**Good Practice guidelines for**

**Electronic Patient Records (eHR)**

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# Introduction

## Policy statement

The purpose of this document is to ensure that staff are aware of the requirement to adhere to the Good Practice Guidelines for GP electronic patient records v4 (GPGv4), using it as a source of reference when necessary.

## Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

## Why and how it applies to them

This document ensures that staff are aware of the content of GPGv4 and how these guidelines can support them in their role within the practice. It is to be read in conjunction with local and regional policies.

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

# Policy

## Overview

The Good Practice Guidelines for GP electronic patient records v4 (GPGv4 2011)[[1]](#footnote-1) should act as a reference source of information for all those involved in developing, deploying and using general practice IT systems. GPGv4 was written and produced by the Department of Health (DH), the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA). Teign Estuary Medical Group will adhere to the guidelines detailed in GPGv4, which covers the following:

1. Strategic context for GPGv4
2. The purpose of health records
3. Clinical safety assurance
4. Records governance
5. Shared electronic patient records
6. High-quality patient records
7. Clinical coding schemes
8. Data transfer & interoperability
9. The Personal Demographics Service
10. GP2GP Electronic Record Transfer
11. Data migration
12. Clinical messaging
13. The Summary Care Record and Emergency Care Summary
14. High-quality medication records and the Electronic Prescription Service
15. A pathway to good paperless practice
16. Electronic document attachments
17. Working in an e-business environment
18. Education and training

## Summary of chapters

To facilitate ease of reference, a summary of each of the above chapters is included in this document[[2]](#footnote-2).

Chapter 1

* Outlines the economic and political context in which general practice operates
* Notes that good records are a requirement for the high-quality care expected by government, the public and the profession
* Describes the background to the Good Practice Guidelines stating the need for professionally owned, authoritative guidance for implementers and users of GP systems
* Reviews the analysis of the intended scope for these guidelines, describing how interoperability and quality are central themes

Chapter 2

* Summarises the broad-ranging purposes of health records including:
  + Their use for individual patient care and care of the practice population
  + Their uses for administrative and contractual obligations
  + Additional purposes such as governance and education
  + Uses in other healthcare environments

Chapter 3

* Outlines the clinical safety approach that applies across the NHS in England
* Describes the way that detailed clinical safety testing may be carried out
* Provides information about emerging safety standards that are relevant to clinical safety
* Important in terms of health records’ interoperability

Chapter 4

* Provides discussion and advice on the NHS IT governance framework
* Lists and references all legal aspects, acts, regulations and standards that affect records governance in primary care
* Discusses the issues around consent and disclosure; models, effects and implementations
* Provides detailed advice on the issues arising from records retention after a patient deregisters from a practice
* Outlines the origins and purposes of the NHS Information Governance Toolkit

Chapter 5

* Describes relevant guidelines for shared electronic clinical records in primary care
* Discusses and outlines the 16 principles developed in the RCGP Shared Records Professional Guidance report
* Discusses governance, medico-legal and patient safety aspects
* Considers the implications of sharing health data and records with patients with respect to benefits and governance

Chapter 6

* Provides guidance on high-quality patient records
* Discusses the importance of data quality with respect to the multiple different uses of GP data and the effects of different contexts
* Discusses methods and issues that affect the quality of data recording, including:

o Coding and record structures  
o Patient review of records  
o Common sources of errors  
o Processing of received external information

* Explains and elaborates on the CARAT acronym for assessing data quality
* The effects of data quality in shared, detailed electronic records and the Summary Care Record

Chapter 7

* Provides an outline of the coding schemes in use in UK primary care, including:
  + 4 Byte Read
  + Read Version 2 (5 Byte)
  + Clinical Terms Version 3 (CTV3)
  + SNOMED CT
* Describes the structures and organisation of these terminologies
* Reviews their origins, purposes, benefits, and actual and potential issues of their use in practice
* Discusses the pros and cons of using coded data or free text
* Reviews the use of codes in data-sharing systems including messaging and system migration
* Provides guidance on preparing to move to using SNOMED CT

Chapter 8

* Lists six sub-chapters focusing on the issues arising from data transfer and interoperability:
  + 8a The Personal Demographics Service
  + 8b GP2GP Electronic Record Transfer
  + 8c Data migration
  + 8d Clinical messaging
  + 8e The Summary Care Record and Emergency Care Summary
  + 8f High-quality medication records and the Electronic Prescription Service

Chapter 8a

* Describes the PDS’s main purposes
* Discusses the access & security controls and arrangements in place to ensure only authorised use for intended purposes
* Recommends methods for finding patients using PDS tracing functions
* Recommends the use of unique NHS IDs in all patient-identifiable communications
* Discusses how to ensure that PDS data is of high quality at input and maintenance

Chapter 8b

* Provides advice and guidance on the ‘GP2GP’ service that allows the electronic transfer of patient records between practices
* Describes the intended benefits of GP2GP and the reasons for its implementation
* Outlines the methods by which GP2GP operates
* Recognises and describes the areas where GP2GP is limited and how to mitigate these limitations
* Provides specific advice on managing drug allergy records when sending and receiving these by GP2GP
* Explains the handling of record attachments by GP2GP and how these can be managed
* Provides explanations of the procedures for workflow practices when using GP2GP
* Includes a discussion of training issues, record validation and the continued impact of non-computerised practices

Chapter 8c

* Describes the Data Migration Improvement Project
* Outlines the data migration processes used when migrating data between GP systems including those from different suppliers
* Describes how to handle exceptions and review target system data
* Advises on the requirements for final sign-off in data migration projects

Chapter 8d

* Addresses and discusses the background to clinical messaging to and from GP systems
* Provides advice on how clinicians should assess new clinical messaging facilities
* Outlines the processes involved in handling clinical messaging data transfers
* Provides specific advice for practices on pathology messaging
* Discusses possible future implementations of messaging systems

Chapter 8e

* The Summary Care Record (SCR) in England and the Emergency Care Summary (ECS) in Scotland are designed to assist in the care of patients in urgent and emergency care settings
* Discusses and details the two consent models used, comparing and contrasting their similarities and differences
* Examines how data quality impacts on these services and advises on how this can be improved and maintained
* Advises on the use of NHS smart cards and how they apply to accessing and updating the SCR, and the importance of ensuring all clinical users employ them
* Notes that both services are under continued development and advises users to review new guidance as it is issued

Chapter 8f

* Provides advice on the Electronic Prescription Service (EPS); the importance of and methods of achieving high-quality medication records
* Outlines the release phases of EPS
* Gives guidance on how practices should prepare for EPS
* Lists the intended benefits for patients and carers, and for prescribers
* Discusses the security and confidentiality measures that support EPS, including smart cards
* Provides guidance on determining readiness for EPS Release 2
* Describes prescription types excluded from EPS at present

Chapter 9

* Provides guidance on migrating practices to ‘paperless’
* Defines various levels of ‘paperless’ working
* Discusses business and infrastructure requirements for practices to move to paperless working including continuity planning
* Reviews potential benefits and risks
* Gives guidance on using computers in the consulting room
* Analysis of business processes that can be migrated to paperless working
* Advice on clinical data capture and records summarising
* Advice on records refinement, amendment and deletion
* Contact details for GP clinical system user groups
* Advice on the current requirements for the accreditation of paperless practices

Chapter 10

* Offers guidance on attached electronic documents
* Discusses the legal status of such documents
* Advises on appropriate formats and lists key principles to be applied
* Reviews methods employed by systems for document storage
* Outlines document categorisation to manage attribution, coding and identification
* Provides pragmatic advice on document transfer with a review of methods in use today
* Discusses how attachments are handled by electronic referral systems

Chapter 11

* Discusses how general practice fits in the broader electronic world
* Reviews the NHS National Network, infrastructure and services
* Offers guidance on creating and maintaining a practice website
* Examines how to assess consumer e-health websites and online resources
* Discusses the role of personal health records
* Examines the current guidance for internet consultations
* Discusses areas where internet technologies can support the business of general practice
* Outlines requirements for protecting individual privacy and security online
* Describes GP system ‘data extracts’ and requirements for practices participating in such schemes

Chapter 12

* Discusses the importance of education and training to the success of projects using IT for business change, and notes that the social and affective aspects of learning are important
* Reviews learning needs in the context of shared records and interoperability and the need for system users to understand the record structures and views that apply to their clinical recording
* Suggests methods for meeting learning needs with respect to individual and practice variations in competency, knowledge and systems
* Emphasises the importance of interpersonal learning
* Provides references to online learning resources

The above information is detailed in the Quick Reference Guide which can be accessed using the hyperlink at footnote 2.

## Additional resources

The following resources are available to supplement the information given in GPGv4:

[2017/18 General Medical Services Digital Guidance](https://www.england.nhs.uk/wp-content/uploads/2017/04/17-18-gms-digital-guidance.pdf)

[NHS Digital GP2GP](https://digital.nhs.uk/gp2gp)

[Good Medical Practice 2013 (updated Apr 14) Paragraphs 19-21](http://www.gmc-uk.org/static/documents/content/GMP_.pdf)

[Confidentiality: good practice in handling patient information (2017)](http://www.gmc-uk.org/guidance/ethical-guidance/confidentiality.asp)

## Summary

There is an expectation for healthcare providers to maintain good-quality medical records. At Teign Estuary Medical Group, all staff are aware that with medical record-keeping, accuracy, clarity and timeliness are essential components for effective communication between healthcare professionals and patients. The information contained in the record should be comprehensive enough to enable a colleague to carry on where you left off.

Any questions relating to this policy or the practice of retaining good electronic records should be directed to the undersigned in the first instance.

***W Moyle***

*Will Moyle, Operations Manager*

*Teign Estuary Medical Group*

*3rd December 2018*

1. [Good Practice Guidelines for General Practice Electronic Patient Records v4](file:///C:\Users\Patricia\AppData\Local\Temp\Temp1_phil%20polices.zip\Good%20Practice%20Guidelines%20for%20General%20Practice%20Electronic%20Patient%20Records%20v4) [↑](#footnote-ref-1)
2. Extracted from [GPGv4 Quick Reference Guide](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215681/dh_125351.pdf) [↑](#footnote-ref-2)