GP Connect Programme

Guidance for External Clinical Safety Officers (GP Connect Access Record Structured Capability

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Revision History

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Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Michelle Durham	Clinical Lead/CSO	18/04/2019	0.1
Rob Jeeves	Clinical Lead	30/05/2019	0.2

Approved by

This document must be approved by the following people:

Name	Title	Date	Version
Stephen Miller	Clinical Director	16/05/2019	0.2
Richard Phillips	Programme Head	08/05/2019	0.2

Glossary of Terms

Term / Abbreviation	What it stands for
API	Application Programming Interface
CSO	Clinical Safety Officer
FHIR	Fast Healthcare Interoperability Resources
GP2GP	Patient record transfer from one GP to another GP
PSC	Principal Clinical System
SCAL	Supplier Conformance Assessment List (a technical assurance document used by NHS Digital's Solutions Assurance team to catalogue a supplier's compliance to NHS Digital's requirements)

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Contents

Introduction

This document provides guidance questions for Clinical Safety Officers (CSO) to use when assuring GP Connect consumer systems in their own organisations.

What are provider systems and consuming systems?

GP Connect has the concept of a Consumer and Provider. The provider makes information available from the patient's registered practice. The consumer sees and uses that information to provide extended and improved healthcare to the patient.

Overview of the GP Connect Programme

The GP Connect Programme is working to provide access to information held within the GP Principal Clinical Systems (Provider), allowing it to flow safely and seamlessly between care settings, empowering health providers to make the best care decisions and provide more patient-centric care.

To do this, the GP Connect Programme will deliver a number of capabilities. The current or planned capabilities are:

- **Access Record HTML** – enables a read-only view of a patient's record to be called from their registered GP's clinical system
- **Appointment Management** – enables future appointments for a patient to be viewed, booked, amended and cancelled
- **Access Record Structured** – enables a structured (machine-readable) version of a patient's record to be called from their registered GP's clinical system
- **Send Document** – enables information relating to a clinical consultation to be added to a patient's record from another clinical system

The Capabilities referred to in this document are for Access Record Structured only

Clinical Assurance undertaken in the development of GP Connect Specification

The development of the GP Connect specification is supported by a team of clinicians at NHS Digital. The clinicians are responsible for decision-making relating to requirements that have a clinical safety impact. A clinical safety officer oversees all the development of GP Connect specifications and maintains a hazard log through direct engagement and regular hazard workshops. Hazard workshops include clinicians from outside of the GP Connect team, wherever possible, to provide a wider perspective on the assessment of clinical safety of the products.

Clinical Assurance required for the consuming systems

The assurance and assessment of clinical risk in the development of consuming systems is outside the remit of NHS Digital.

Therefore:

- all consuming systems **MUST** nominate a clinical safety officer
- this person **MUST** be a suitably qualified and experienced clinician
- the clinical safety officer's role for the consuming system is to ensure that effective clinical risk management is carried out during the development and during any modification of health IT systems using the clinical safety framework guidelines: DCB0129: Clinical Risk Management: its Application in the Manufacture of Health IT Systems

- the GP Connect programme hazard log should be requested, reviewed, and used to highlight potential hazards that may be identified during the development of the consuming system
- hazards should be scored and mitigated and are the responsibility of the consuming system
- any new hazards should be identified, scored and mitigated
- during development, consuming system developers must ensure they have adequate input from clinicians who will be using the system
- when deploying the consuming system to an end-user organisation the consumer must make their hazard log available to the clinical safety officer of that end-user organisation to review

Who is responsible for clinical safety during the deployment, use and decommissioning of the consuming system in end-user organisations?

The assurance and assessment of clinical risk in the end user organisation is outside the remit of NHS Digital.

The clinical safety officer in the end-user organisation is responsible for ensuring the safety of a health IT system in that organisation through the application of clinical risk management. This clinical safety officer will be responsible for sign-off of the system as **safe to use in their organisation**, using the clinical safety framework guidelines: DCB0160: Clinical risk Management: its Application in the Deployment and Use of Health IT Systems

The purpose of this standard is to promote and ensure that effective clinical risk management is carried out by those health organisations that are responsible for deploying, using, maintaining or decommissioning health IT systems within the NHS.

The clinical safety officer should review the consuming system hazard log and identify any new hazards that could apply in the deployment of the system into their organisation. These hazards will need to be scored and mitigated to ensure they do not pose a clinical safety risk to the end-user.

Guidance questions

To support a systematic approach to clinical assurance during the deployment of GP Connect, a set of guidance questions has been developed to support Clinical Safety Officers who are assuring the use of GP Connect in their organisations. This is not an exhaustive list and the clinical safety officer should ensure that a multidisciplinary approach is undertaken when reviewing a consuming system to understand the risks for the use of the system in their own environment.

5.1 User interface

- Are the correct patient's details displayed?
- Does the view of medications give the user sufficient information to understand what medications the patient is currently taking – including repeats, acute and past medications?
- Is it clear what time and date the information was retrieved from the provider system?
- Is it clear where the source of the medication data is from, ie the GP practice or secondary care?
- Is the last issue date for medications visible to the user? If not the user may not know whether the patient is still taking the medication or how far through the course the patient is.
- Does the allergies information display clearly?
- Is the information held in the Encounters/ Consultation view sufficient to give a clear understanding of the patient's recent medical history?
- Does the user have the ability to use short cuts to each section? (Tabular format)

- Is the Observation section easy to read and understand?

5.2 Data sharing status

- Has a patient chosen **not** to share certain data outside the practice, how is this shared with outside agencies viewing the records?

> ***Clinical safety concern*: If a patient opts out of sharing certain data, this could affect a patient's care when seen in another care setting. GP Connect has no ability to override this decision.**

5.3 Data content inconsistency between different supplier systems

- Are the users of GP Connect aware that there could be data content inconsistencies when obtaining information from different supplier systems. How is this displayed?

> Provider systems structure their data content in different ways as there is no standardisation of content in the GP record.
>
> ***Clinical safety concern:* Data content inconsistency between different supplier systems could make the data more difficult to interpret in the consuming system, which may cause an incorrect diagnosis and/or subsequent delay or incorrect treatment.**
>
> This clinical risk already exists in primary care and has been seen in processes like GP2GP, Summary Care Record (SCR) and GP practice migrations.
>
> Consumer organisations should ensure users understand that the purpose of the HTML view (as with SCR, and so on) is to supplement the information available to support patient direct care, not replace any other information sources.

5.4 Sensitive patient information

- Are users aware that sensitive patient data could be restricted by the providing system so cannot be viewed in the receiving system? How will this be made evident to the user?

> ***Clinical safety concern:* This means a clinician could make an ill-advised decision due to missing data.**
>
> When a record includes sensitive information, the consuming system should alert the receiving user that some information has been hidden from the record that exists in the GP system.

5.5 Incomplete record

- Is the user aware that they may be working with incomplete, incorrect or out of date patient data?

> This could be due to a failure to send messages containing patient data or because the messages become corrupted.
>
> Data contained in messages that are corrupted or fail to send will not be displayed. An error message, with the reason the data is not available, should be returned to the user. The user can then repeat sending the message to request the data. If it does not work the user will be aware that they are not viewing the entire record.
>
> ***Clinical safety concern:* Although the use of the HTML clinical data set is a welcome introduction to healthcare in the NHS, allowing clinicians a wider view of the patient's current and past medical problems and treatment, users must be aware that the HTML data may not be complete and should always bear this in mind when deciding on the clinical pathway to follow when a patient presents for healthcare.**

If you have any questions or concerns around clinical safety, please contact your consumer supplier to discuss.