Lloyd George FAQs

Digitisation of Lloyd George Records – FAQs

PREPARATION OF RECORDS

Can un-summarised records be sent over for digitisation?

The summarisation of records was mandated in 2004 as part of the then GMS Contract. Practices and CCGs should ensure that records have and continue to be summarised. However, if records are identified as not being summarised then this should not be a barrier for the digitisation of LG records taking place.

Is there any scope to ask for the records to be summarised at the same time, or is there any software that can do this (even at additional cost to practice)?

 No – this is a scanning process – the supplier will scan records as they are received – where summary records are desired this needs to happen before they are sent for scanning.

What is the process for scanning, uploading and managing confidential / sensitive sections of the Lloyd George patient record?

There may be paper LG records that practices come across during the preparation stage of the digitisation project that contain adoption information, child protection information, safeguarding and other sensitive and confidential information as well as LG records possibly being sealed. In these scenarios practices should follow current guidance, both local and national, with regards to record management, confidentiality, information security and adhere to the NHS records management code of practice when scanning and uploading sensitive information into the electronic patient record. https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016 When LG information is scanned and uploaded, the attachment is deemed part of the medical record and any third party information that is included must be easily identified and removed prior to sharing the record with the patient. This can be actioned via the use of redaction software with a number of free solutions available on the market. Depending on the functionality of current redaction software there may still be manual processes required to redact handwritten text, unfamiliar terminology or abbreviations contained within the record.

Is there a naming convention for the imported attached Lloyd George file?

There are a wide range of file naming conventions in use when naming Lloyd George patient records that have been digitised. The naming convention used is heavily dependent on the supplier chosen to digitise the records. According to section 10.5 of "The Good Practice Guidelines for GP electronic patient records v4 (2011)" when attaching a clinical document, it is important to name or categorise the document with the local GP system so that its source and clinical significance is readily apparent when the record is viewed without needing to open the document itself. The attachment should also be correctly attributed and coded to facilitate querying. What this means is that whatever naming convention is used to name a Lloyd George digitised file then it

should be named with clear indicators as to what the file is without needing to open it and also include attributes which allow the file to be easily queried or searchable within the clinical system. E.g. [PDFnumber]_Lloyd_George_Record _[Patient Name]_[NHS Number]_[D.O.B].PDF

Should practices scan the Lloyd George record into separate sections or as one section?

It is advised that practices scan the Lloyd George records as a single section over scanning the record into multiple sections. With the use of Optical Character Recognition (OCR) technology and the contents of digital files easily searchable, there are real benefits scanning the record as one section against scanning into multiple sections. One of those benefits is it would take away the burden on practices not having to sort the contents of records into multiple sections which would incur time and resource to a practice in doing so. The documents are individually scanned but only one PDF file created and uploaded for each LG wallet. They will not be added to the record as individual items. The upload will be visible as an attachment in the Care History section and coded. The record is scanned as a single document rather than in multiple sections and it is searchable using OCR tech as discussed previously. However, the above is guidance and not is not mandated so before practices decide on a format to scan their Lloyd George patient records, there are a number of factors that must be taken into consideration which include: Cost and resource implications of choosing either option Pros and Cons of choosing either option. Current guidance being followed i.e. The Good Practice Guidelines for GP electronic patient records However a practice decides to scan their records, it is imperative that the files are named correctly using the national naming convention which is as follows: [PDFnumber]_Lloyd_George_Record_[Patient Name]_[NHS Number]_[D.O.B].PDF An example is provided below:
1of2_Lloyd_George_Record_[Joe Bloggs]_[123456789]_[25-12-2019].PDF
2of2_Lloyd_George_Record_[Joe Bloggs]_[123456789]_[25-12-2019].PDF.

Will the scanning be in sections or a single scan (PDF)?

The records will be scanned in the manner that they are received by the scanning company – IE if they are in sections they will be scanned in sections and if they are a single record they will be scanned as a single record. The scanned record will be searchable

If duplicate records are present (where they are scanned already but the paper record has been kept), will this be identified or will everything just be re-scanned?

Where practices wish to cleanse / fillet their records this needs to happen before they are sent to the supplier for scanning. Once received by the supplier the records will be scanned in as received including duplicates, blank pages etc. and will be considered the "original record."

The Lloyd George record may contain historic information on disk, or even floppy in some cases. We no longer have the technology to open these formats and therefore wouldn't be able to scan the information on. What do we do in these circumstances?

We will be discussing this with the supplier and will be able to respond further in a few weeks.