

# GP Connect - Known Issues

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1. GP care record section codes need to be updated in the value set and merged into this document.
2. Add a section on how the GP Connect FHIR APIs can be used through a proxy.
3. Ability to specify multiple time periods, one per GP care record section needs to be incorporated.
4. Default behaviour when no time period is specified for each section needs to be decided.
5. Default behaviour when no record sections are specified needs to be decided.
6. What prefix will be used for operations defined by the GP Connect programme needs to be decided.
7. The extent/handling of SNOMED coding needs to be finalised (and added to this document).
8. Handling of appointment booking where the patient is unknown (e.g. overseas visitor).
9. Up and coming changes to the Task resource in DSTU3 (and overlap with the Communication resource for our use cases).
10. Handling of cache control headers.
11. Handling of CORS.
12. Is the date field on the Task better represented as a date and time?
13. Should we be putting the resource version in the name of the resource?
14. Can Schedule.identifier be removed as the logical Id should be sufficient?
15. Can Slot.identifier be removed as the logical Id should be sufficient?
16. Can Appointment.identifier be removed as the logical Id should be sufficient?
  1. Actually, maybe this would be given out to the patient as their reference?
  1. So maybe we should have a way to search for Appointment by a business Id?
17. Should our Appointment-Category, Appointment-Booking-Method and Appointment-Contact-Method be removed?
  1. Can the principle systems populate these fields meaningfully?
18. Should we move away from the GP-Connect-\* naming as this restricts reuse?
19. How would we handle a Slot for a home visit (see BlackPear feedback).
20. Why have we made NHSNumber mandatory (see BlackPear feedback)?
  1. I think we need to differentiate between optional (and mandatory if you have it optional).
21. Practitioner.communication binding IETF vs ISO-639 (see BlackPear feedback and it's impact on profile validation).
22. Patient.communication isn't defined but for consistency would seem to make sense (see BlackPear feedback).
23. Error handling on \$getcarerecord in the original RESTful API Architecture document in the data standards bundle it seems strange to fail partially.
24. Are we going to publish our FHIR profiles somewhere (are we going to host a FHIR repository server / what is the timeline for this?)
25. Are we going to mandate/provide extra guidance around the usage of the display property (see BlackPear feedback).