# **Webpage Guidance for GP Practices choice of inbound management of IUC Reports**

## What are IUC Encounter Reports?

Integrated Urgent Care (IUC) providers, which includes NHS 111, are required to send information about patient’s IUC encounters to the patient’s registered GP Practice.

Encounter reports provide detail on the outcome of the triage and the next steps in patient care. Permission from the patient will be sought before a report is sent.

The encounter report, as a minimum, contains:

• The patient’s presenting condition

• The disposition of the encounter (including timescale/clinical urgency/clinical need)

• Service Details (where patient is referred or transferred)

• A summary of the consultation(s)

• A summary of the triage process (where applicable)

• A summary of any advice provided to the patient

## When are IUC Encounter Reports sent?

### Reports for action

When the patient has been transferred back to their GP for consultation then an encounter report will be sent ***for action***. You **should always** receive a report when the patient is referred into the practice. The IUC provider will either book the patient into an appointment or the patient will be told to contact the practice directly.  Receiving these reports will support your patient consultation (continuation of assessment); and can be very helpful in understanding the reason the patient has been referred into the GP Practice.

### Reports for information

IUC providers also use these reports to notify the registered GP practice when the patient has been transferred to another service e.g. Emergency Departments (ED) or Urgent Treatment Centres (UTCs).

The encounter report will be sent as a ***copy****.* Copy messages are often referred to as Post Event Messages (PEMs).

These are for your information only, but they should still be processed onto the patient record for completeness.

### When are copy reports (PEMs) not copied to the registered GP?

Certain types of encounter reports are excluded from being copied to you at the GP Practice, such as self-care for some minor complaints and out of hours (OOHs).

You will not receive a PEM if the disposition is on the Never Send List – e.g. if the patient is advised to contact a pharmacist or provided health information for self-care.

The Never Send Disposition list includes:

* Contact pharmacist
* Refer to police
* Contact optician next routine appointment within 72 hours
* To be seen by dental practice within 3 working days
* Contact orthodontist next working day
* Provide service location information
* Refer to health information

Given the nature of these referrals, PEMs can be safely suppressed without introducing clinical risk.

The figure below illustrates when PEMs are sent or suppressed.

A screenshot of a cell phone

Description automatically generated

## How are IUC Encounter Reports sent into GP systems

Reports can be received into your practice in a number of ways, and this is your choice. Below sections detail the options you have, and how they are managed in your system. This is so that you can make a choice as to the best workflow for you and your staff.

The Directory of Services holds the information on your preferred method of receiving the reports. This means any IUC service and national services such as the National COVID-19 CAS (CCAS), can send you information. If you would like to discuss the most appropriate method for you and/or if you would like to change how you receive reports, contact your local DoS Lead via your CCG IUC team or Primary Care IT team, or ask a question via DoS feedback route available [here](https://forms.office.com/Pages/ResponsePage.aspx?id=kp4VA8ZyI0umSq9Q55CtvxxSjoheQt5KmwWVLO0ZT_xUMUc1OFFHNTdGMlpOUlgyVFFJRDc4MlE2US4u).

### Method 1 – Electronic messaging direct into your system (often referred to as ITK messaging)

This is a digital method of receiving the report directly into your practice’s clinical system and is available for all GP system suppliers.

A ***primary*** message is received when you are the service that should provide care to the patient.

A ***copy*** message is received to notify you, as the patient’s registered GP, that the patient has been signposted to another service for treatment following an IUC encounter.

As a GP practice, you will be able to tell if a report is for action or for information. The system your practice uses will label the message accordingly. In order to receive messages in this way, the system has to be properly configured; below are some instructions on how to access the information for your system supplier.

*EMIS Web* – messages are delivered directly to Workflow Manager which allows automatic matching to patient records. The format of the message can be changed to improve readability. More help is available from the [EMIS Web Knowledge Base](https://www.emisnow.com/csm?id=kb_article&sys_id=ccd43a00dbf4cc903f6268684b9619c7).

*Microtest Open Evolution*– messages are automatically matched to patient records with the ability to assign tasks to individual users or groups. More information and support is available from the [Microtest website](https://www.microtest.co.uk/open-evolution/patient-management-modules/workflow/).

*SystmOne*– help information is available within the system under Help > Support and FAQs, the guide is called “Receiving NHS 111 messages into GP”. Messages in SystmOne can be reviewed and filed manually or mappings can be created to file them automatically and assign tasks.  It is very important to ensure the configuration in SystmOne is completed or ITK messages will not be received.

*Vision* – messages arrive in Mail Manager which is able to automatically file them against the patient’s record. More help is available from [Vision’s Knowledge Base](https://knowledgebase.visionhealth.co.uk/knowledge/mail-manager-overview-user-guide).

During the NHS response to the COVID-19 Pandemic, changes have been implemented in EMIS, TPP and Vision GP systems to support the specific processing of COVID-19 information in the reports. This automatically adds a suspected COVID-19 problem to the patient record, where the outcome of the IUC encounter was a COVID-19 disposition.

### Method 2 – Email into Docman

Docman can process incoming attachments on an email straight into the incoming correspondence queue in Docman GP.

Some GP practices prefer Docman processing of incoming correspondence, as it offers them one workflow for all correspondence types. If you use Docman and this is your preference, make sure the Docman email address on DoS is accurate via your DoS Lead.

Regardless of the Docman version in use, messages will appear as email in the inbox. Reports will be converted to PDF by Docman and can be filed by practice staff.

Refer to Docman support guides for how to configure receiving IUC Encounter Reports in this way on the [Docman Support Site](https://www.docman.com/primary-care-customers/).

**Note:** the Docman service cannot at this time process suspected COVID-19 information directly into the patient record.  Practices should consider, for the COVID-19 emergency response period, changing IUC encounter reports delivery method to electronic messaging (Method 1 above) in order to allow this automatic update on information into the patient record. Changing back to using Docman can be done easily at any time via a request into the DoS Lead for your area.

**Note:** the use of electronic messaging for IUC Reports will not prevent Docman being used for other types of communications e.g. OOHs consultation reports and hospital discharge summaries.

### Method 3 - Email into a shared inbox

Encounter reports can be received and processed manually into a shared email inbox.

The disadvantage of this approach is that reports are not received directly onto the patient record. Local staff must monitor a shared practice mailbox and process the file into the GP Clinical system, causing delay and risking the latest information not being available in time for a GP to review prior to consulting with a patient. The GP Connect appointment booking rollout already advises practices to not use email endpoints for this reason.

If you wish to use this method, then again please ensure that the mailbox is correctly configured via your DoS Lead.

**Note:** Emails cannot be used to update suspected COVID-19 information directly into the patient record.  Practices should consider, for the COVID-19 emergency response period, changing IUC encounter reports delivery method to electronic messaging (Method 1 above). Changing back to using Docman can be done easily at any time via a request into the DoS Lead for your area.

**Note:** If you chose this method this should be a shared inbox, that several admin staff can monitor and process, in order to cover staff absence.

The use of secure email is also mandatory to comply with Information Governance. NHS Email accounts are secure by default for patient sensitive information.