

An Introduction to GP Connect

Webinar Questions and Answers

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Contents

Overview	3
Questions and Answers	3-12

Overview

The GP Connect Programme hosted two engagement sessions on 14th and 22nd September 2016. The titles of the two webinars were: -

- Web Ex for Commissioning Bodies
- Technical Webinar

During the sessions a number of questions were raised by attendees. Those questions are enlisted with formal answers from specialists within the programme.

In addition to the QAs within this document Frequently Asked Questions are available on our GitHub website [here](#).

Questions and Answers

1. Connection with other Initiatives

Q: *What is the expansion in to community systems e.g. RiO or to social care system providers? Will data be available to be pulled from non GP-centric systems in the viewer i.e. SystmOne Community or SystmOne Palliative Hospital?*

A: The initial engagement has been with the Principal Clinical System providers of EMIS, TPP, Microtest and INPS. This work has been to understand what information we might be able to structure into a FHIR profile standard for the API.

The next stages of engagement for GP Connect will include InterOpen and alongside this, a separate piece of work is looking at wider care settings to bring together FHIR profiles relevant across the various care settings. This work is being led via Code4Health and InterOpen.

Q: *Can we have visibility of roadmap on when acute systems, mental health systems will be involved with the GP Connect project?*

A: At the moment, there is nothing preventing system providers in other care settings reviewing the specifications, and either proposing new specifications or suggesting edits to the ones that exist already.

It is anticipated that the current specifications will evolve over time, and the supplier community can help to inform these different FHIR profiles that could then be used in the alternative care settings. A suggestion is that CCG's speak to their suppliers who could consume the API and ask them to join InterOpen and the Code4Health community to engage regarding this.

Q: *How does this tie in to the Endeavour Health work and InterOpen?*

A: Endeavour is working with InterOpen and Code4Health and it is via InterOpen that they will be involved in the GP Connect FHIR profiles.

2. Specifications

Q: *Can we get a copy of the standard in draft? Are there any limitations at present? Can developers start using the APIs now?*

A: The GP Connect Team has developed a Release Candidate One Specification Pack, which is available on the GIT Hub Site:

<https://nhsconnect.github.io/gpconnect/>

This site is under active development by the GP Connect team and is intended to provide all the technical resources needed to successfully develop GP Connect Provider APIs or Consuming Applications. Some areas are being formulated and iterative updates to content will be added on a regular basis.

The site is available for all to access and, at their own risk for developers to begin development. The specifications are at a release candidate stage and therefore subject to change.

3. Provider API

Q: *Does Adastra apply as a Principal Supplier?*

A: The GP Connect Team are engaging with the 4 main Principal Clinical System Suppliers as per the GPSoC contract, regarding the creation of the Provider API's; EMIS (EMIS Web), INPS (Vision), Microtest (Evolution) and TPP (SystemOne). At present, Adastra are not engaged as a Provider System however, they could via InterOpen or by simply suggesting changes to the FHIR specifications within the GIT Hub site, be involved in the development of the specifications

Q: *What happens if you have practices using Vision system please?*

A: INPS (Vision) are engaged with the GP Connect Team, and have committed to delivering the Provider element of the API this is subject to the signing of contractual documentation. In order to use the INPS API, a Consumer would be required to develop an end product to interact with the Provider API INPS have created.

4. Capabilities

Q: *Is this another portal or will the data be available in the Clinician's native system?*

A: The GP Connect Team are developing API's that require a product to consume them, the end product may be in the format of a portal or a full Electronic Patient Record system that you already use. A number of Consuming organisations including the Principal Clinical System providers are looking to develop consumer end products to take the information from the Provider API and present it seamlessly. Commissioning Bodies will need to engage with your Clinical Systems supplier to understand whether an end product will be developed.

Q: *Will any of the appointment booking data be publishable to online services for patients to view all?*

A: At the moment the GP Connect API's are only available for end products which can connect to the N3 network to make the API calls. Phase Two of GP Connect is looking to make API's available outside of N3 via internet facing and patient facing APIs.

Q: *Could Tasks be used as a form of E-Consultation from a GP to an acute setting?*

A: The Tasking API has been initially scoped to send very basic one-way messages from health care organisations and General Practices. Tasks must be associated with a patient and can be categorised as either For Information or For Action.

Guidance is provided warning that the 'For Action' category must be risk assessed carefully on implementation as there is no mechanism for a return message and so, although a task may be sent, there is no technically implemented guarantee it has been accepted into a work flow by the receiving practice.

Q: *Have the GP Principal Suppliers agreed to accept and process task requests?*

A: The 4 main Principal Clinical System Suppliers have been engaged in the development of the API's to meet the Phase One capabilities (including simple Tasks). As of yet, there are no contractual obligations in place.

Q: *Does the returned dataset include GP entered free text or only READ Code and READ Code definition?*

A: Free text will be included where possible and appropriate. Free text annotations (e.g. notes entered as part of a consultation) are returned as part of the Journal entry (in summary and encounter section).

Q: *Will the mapping of codes (i.e. READ to SNOMED) be available in Phase One with the web views?*

A: No SNOMED codes will be included in phase 1 for Access Record. Some SNOMED codes are used in the Appointments capability, please refer to the capability specification for more information.

Q: *Is there plans to have coded values for items like medication/allergies?*

A: API's which offer Structured and Coded Data is factored in to the GP Connect Roadmap, however it not anticipated to be made available via the API's until early 2017. The HTML views of the Patient Record are being used as a stepping stone towards full coding. Contractual discussions are underway to determine the delivery dates by the Principal Clinical System suppliers for the Provider element of the API.

Q: *When will structured data be made available via the API's?*

A: API's which offer Structured and Coded Data is factored in to the GP Connect Roadmap, however it not anticipated to be made available via the API's until early 2017. The HTML views of the Patient Record are being used as a stepping stone towards full coding. Contractual discussions are underway to determine the delivery dates by the Principal Clinical System suppliers for the Provider element of the API.

Q: *Will GP Connect API's cover CMC data?*

A: CMC data is not currently in scope, but please get in touch with us as EoLC plans are an area we'd like to work on very soon.

Q: *Are there plans to carry other alerts? Thinking specifically of safeguarding and special notes for end of life*

A: Patient Alerts can be included in the summary section under 'Key Indicators' initially and are actively being defined by the GP Connect

team based on what's available in the record. Please get in touch to discuss your requirement further.

Q: *Can you show how you reference HAPI in your code and what exactly are you getting out of it? Just parsing of the FHIR resource data structures?*

A: HAPI deals with the serialisation / de-serialisation of resources and allows a vast amount of search functionality and query parameters out of the box for demonstration purposes. The demonstrator code can be inspected.

Q: *The GP Connect website references a roadmap - can you give more details on these Roadmap timescales? "Over time the necessity to have access to pre-existing spine services (i.e. PDS and SDS integration) is likely to be replaced by GP Connect/FHIR based equivalents."*

A: Within the GitHub specification pack there are pre-requisites around needing to use PDS (either directly or via a SPINE Mini Service) to look up patients and SDS to lookup associated end points. There is an acknowledgement that not all consumer suppliers are integrated with PDS so the GP Connect team are looking at developing FHIR based interfaces in to PDS and SDS.

Unfortunately we are in the early stages of defining the FHIR compliant alternatives for SDS and PDS lookup but this will be shared as soon as it is available.

Q: *Can you further clarify the dependency of GP Connect on the PDS API's. It sounded like it is simply to pre-validate NHS Numbers - is this still a requirement where NHS numbers have been validated against an accredited PDS connected system?*

A: There is a requirement to use PDS to validate an NHS Number and find out which GP Practice a patient is nationally registered with. This returns the ODS (organisation) code which is then used in end

point resolution. If you already hold traced a patients NHS Number and GP Practice code (via PDS) then it is may not be necessary to re-validate these. Please talk to us about your use-case and we can update our guidance documentation as required.

Q: *Regarding patient consent. Does GP Connect have any additional consent logic or does it rely on the consent model adopted by the GP systems?*

A: Patient consent settings in the short term are reliant on Principal Clinical System, where preferences around opt in and opt out preferences are stored and enforced by the local system. These local rules will stop the GP Connect APIs from being able to surface the data.

5. GP Connect and SCR

Q: *How could the Get Record API perhaps leapfrog enriched SCR?*

A: GP Connect is not looking to replace SCR, the two are different products. GP Connect provides the means to allow systems to be built and connect into these interfaces and view the information (using APIs).

The SCR provides a summary of a patient's medical record from their GP practice consisting of allergies, medications and adverse reactions, which can now be further enriched with additional information from the GP practice. This makes the SCR an even more useful means of sharing important clinical information, which may be of considerable value to staff providing care to patients away from their GP surgery – especially patients with complex disorders and long term conditions. This additional information can include:

- o Significant medical history (past and present);
- o Anticipatory care information (such as information about the management of long term conditions);
- o Communication preferences (as per the SCCI-1605 national dataset);

- o End of life care information (as per the SCCI-1580 national dataset);
- o Reason for medication;
- o Record of Immunisations.

The SCR Programme provide an end user product called the Summary Care Record Application (SCRa) that allows a user to view the information via the Spine portal using an N3 connection and an active smartcard with the correct role based access controls (RBAC).

Individual patient SCRs, viewed with SCRa are still required, even with the rollout of the GP Connect APIs. In the future, it is highly probable, that the SCR Programme will look to consume the GP Connect interface, further enhancing the SCR Application (SCRa) product. It is therefore advised that users should continue to use and utilise SCRs via their current viewing systems (SCRa or via other principle supplier integrated routes such as Lorenzo 1-click, TPP, EMIS, InPS or AdastrA) for the foreseeable future.

Q: *What are the mains difference between SCR 2 and GP Connect?*

A: At present, Summary Care Record Application (SCRa) offers an end product which renders a static, structured, coded view of a summary of the patients GP record. The information is taken from the Principal Clinical Systems (TPP, EMIS, InPS or Microtest) upon every SCR relevant update to the patients GP record. Once the record is saved (post consultation etc) an SCR update is sent straight to Spine. Thus updating the patients SCR on Spine which is then available to view, if and when required.

As noted above, one of the key differences is the GP Connect API's do not provide an end product, and there is a reliance on a consumer developing such end product. SCRa offers the end user product that allows a user to view summary GP record information via the Spine portal.

6. Funding & Timelines

Q: *What are the timescales associated with the delivery of the Phase One API's?*

A: The GP Connect team are working with the Principal Clinical Systems to define the timelines associated with the delivery of the Provider API's. It is anticipated a HTML View will be delivered first, followed by Appointments and Tasking. At this stage, all three capabilities are aiming to be delivered by the end of 2016. A structured view of Get Record is aiming to be delivered by the Provider API's by early 2017.

Q: *When will the finished product be available?*

A: The answer depends on the definition of finished product. The specifications in a Release candidate version are ready now via the GitHub site. GP Connect is not commissioning any end product that a user would be able to use. The GP Connect output is a series of specifications and resources to help suppliers develop an end product.

Developers/Suppliers can now, currently at their own risk, develop against the specifications that have been published but it should be noted that these will change as feedback from these suppliers are put forward and potentially incorporated.

Q: *What are the costs associated with GP Connect and who bears these?*

A: The current GPSoc contract will cover the cost of the development and delivery of the Provider APIs, and the on-going running cost of the APIs until the contract ends in 2018.

There may also be costs associated with developing/enhancing existing software or products to consume the API which should be explored between a commissioning organisation and their software supplier.

7. FoT

Q: *How do we apply for FoT?*

A: Commissioning Bodies looking to engage in FoT activities must email gpconnect@nhs.net to express an interest. Engagement will then take place to understand:

- What the main drivers are for being included within the FoT
- Whether funding is available to cover development of the integrations and any other associated costs
- Who will be providing and developing the end product
- Which of the GP Connect Capabilities they intend to use
- What the high level use cases
- Which care settings will be targeted
- How many sites will be targeted
- What Provider System API's will be used

8. Other

Q: *Does this replace the agreement between TPP and EMIS?*

A: As NHS Digital do not broker this agreement under GPSoC we are unable to comment on it. Please ask your relevant supplier directly for more information.

Q: *What is the data sharing solution?*

A: At present, GP Connect is reliant on Commissioning Organisations having an existing data sharing agreement in place which will be adhered to when using the API's. As the solution develops, there will be work undertaken to look at a more scalable solution, although this is out of scope of GP Connect, it is being looked at as part of the wider NIB transformation.