelled transfer](image)
Transfers in could be cancelled if a patient was registered in error, or if problems were seen with the extract.

Right click the record and select **Show Details** will display the following dialogue and show a more comprehensive set of GP2GP Transfer Details:

If it is necessary (e.g. due to an error), it is possible to cancel **Transfers In** from this screen. To cancel a request, click on the appropriate patient, right click and select **Cancel Transfer**:

The following confirmation message is displayed.

Click **Yes**.

The user then has to select a reason for cancelling the transfer:
Select the appropriate reason and click **Ok**.

Enter supporting text giving a reason for cancelling the transfer, then click **Ok**.

When cancelling a transfer the user must be aware that the screen does not automatically refresh, so the transfer will not be removed from the GP2GP Transfers view until:

- The user clicks the **Refresh** button OR
- The user exists the screen and returns – The action of exiting and returning to the screen will perform a refresh by default

The corresponding GP2GP task status will be updated and cancelled.
6.3. Transfer Out Tab

All patients who have an Electronic Health Records sent from SystmOne will be displayed in the GP2GP Transfers screen, from the Transfer Out tab.

Users are able to produce a list of transfers out, check their status and view any errors that have prevented transfers out completing.

For each patient transfer, information is split by the ‘Request’ and the ‘Extract’.

The columns show:

- **Patient** - Patient name and NHS number
- **Request Received** - The date and time the Request was Received
- **Request Ack Sent** - When the Request Acknowledgement was Sent
- **Request Ack Details** - Details of the Request Acknowledgement
- **Extract Sent** - The date and time the Extract was sent
- **Extract Ack Received** - When the Extract Acknowledged was Received
- **Extract Ack Status** - Details of the Extract Acknowledgement
- **Flags** - Information / warning Flags

**Note:** further details and explanation of each column can be found via the F1 function key.

If there has been an error with a GP2GP transfer, this will be displayed by the appropriate flag in the Flags column with supporting information in both Details columns. It should be noted that some errors have to be resolved in order for the transfer to proceed.
Note: The Transfer Out process is an entirely an automatic process – No user intervention is required. Users are still required to print a paper summary of the patient record.

6.3.1. Resend Extract

A failed Transfer Out can be managed from the GP2GP Transfer screen. The functionality allows users to Resend the extract to the new practice in cases of delivery failure due to communications or connectivity issues.

To resend the extract, select the patient, right click and select Resend Extract from the drop down list.
The **Confirm resend** dialogue is displayed:

![Confirm resend dialogue](image)

Click **Yes** and this will re-send the EHR

### 6.4. Transfer Error Messages

If there has been an error with a GP2GP transfer the information will be displayed in the **Details** column of the relevant tab i.e. **Transfers In** or **Transfers Out**. Administrator responsible for dealing with Registration of Patients should be aware of the codes/errors when dealing with GP2GP transfers.

A list of potential **Response Text** error messages can be viewed in the table below. Users should review both incoming and outgoing messages on a regular basis to ensure timely action, if/when necessary. It is the user’s responsibility to monitor the progress of any transfers from their practice by using the transfer display screen.
<table>
<thead>
<tr>
<th>Error Code</th>
<th>Response Text</th>
<th>Guidance on Use</th>
<th>Used by</th>
<th>Instructions to Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>06</td>
<td>Patient not at surgery</td>
<td>This should be used when the patient, identified by the NHS Number in the EHR Request, cannot be located in the local index of the receiving system.</td>
<td>Provider</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>07</td>
<td>GP2GP Messaging is not enabled on this system.</td>
<td></td>
<td>Provider, Requester</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>09</td>
<td>EHR Extract received without corresponding request</td>
<td>This should be used when a GP2GP EHR Extract message is received by a system that has not previously sent an EHR Request message.</td>
<td>Requester</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>10</td>
<td>Failed to successfully generate EHR Extract.</td>
<td>This should be used when a system fails to generate the EHR Extract for sending.</td>
<td>Provider</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>11</td>
<td>Failed to successfully integrate EHR Extract.</td>
<td></td>
<td>Requester</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>12</td>
<td>Duplicate EHR Extract received.</td>
<td>This should be used when a system receives a subsequent copy of an EHR Extract after it has previously integrated one for the current registration.</td>
<td>Requester</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>13</td>
<td>The system's configuration prevents it from processing this message.</td>
<td>Used in GP2GP testing</td>
<td>Spine</td>
<td>No Action</td>
</tr>
<tr>
<td>18</td>
<td>Request message not well-formed or not able to be processed</td>
<td>This shall be used in circumstances where the contacted EHR Sender cannot read the received EHR request. It is either corrupt, badly formed or using an incompatible message version.</td>
<td>Provider</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>19</td>
<td>Sender check indicates that Requester is not the patient's current healthcare provider</td>
<td>This shall be used where an EHR Request is received, but checks on PDS indicate that the Requesting practice is not the current primary healthcare provider</td>
<td>Provider</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>20</td>
<td>Spine system responded with an error</td>
<td>This shall be used in circumstances where a Spine subsystem such as PDS responds with an error. This should only be used where there isn't a more specific code.</td>
<td>Requester, Provider</td>
<td>No Action</td>
</tr>
<tr>
<td>21</td>
<td>EHR Extract message not well-formed or not able to be processed</td>
<td>This shall be used in circumstances where the EHR Requester cannot process the received EHR message. It is either corrupt, badly formed or using an incompatible.</td>
<td>Requester</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>Error Code</td>
<td>Response Text</td>
<td>Guidance on Use</td>
<td>Used by</td>
<td>Instructions to Users</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>message version.</td>
<td></td>
<td></td>
<td>No Action</td>
</tr>
<tr>
<td>23</td>
<td>Message not sent because <strong>sending</strong> practice is not Large Message compliant</td>
<td>This shall be used when the sending practice identifies that the EHR Extract message is a Large Message and the <strong>sending</strong> practice is NOT large message compliant. Examples of a Large Message: - Message too large (&gt;5MB) - Too many attachments (&gt;100 inc HL7) - Unsupported file type attachment</td>
<td>Provider (Large Messaging)</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>SDS lookup provided zero or more than one result to the query for each interaction.</td>
<td>This should be used if any SDS lookup fails to return a result or returns more than one result for each interaction in a particular MIM. E.g. 2 results for RCMR-IN030000UK06</td>
<td>Provider</td>
<td>Raise with your local Helpdesk</td>
</tr>
<tr>
<td>26</td>
<td>A-B-A EHR Extract Received and filed as an attachment</td>
<td></td>
<td>Requester</td>
<td>No Action</td>
</tr>
<tr>
<td>27</td>
<td>Non A-B-A EHR Extract Received and rejected due to data format</td>
<td>This should be used when an EHR extract is received in a Non A-B-A scenario, and not integrated into the EHR because the data structure was inconsistent with the current system and the user preferred to wait for the paper record and re-enter.</td>
<td>Requester</td>
<td>No Action</td>
</tr>
<tr>
<td>28</td>
<td>Non A-B-A EHR Extract Received and rejected due to non-data related reasons</td>
<td>This should be used when an EHR extract is received in a Non A-B-A scenario, and not integrated into the EHR for non-data related reasons.</td>
<td>Requester</td>
<td>No Action</td>
</tr>
<tr>
<td>99</td>
<td>Unexpected condition.</td>
<td>This is a code that should only be used in circumstances where the above codes cannot be used to accurately describe the condition.</td>
<td>Provider</td>
<td>Raise with your local Helpdesk</td>
</tr>
</tbody>
</table>
7 Pathology Results

The process for managing Pathology results in SystmOne remains un-changed.

Managing Pathology results is detailed in the TPP SystmOne Core - Pathology Training Guide (Ref 7).

7.1. Matched and Filed

Any Pathology results received by the SystmOne practice, which are matched to a patient and filed to the patient record, the complete Pathology results will be included with the EHR in a GP2GP Transfer.

7.2. Matched and Not Filed

Any Pathology results received by the SystmOne practice, which are matched to a patient but remain in the Pathology in-box as an un-filed result, will be included with the EHR in a GP2GP Transfer.

When re-imported into SystmOne, they would appear the same as any other report, but with ‘(Unfiled Pathology Report)’ appended to the title.

In the attached extract there is an unfiled pathology report (you can find them by searching for the word ‘unfiled’):
### 7.3. Un-matched and Not Filed

Any Pathology results received by the SystmOne practice, but un-matched to a patient and not filed to a patient record, will not be included in a GP2GP transfer.

**Note:** Behaviour is the same whether the report is automatically matched to a patient or manually matched by a staff member. Matched Pathology reports are sent regardless of status. The only case where a report will NOT be sent is when it is not matched to a patient.
The process for Reporting in SystmOne remains un-changed.

SystmOne Reporting is detailed in the TPP SystmOne Core - Reporting Training Guide (Ref 8).

8.1. GP2GP Task Report

A GP2GP Task Report can be obtained navigating to the Reporting menu, selecting Miscellaneous Reports and Task Report from the drop down menu.

In the Type field select GP2GP Transfer In from the list.

None of the search criteria has changed as a result of the new GP2GP functionality.

Selecting a patient shows a chronological audit of the GP2GP Transfer In Task, this will include the task Status.
8.2. GP2GP Transfers Screen

It is possible to monitor the progress of any GP2GP Transfers in or out the the GP Practice via the GP2GP Transfers screen. From this screen it is possible to view a list of completed transfers.

A more detailed breakdown of the options available on this screen are provided in sections 6.2 and 6.3 of this document.

**Note:** A specific Read Code is not added when a transfer is completed so it is not possible to report on transfers in using Read Codes.