









Template Review Summary: GP Medication Summary (Revision: 5) (Summary view of 15 reviews)







GP Medication Summary








Header











Template Name	GP Medication Summary	<p><i>Steve Bentley (13-Feb-2014)</i> for us ignorant english people - what does SCI mean?</p> <p>Editor Feedback @Steve - Scottish Care Information (XML-based messaging standard used by Scotland, Wales and NI). Will change name to ""GP Medication Summary".</p>
Meta Data	<p>Template ID: 1d108e3b-b6af-403c-97bb-f9967774c375</p> <p>MetaDataSet:Sample Set : MetaDataSet:Sample Set</p>	
Purpose	<p>Example of a GP orientated Medication summary Template as might be used to define the medication content of an ECS/KIS/SCR/IHR message or SCI-Referral message or Discharge Letter.</p>	<p><i>Steve Bentley (13-Feb-2014)</i> ECS/KIS ?</p> <p>Editor Feedback @Steve - Emergency Care Summary (SCR) and Key Information Summary (like a Targeted Summary Care Record)</p>













Data







GP Medication Summary  Composition	Document to communicate information to others, commonly in response to a request from another party.		<i>Steve Bentley (13-Feb-2014)</i> nil
Medication and medical devices  Section Optional, repeating	Medication and medical devices heading (AoMRC).		
Current medication  Section Optional, repeating	Current, active medication subheading (AoMRC).		
Medication statement  Evaluation Optional, repeating	Record of a single medication item for summary purposes in clinical communications, including information on past issues, authorisations, dispensing and administration.		
Medication item  Cluster	Records details of a medication product, dosage and administration directions, for use within medication recommendation, order, administration and dispensation records.		
Medication name  Choice Mandatory	Mandatory medication name coded using a SNOMED CT/dm+d term where possible, allowing	<ul style="list-style-type: none">  Text  Coded Texttermset:	


	plain text for historical/patient reported items , extemporaneous preparations or those not registered in dm+d. Comment: e.g. "Citalopram tab 20mg", "Trimethoprim"	external	
Dose directions description  Text	A single plain text phrase describing the entire medication dosage and administration directions, including dose quantity and medication frequency. Comment: e.g. "1 tablet at night" or "20mg at 10pm"		
Parsable dose directions  Parsable	A parsable 'dose syntax' which carries dose strength, dose timing, dose duration and maximum dose information. Comment: e.g. "20-30mg ^4/6h prn [180mg /24h]" = 20 to 30 mgs, up to 4-6 hourly as required. Maximum 180mg in 24 hours. The 'as required reason' e.g 'for pain' should be carried in the Additional Instruction element. Note that this is generally a symptom and is not the same as the Indication which will usually describe a diagnosis or condition.	Formalism <ul style="list-style-type: none"> • text/plain 	
Structured dose direction  Cluster	A structural representation of the elements carried by the dose syntax in 'Parsable dose strength/timing' i.e. dose strength, dose timing, dose duration and maximum dose. Comment: Structured dose will normally be used within systems rather than in cross-system communication but may be helpful where legacy systems expose some structured data e.g Direction duration		
Dose direction duration  Choice	The duration of a single dose direction. Where multiple dose directions are required for a course of medication e.g for a tapering or increasing dose, the duration refers to the duration of a single direction, not the whole course. Comment: e.g. "for 7 days", "Indefinitely".	<ul style="list-style-type: none"> •  Coded Text <ul style="list-style-type: none"> ◦ Continue indefinitely [The medication should be continued indefinitely.] ◦ Do not discontinue [The medication should be continued indefinitely and the prescriber highly recommends that it should never be discontinued.] •  DurationUnits: 	










		<ul style="list-style-type: none"> o Year o Month o Week o Day o Hour 	
Additional instruction  Text Optional, repeating	Additional multiple dosage or administration instructions as plain text. This may include guidance to the prescriber, patient or person administering the medication. Comment: e.g. "Omit morning dose on day of procedure", "for pain or fever"		
Patient advice  Text Optional, repeating	Multiple plain text instructions intended for patient or carer. Comment: Intended for general advice for the medication course as a whole, as might be carried in a Patient Information Leaflet (PIL) and not for specific dosage instructions.		
Dispensing instruction  Text Optional, repeating	Multiple plain text to record complex dispensing arrangements, particularly for Controlled Drug instalment dispensing. Comment: e.g. "Dispense weekly"		
Course details  Cluster	Details of the overall course of medication.		
Course status  Coded Text	The status of this prescription in an ambulatory (outpatient/GP/community) context.	<ul style="list-style-type: none"> • Active [This an active medication.] • Discontinued [This is a medication that has been issued, dispensed or administered but has now been discontinued.] • Never active [A medication which was ordered or authorised but has been cancelled prior to being issued, dispensed or administered.] • Completed [The medication course has been completed.] • Obsolete [This medication order has been superseded by another.] 	
Start datetime  Date/Time	The date and/or time that the medication course should begin.		
End datetime  Date/Time	The date and/or time that the medication course should finish.		

Indication  Text	<p>The clinical indication or reason for ordering the medication. Coded terms are preferable. Comment: e.g. "Angina". The Indication generally describes a condition or diagnosis .</p>		<i>Ian Thompson (14-May-2018)</i> Should this be stronger than coded terms are "preferable". Or is this covered by next item?
Link to Indication record  URI	<p>A link to the record which contains the Indication for this medication order.</p>		
Comment / recommendation  Text Optional, repeating	<p>Additional comment or recommendation about the medication course e.g. 'Patient named supply', 'unlicensed medication', 'Foreign brand' or monitoring recommendations.</p>		
First authorised  Cluster	<p>Summary of a medication event. Often this will be simply one or more key dates but further event detail may be required in some circumstances.</p>		
Date first authorised  Date/Time	<p>The date at which the medication was first authorised. For a repeat prescription, authorisation refers to the creation of the repeat prescription 'master' which is followed by the production of one or more prescription issues.</p>		
Last dispensed  Cluster	<p>Summary of a medication event. Often this will be simply one or more key dates but further event detail may be required in some circumstances.</p>		
Date last dispensed  Date/Time	<p>The date at which the medication was last dispensed.</p>		
Last dispensed details  Cluster	<p>Records an event in the 'supply' of the medication to the patient, 'supply' covering repeat authorisation, prescription issue, administration and dispensing of the medication.</p>		
Product  Cluster	<p>Details of the product supplied.</p>		
Quantity dispensed  Cluster	<p>Medication quantity expressed using SNOMEDCT units of measure.</p>		
Quantity	<p>A narrative description of</p>		

description  Text	the medication quantity.		
Quantity value  Quantity	The amount of the quantity.		
Quantity unit  Choice	The unit of measure of the medication quantity.	<ul style="list-style-type: none"> •  Coded Text <i>termset: external</i> •  Text 	<i>Ian Thompson (14-May-2018)</i> Should this not be constrained to DM&D Units of Measure for that product. Not an issue for tablets mostly, but an issue for sprays or inhalers which often have "dose" quantities rather than inhaler quantities.
Discontinued  Cluster	Summary of a medication event. Often this will be simply one or more key dates but further event detail may be required in some circumstances.		
Date discontinued  Date/Time	The date at which the medication was discontinued.		
Discontinuation details  Cluster	Records an event in the 'supply' of the medication to the patient, 'supply' covering repeat authorisation, prescription issue, administration and dispensing of the medication.		
Discontinuation  Cluster	Details relevant to discontinuation of the medication.		
Reason discontinued  Text Optional, repeating	The reason why a medication was discontinued.		
Last authorised  Cluster	Summary of a medication event. Often this will be simply one or more key dates but further event detail may be required in some circumstances.		
Date last authorised  Date/Time	The data at which the medication was last authorised. The date at which the medication was first authorised. For a		

	repeat prescription, authorisation refers to the creation of the repeat prescription 'master' which is followed by the production of one or more prescription issues. Authorisation is generally only given for a limited period or limited number of issues, after which re-authorisation is required.		
Last issued  Cluster	Summary of a medication event. Often this will be simply one or more key dates but further event detail may be required in some circumstances.		
Date last prescription issued  Date/Time	The date at which the medication prescription was last issued. This refers to the prescription 'token' electronic or paper which authorises supply of a medication.		
Last issue details  Cluster	Records an event in the 'supply' of the medication to the patient, 'supply' covering repeat authorisation, prescription issue, administration and dispensing of the medication.		
Prescription supply  Cluster	Details related to the authorisation or issue of the medication.		
Prescription type  Coded Text	The type of prescription authorised or issued.	<ul style="list-style-type: none"> • Repeat prescription [GP repeat prescribing service.] • Repeat dispensing [Repeat issues are managed by the dispenser.] • Acute prescription [A single issue prescription.] 	<i>Ian Thompson (14-May-2018)</i> How does this cope with AMS/CMS from Scotland vs other repeat dispense instructions from English EPS? or is this only covered later?
Prescription endorsement  Coded Text Optional, repeating	A coded value describing the kind of 'contract' in place under which the medication was supplied. Multiple endorsements / contracts are allowed. Comment: e.g."ACBS" or "Private" Assume "Standard" as default	<ul style="list-style-type: none"> • Contraceptive [Contraceptive endorsed product.] • SLS (Schedule 2) [SLS endorsed product included in Part XVIIIIB of the Drug Tariff.] • ACBS [ACBS endorsed product included in Part XV (Borderline Substances) of the Drug Tariff. May not be prescribed privately.] 	

		<ul style="list-style-type: none"> • Assorted flavours [Assorted flavours endorsed product.] • Private [The medication was supplied privately.] • Hospital only [The medication can only be supplied by a hospital.] • Schedule 1 product [Product pack is included in Part XVIII A of the Drug Tariff i.e. Schedule 1.] 	
Prescribing method  Coded Text	The contract or scheme which applies to this medication.	<ul style="list-style-type: none"> • Printed [The prescription was issued solely on a paper prescription.] • Issued without script [The medication was marked as issued without a printed prescription or electronic token being created.] • Handwritten [The prescription was issued on a handwritten prescription.] • Electronic [The prescription was issued electronically.] • Dispensed [The prescription was dispensed.] • Repeat dispensed [The prescription was issued via a repeat dispensing arrangement.] • Over the counter (OTC) [The patient is self-prescribing i.e. Over-the-counter prescribing.] • NHS Scotland Minor Ailments Service (MAS) [NHS Scotland Minor Ailments Service (MAS).] • NHS Scotland Acute Medication Service (AMS) [NHS Scotland Acute Medication Service (AMS).] • NHS Scotland Chronic Medication Service (CMS) [NHS Scotland Chronic Medication Service (CMS).] • NHS Scotland Unscheduled Care (CPUS) [NHS Scotland Unscheduled Care (CPUS).] • NHS England Electronic Prescription Service 1 (EPS1) [NHS England Electronic 	

		Prescription Service 1 (EPS1).] • NHS England Electronic Prescription Service 2 (EPS2) [NHS England Electronic Prescription Service 2 (EPS2).]	
Prescribing agency  Coded Text	The agency responsible for authorising or issuing the medication.	• Registered GP practice [The medication was issued or authorised by the general practice.] • Outside [The medication was authorised or issued outside the patient's registered general practice. The exact agency is unknown.] • Outside - Hospital [A hospital department is responsible for the medication.] • Outside - Other GP practice [A health carer in another practice is responsible for the medication.] • Outside - Out of Hours service [The prescription was issued or authorised by an Out of Hours service.]	<i>Ian Thompson (14-May-2018)</i> What about Outside - Community services? (CMHT or community drug addictions service etc. are they just bundled in "Outside Other"
Product  Cluster	Details of the product supplied.		
Quantity issued (prescribed)  Cluster	Medication quantity expressed using SNOMEDCT units of measure.		
Quantity description  Text	A narrative description of the medication quantity.		
Quantity value  Quantity	The amount of the quantity.		
Quantity unit  Choice	The unit of measure of the medication quantity.	•  Coded Text termset: external •  Text	<i>Ian Thompson (14-May-2018)</i> see comment above about units of Measure and DM&D
Record provenance  Cluster	The original source of the information recorded.		
Information Source	The technical feed /		

T Text	message / webservice from where the information was sourced. For human interpretation only.		
Author ID Identifier	The clinical author of the information supplied (including patient or other 3rd party). This is not necessarily the person physically committing the record and in some cases may be a group or organisation rather than an individual.		
Author Role ID Identifier	The role of the clinical author when providing the information.		
Author Organisation ID Identifier	The organisation for whom the author was acting.		
Care Setting T Text	The care setting in which the information was obtained. Comment: e.g. "GP", "Rheumatology Outpatients". Consider use of coded Care Settings		
Date committed ID Date/Time	The date at which the information was recorded i.e committed. Equivalent to availabilityTime in HL7v3. Comment: e.g. "02-Feb-2012" Use CUI date formatting in displays		

Special Questions

Are there any key items missing in the content of a medication summary within a referral, patient summary or discharge letter?

Dawn MacDermid (04-Feb-2014)
might we wish to record if a med has been administered - i.e in the case of an injection at an outpatient appointment, etc?

Mike Robinson (11-Feb-2014)
Don't think there is anything missing

Steve Bentley (13-Feb-2014)
difficult to comment with out more detailed understanding of the use cases.

Rob Walter (21-Feb-2014)
no

Marcus Baw (22-Feb-2014)
no

Ian Thompson (14-May-2018)
How do we deal with Changes (stopped started dose changed) in the discharge/transfer letter?

Editor Feedback

@Dawn - this is available in the underlying archetype but for this use case (ECS like summary) we decided to leave it out. It would certainly be helpful in the case you have given.

Overall Comments

<p>Completeness and/or any missing elements</p>	<p><i>Helen Maguire (04-Feb-2014)</i> Have you reviewed the SPS prescribing functional requirements? For example, there is an "as required" prescription type as distinct from repeat or acute.</p> <p><i>Barry Melia (04-Feb-2014)</i> Seems good - I am keen that the duration of therapy initiated in hospitals (e.g. tramadol) be explicit on discharge letters</p> <p><i>Dawn MacDermid (04-Feb-2014)</i> administration of meds maybe should be added as an optional element</p> <p><i>PaulAG Miller (05-Feb-2014)</i> Seems good to go.</p> <p><i>Malcolm Gordon (09-Feb-2014)</i> Complete.</p> <p><i>Steve Bentley (13-Feb-2014)</i> SNOMED CT not SNOMED at all time please (SNOMED is a pathology only product - now unsupported!)</p> <p><i>Marcus Baw (22-Feb-2014)</i> I could not think of anything missing</p> <p>Editor Feedback @Helen - can you make the SPS (Scottish Prison Service) specification available. It has not been taken into account and may well need to be out of scope but it would help to be able to see the possible scope of a future extension.</p>
<p>General design issues of this archetype</p>	<p><i>Malcolm Gordon (09-Feb-2014)</i> Need to see how it would look on the screen.</p> <p><i>Mike Robinson (11-Feb-2014)</i> Not sure every attribute is at the right level, as most should relate to individual medication items and some seem to be at the Summary level</p> <p><i>Steve Bentley (13-Feb-2014)</i> I found it hard to navigate, and completely understand the relationship between the items - the nesting of the items was difficult. A high level diagram would be useful. The data seems to be different from that in the previously published template.</p> <p><i>Heather Leslie (20-Feb-2014)</i> Many of the Editorial comments could be added as explanatory notes to the 'Comment' part of each relevant archetype.</p> <p>Editor Feedback @Malcolm - screen examples are really out-of-scope of this work but some demo applications are being developed which make use of these and other archetypes and should be available to view in the near future - see http://openep.org</p> <p>@Mike, @Steve - this is really a function of the template display confusing things a little by hiding some interim branch nodes. Will try to do better on the next iteration.</p>
<p>Other resources</p>	
<p>Overall comments</p>	<p><i>Steve Bentley (13-Feb-2014)</i> There are a lot of data items included - I wonder if they are all really needed for the use case defined (referral, patient summary, discharge letter).</p>

	<p>So in the example of a referral - the issues and dispense record would seem not to be to useful for the hospital.</p> <p>I have abstained as this is specifically for a project for which I am not aware of the detail.</p> <p>Editor Feedback @Steve - that is a fair point but we are not really trying to model a very specific use-case such as an unscheduled care summary or discharge but rather to give a flavour of the scope of the underlying archetype content in a more generic fashion. We will create a discharge letter template to give a more tightly focused and realistic example.</p>
Overall recommendation	<p><i>Helen Maguire (04-Feb-2014)</i> Minor Revision</p> <p><i>Barry Melia (04-Feb-2014)</i> Minor Revision</p> <p><i>Dawn MacDermid (04-Feb-2014)</i> Minor Revision</p> <p><i>PaulAG Miller (05-Feb-2014)</i> Minor Revision</p> <p><i>Malcolm Gordon (09-Feb-2014)</i> Minor Revision</p> <p><i>Ian McNicoll (09-Feb-2014)</i> Abstain</p> <p><i>Gurminder Khamba (10-Feb-2014)</i> Minor Revision</p> <p><i>Mike Robinson (11-Feb-2014)</i> Accept</p> <p><i>Steve Bentley (13-Feb-2014)</i> Abstain</p> <p><i>Leo Fogarty (13-Feb-2014)</i> Accept</p> <p><i>Colin Brown (14-Feb-2014)</i> Minor Revision</p> <p><i>Heather Leslie (20-Feb-2014)</i> Abstain</p> <p><i>Rob Walter (21-Feb-2014)</i> Accept</p> <p><i>Marcus Baw (22-Feb-2014)</i> Accept</p> <p><i>Ian Thompson (14-May-2018)</i> Minor Revision</p> <p>Editor Feedback Thanks all. This template and the underlying archetypes will now be updated to reflect the comments made, and to take account of some changes enforced by the parallel NHS Scotland 'dose syntax' work. We expect to publish the archetype once these changes have been made and they have been given a trial run in a demo system.</p>