GP Data for Planning and Research

Supplier Requirements

Published March 2019

**Document Management**

**Revision History**

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| 0.18 | 25/02/2019 | DSP changed to DPS across documentRemoval of deceased patients from reconciliation feed and associated time limit from all requirementsUpdated summary section**GPD\_FR\_4.0 and 5.0** - renamed **3.0a** and **3.0b** as subset of **GPD\_FR\_3.0****GPD\_FR\_7.0** – deleted as no longer required**GPD\_FR\_10.0** – change to include priority for records never previously extracted**GPD\_FR\_12.0** – deleted, repeated requirement covered by **GPD\_FR\_1.0** and **GPD\_FR\_2.0****GPD\_FR\_13.0** – changed to include validation rules**GPD\_CF\_8.0** – new requirement for exclusion of specific attributes**GPD\_CF\_7.0** – updated to provide detail on referential integrity**GPD\_NF\_3.0, 4.0 and 5.0** – amended delivery time**GPD\_NF\_11.0** – addition of explicit cut off period for extraction |
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| 1.3 | 27/11/2019 | Amended wording in section 4 to make clear only relevant qualifying patients should be sent and updated reconciliation on/off functionality**Requirements****GPD\_APT\_6.0** to clarify appointments feed and identifiers**GPD\_CF\_5.0** has been redrafted to make specific to only Type 1 objections and specifically the Delta and Reconciliation Feed **GPD\_CF\_6.0** split into **6.0a** and **6.0b** to define patient inclusion in the Delta Feed and Reconciliation Feed**GPD\_CF\_8.0** Retired as no longer in scope**GPD\_NF\_11.0** added to ensure one provider per extract file**GPD\_NF\_12.0** added to ensure historical data can be returned in event of disaster recovery**GPD\_R\_2.0** added participation reporting requirements |
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**Reviewers**

This document must be reviewed by the following people:

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewer name | Title / Responsibility | Date | Version |
| John Macdonald | Lead Business Analyst |  | 1.5 |
| ~~Philip Gaertner~~  | ~~Solution Architect~~  |  | ~~1.0~~ |
| Andrew Thorne-Marsh | Programme Manager |  | 1.5 |
| ~~Danny Solomon~~ | ~~Senior Technical Architect~~ |  | ~~1.0~~ |
| Roy Taylor | DPS Solutions Architect |  | 1.5 |
| David McAvenue  | Solution Architect |  | 1.5 |
| ~~Michael Goodlet~~ | ~~Senior Business Analyst~~ |  | ~~0.17~~ |
| ~~Mark Richardson~~ | ~~Programme Manager~~ |  | ~~1.0~~ |
| Claire Kwon | Project Manager |  | 1.5 |
| Tess Morley | Senior Project Manager |  | 1.5 |
| Stuart Cumming | Senior Project Manager |  | 1.5 |
| Kevin Deadman | Principle Practitioner in Test |  | 1.5 |
| Kathryn Salt | Information Analysis Lead Manager |  | 1.5 |
| Dr. Royce Neagle | GPDC/SUS+ SME |  | 1.5 |
| Anusha Jose | Lead Practitioner |  | 1.5 |
| Emily Grey | Junior Project Manager |  | 1.5 |
| Mandeep Panesar | Junior Project Manager |  | 1.5 |

**Document Author**

This document was authored by the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Signature | Title | Date  | Version |
| Shail Ravjibhai |  | Lead Business Analyst | 21/06/2018 | 0.14 |
| Dave McAvenue |  | Technical Architect | 10/10/2018 | 0.15 |
| John Macdonald |  | Lead Business Analyst | 16/10/2018 | 0.16 |
| John Macdonald |  | Lead Business Analyst | 25/10/2018 | 0.17 |
| John Macdonald |  | Lead Business Analyst | 25/02/2019 | 0.18 |
| John Macdonald |  | Lead Business Analyst | 08/03/2019 | 1.0 |
| David McAvenue |  | Technical Architect | 14/05/2019 | 1.1 |
| John Macdonald |  | Lead Business Analyst | 15/10/2019 | 1.2 |
| John Macdonald |  | Lead Business Analyst | 07/11/2019 | 1.3 |
| John Macdonald |  | Lead Business Analyst | 09/12/2019 | 1.4 |
| David McAvenue |  | Technical Architect | 16/03/2020 | 1.5 |

**Approved by**

This document must be approved by the following people:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Signature | Title | Date  | Version |
| Andrew Thorne-Marsh |  | GPDfPR Programme Manager |  | 1.5 |

**Glossary of Terms**

| Term / Abbreviation | Description |
| --- | --- |
| Data Extract File | The Data Extract Files are those files produced by the Supplier to be sent to the Authority containing the Extract Data for the:* Delta Feed
* Reconciliation Feed
 |
| Delta Feed | A daily feed of new and updated patient level data in accordance with the agreed GPDfRP Delivery Documentation  |
| DPS | Data Processing Systems (DPS) is the Authority’s solution that will receive, process and store GP Data. The platform will additionally provide authorised users with access to the GP Data either via direct access to the platform or via extract reports disseminated by the platform.  |
| DPS Programme | The Programme of work responsible for the delivery of the DPS.  |
| Extract Data | The Extract Data is the data produced by the Supplier in accordance with the Delta Feed and Reconciliation Feed requirements.  |
| GPDfPR | GP Data for Planning and Research |
| GPES | General Practice Extraction Service |
| GP IT Futures Framework | Procurement framework for general practice in England, to replace the existing GPSoC framework in January 2020 |
| GPSS | GP System Supplier |
| IG | Information Governance |
| Local Codes | Local codes are codes provided by GPSSs to meet the needs of GPs other than SNOMED CT.  |
| MESH | Messaging Exchange for Social Care and Health<https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh> |
| NIB | National Information Board* provide leadership across health and care organisations on information technology and information
* design and develop the vision, strategy and direction for the health and care system through engagement with partners and stakeholders, including industry
* ensure that priorities for investment and delivery are clear
* provide the annual commissioning priorities for NHS Digital and turn these into an agreed delivery plan
 |
| Reconciliation Feed | A daily feed of all data (in accordance with the agreed StandardGPDfRP Delivery Documentation) for a defined percentage of patients in each practice (including deceased patients registered at the practice at the time of death) |
| GPDPR Delivery Documentation | GPSS Documentation required for the implementation, processing, messaging and overall delivery of GPDPR. This includes:* Technical Output Specification
* Data Interface Specification
* Data Extract Implementation Guidance
* Data Extract Schema
* SDK Implementation Guidance
 |
| The Authority | The term ‘the Authority’ refers to the Health and Social Care Information Centre (trading as NHS Digital) acting as agent of the Secretary of State for Health. |

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# Introduction

The purpose of this document is to present the business requirements on the Supplier(s) to support the provision of GP Data for Planning and Research, as defined by the Authority, from systems on the GPIT Futures Framework

# Summary

This document outlines the requirements for System Suppliers to deliver a service for the Authority to collect patient data from systems across England. This is to support clinical professionals, commissioners, and researchers’ legitimate need to use data to inform decision-making and provide insight into the health and care of England’s citizens. Requirements on the data specification and messaging interface can be found in the following supporting documents:

* Technical Output Specification
* Data Interface Specification
* Data Extract Implementation Guidance
* Data Extract Schema
* SDK Implementation Guidance

This set of documentation will be referred to as the Delivery Documentation throughout this document

# Objectives of Change

The requirements within this document must be able to support the following outcomes

1. To manage the delivery of high-quality solutions from all suppliers ensuring that the data is provided accurately, reliably, timely and cost effectively, in line with existing governance arrangements.
2. Enabling the delivery of NHS requirements for GP Data to support national and local secondary uses.
3. Supporting the Personal Health and Care 2020 strategy as an enabler for other NIB portfolio items.

1.
2.
3.
4.

#

# Requirements

This document contains the requirements that the Suppliers will be required to meet for providing GP data, including:

* **Reconciliation Feed:** A daily snapshot feed of data (in accordance with the agreed GPDfPR Delivery Documentation for a defined percentage of 1% of patients records prioritising those records that have the longest time lag since the previous update, where records previously never take priority . Initially the Supplier must provide the full set of patient data via this feed over a phased period to build up a historic view of all qualifying patient records. This is expected to over 100 days. After all qualifying patients have been successfully uploaded this feed is expected to be turned off until such time as it is needed in the future to accommodate any changes to changes in the dataset.
	+ This feed will be referred to as the “**Reconciliation Feed**” within this document.
* **Delta Feed:** A scheduled daily feed of data (in accordance with the agreed GPDfPR Delivery Documentation) where there has been an update to any data attribute that is in scope of the GPDfPR Delivery Documentation. Examples are; new registration or update to an existing medication.
	+ This feed will be referred to as the “**Delta Feed**” within this document

Both the **“Delta Feed”** and the **“Reconciliation Feed”** will contain the **full record** as defined in the GPDfPR Delivery Documentation for all relevant patients.

* **Appointment Feed:** This feed is not directly connected to the patient record, but associations can be derived where the appointment is associated with a patient via identifiers. This feed will be an initial upload of all currently scheduled and available appointments (in accordance with the agreed GPDfPR Delivery Documentation) from an agreed date. This allows an initial baseline and will not include historical appointments. From receipt of this snapshot only deltas will be required for any new or updates to appointments from the baseline.
	+ This feed will be referred to as the “**Appointment Feed**” within this document.

The term **“All Feeds”** relates to the **“Reconciliation Feed”**, **“Delta Feed”** and **“Appointment Feed”**

**Overview of end to end process**



## GP Data Requirements

The purpose of these requirements is to ensure that the Authority can receive GP Data (in accordance with the agreed GPDfPR Delivery Documentation S) held in systems on the GPIT Futures Framework.

Where **'Level'** is used in the requirements, the keywords Must, Should, May are to be interpreted as described in [RFC 2119.1](https://tools.ietf.org/html/rfc2119)

* **Must:** This word, or the terms “required” or “shall”, means that the definition is an absolute requirement of the specification
* **Should:** This word means that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.
* **May:** This word means that an item is truly optional. One vendor may choose to include the item because a particular marketplace requires it or because the vendor feels that it enhances the product while another vendor may omit the same item. Delivery of such requirements is at the discretion of the Supplier. However, it should be noted that NHS Digital has expressed a desire for development in this area.

### GP Data Functional Requirements

| **Requirement Ref** | **Level** | **Requirements** |
| --- | --- | --- |
| **GPD\_FR\_1.0** | **Must** | The data for **“All Feeds”** provided by the Supplier must conform to the current version of the GPDfPR Delivery DocumentationFor the avoidance of doubt, new versions of the GPDfPR Delivery Documentation will be published via the GPIT Futures Framework and roadmap. The Supplier will be required to update their solution where required to conform to any documented changes |
| **GPD\_FR\_2.0** | **Must** | The Supplier must work with the Authority to agree the data mapping logic required to meet the GPDfPR Delivery Documentation, to enable the Supplier system data to align with the defined data extract. This must be approved by the Authority before any submissions. |
| **GPD\_FR\_3.0** | **Must** | The Supplier must ensure all codeable concepts that are recorded in SNOMED CT, or where there is a mapping from a legacy terminology to a SNOMED CT ConceptID and DescriptionID, as per the TRUD mapping tables<https://isd.digital.nhs.uk/trud3/user/guest/group/0/pack/26>That they are provided in the format outlined in the GPDfPR Delivery Documentation |
| ***GPD\_FR\_3.0a*** | ***Must*** | *The codeable concepts for* ***“All Feeds”*** *provided by the Supplier must include Local or historical Codes, where a local code cannot be mapped to CTV3/Read2 and translated to a SNOMED CT ConceptID as per the GPDfPR Delivery Documentation* |
| ***GPD\_FR\_3.0b*** | ***Must*** | *Where Local Codes are provided, the Supplier must include information pertaining to the source e.g. supplier system information.* |
| **~~GPD\_FR\_6.0~~****[RETIRED]** | **~~Must~~** | ~~The Supplier must have the ability to provide the Authority with data, per GPDfPR Delivery Documentation, for all patients who were recorded as deceased.~~  |
| **GPD\_FR\_8.0** | **Must** | The Supplier must include only those patients that are currently associated with an organisation that is recorded as open. |
| **GPD\_FR\_9.0** | **Must** | Where a patient is scheduled to be included in the daily file for both the **“Reconciliation feed”** and the **“Daily Delta”**, only one extract record must be sent.This is to prevent a patient record being duplicated in both the **“Reconciliation feed”** and the **“Daily Delta”** |
| **GPD\_FR\_10.0** | **Must** | The **“Reconciliation Feed”** must prioritise those records that have the longest time lag since the previous update, where records previously never sent take ultimate priority.For example, the following patients are ranked in priority order descending

|  |  |  |
| --- | --- | --- |
| **Priority** | **Patient** | **Last Sent Date** |
| 1 | A | Null |
| 2 | B | 01/04/2018 |
| 3 | C | 02/05/2019 |
| 4 | D | 03/08/2019 |

 |
| **GPD\_FR\_11.0a** | **Must** | Where a GP Practice has a planned closure the supplier will generate records in the **“Daily Delta”** in response to patient deductions until such time all patients have de-registered |
| **GPD\_FR\_11.0b** | **Must** | Where a patient migrates from one GP practice to another (regardless of supplier system) this will trigger two actions * Registration at the new practice
* A de-registration at the previous practice

In both instances their record will be sent via the **“Daily Delta”** |
| **GPD\_FR\_13.0** | **Must** | The Supplier must ensure the contents of each Data Extract File successfully validates against the schema and rules provided by the Authority before sending.  |
| **GPD\_FR\_14.0** | **Must** | The Supplier must log files sent to the Authority associated with **“AllFeeds”** at practice level to enable incident resolution for a minimum of 90 calendar days.[[1]](#footnote-1) |
| **GPD\_FR\_15.0** | **Must** | The supplier must de-identify the fields specified in the GPDfPR Delivery Documentation using the Authority supplied Pseudonymisation toolkit. |
| **GPD\_FR\_16.0** | **Must** | The supplier must perform the derivations at source specified in the GPDfPR Delivery Documentation |
| **GPD\_FR\_17.0** | **Must** | The supplier must have a mechanism that allows a GP practice user to authorise or reject participation in the GPDfPR **“AllFeeds”** |
| **GPD\_FR\_18.0** | **Must** | The supplier must look up the participation and respect the GP practice choice before sending **“AllFeeds”** |

### GP Configurable Requirements

The following requirements are configurable elements that allow the Authority to make necessary changes to support data minimisation where necessary. This allows the Authority to meet any changes in the governance model and respect legal obligations.

The initial configuration of these requirements will be supplied by the Authority during the design and delivery stages of the project.

| **Requirement Ref** | **Level** | **Requirements** |
| --- | --- | --- |
| **GPD\_CF\_1.0** | **Must** | These configurable requirements must be coded and meet the Authority’s Change Management requirements before being deployed to the live environment. There is a ten working day SLA to deploy such changes, measured from the point of any change notice being received by the Supplier from the Authority to deployment in the live environment. |
| **GPD\_CF\_2.0** | **Must** | The Supplier must be able to configure the percentage number of patients sent via the **“Reconciliation Feed”** to either 0 (off) or 1% (on)  |
| **~~GPD\_CF\_3.0~~****[RETIRED]** | **~~Must~~** | ~~The Supplier must be able to configure the frequency of the~~ **~~“Reconciliation Feed”~~** |
| **GPD\_CF\_5.0** | **Must** | The supplier must have a mechanism that allows it to identify and exclude patient records from the **“Reconciliation Feed”** and **“Delta Feed”** for Type 1 Objections based on the latest status. |
| **GPD\_CF\_6.0a** | **Must** | The supplier must have a mechanism allowing it to identify and only include patient records for the **“Reconciliation Feed”** from a configurable list of specific registration types (e.g. GMS or Temporary) and registration status (e.g. active) |
| **GPD\_CF\_6.0b** | **Must** | The supplier must have a mechanism allowing it to identify and only include patient records for the **“Delta Feed”** for a configurable list of registration types (e.g. GMS or temporary), based on the following logic:Should a patient currently on the included Registration Type list transition to a Registration Type that is not, this will trigger the patient record being included in the daily **“Delta Feed”**. This must be sent only once in that daily delta feed to provide a final update. No subsequent changes are to be sent until such time the patient moves to an inclusion Registration Type. For the avoidance of doubt registration status is not considered for the **“Delta Feed”**. |
| **~~GPD\_CF\_8.0~~****[RETIRED]** | **~~Must~~** | ~~The supplier must have a mechanism that allows it to identify and exclude specific attributes from patient records in~~ **~~“All Feeds”~~** ~~that are defined in the GPDfPR Delivery Documentation. For example, exclusion of~~ *~~‘Practitioner-Table: hcp-type’~~* ~~attribute.~~ |
| **GPD\_CF\_7.0** | **Must** | The supplier must perform a configurable data minimisation process at source which selectively limits the depth of historical content extracted via the **“Reconciliation feed”** or **“Delta Feed”**.The configurable item is the cut-offs in years to be applied not the form of the cut-off itself. It will be possible to independently vary the cut-off for each of the content types defined below.The time based cut off exclusions to be applied are to the following content types

|  |  |
| --- | --- |
| **Content** | **Cut-off** |
| Medications | 10 yrs |
| Appointments | 10 years[[2]](#footnote-2)  |
| Referrals  | 10 years |

The following rules shall apply:* Cut offs will be applied using the appropriate clinically effective dates for the record items i.e. not a system audit trail date
* Where there is no effective date, then no cut-off will be applied.
* Suppression of record content should not compromise the overall referential integrity of the extract e.g. problem and medication linkages expressed are consistent with the suppression performed.

In the case of medications.* Where a medication has any issues that have been issued within the 10 year period, then the entire medication course to which that issue belongs including other issues and the corresponding authorisation should be extracted, even if the effective dates for the authorisation and other included medication issues fall outside of the 10 year window.
* Where a medication has been authorised but not issued, then the authorisation (effective date) for the medication should apply.
 |
| **GPD\_CF\_9.0** | **Must** | The supplier must have a mechanism that allows it to restrict specific SNOMED CT ConceptIDs being included in any patient records for any extract in “**All Feeds”**. For example, this will allow the removal of legally restrictive and sensitive items at source and these SNOMED ConceptIDs may change over time to reflect the business position.It is expected that the exclusions list will be specified as one or more Snomed CT simple reference sets. The content of these refsets will be available either from the published Snomed CT UK Extension and/or as draft reference sets available from TRUD pending future publication in the Snomed CT UK Extension.It must be possible to change the excluded codes by changing the set of reference sets to be applied and this change must be a configuration change rather than a change to the codebase of the system.At the current time the exclusions list to be applied is provided by members of the following reference sets.999004371000000100 |General practice summary data sharing exclusion for assisted fertilisation simple reference set (foundation metadata concept)|999004351000000109 |General practice summary data sharing exclusion for gender related issues simple reference set (foundation metadata concept)|Suppression of record content should not compromise the overall referential integrity of the extract e.g. problem and medication linkages expressed are consistent with the suppression performed. |
| **~~GPD\_CF\_10.0~~****[RETIRED]** | **~~Must~~** | ~~The Supplier must have the ability to provide the Authority with data, per GPDfPR Delivery Documentation, for all patients who were recorded as deceased prior to go live for a specific timescale. These records must be included as part of the~~ **~~“Reconciliation feed”.~~** |

### GP Privitar PseudonymisationToolkit

Privitar will provide a strategic solution for tokenisation and pseudonymisation of patient level data across the NHS. It will provide a single tool set that will de-identify data, enable linkage of data sets and allow controlled re-identification under legitimate circumstances.

The solution will consist of central and distributed components. Key management and re-identification will be controlled centrally by NHS Digital. The tokenisation and pseudonymisation functionality will be provided into the DSP for national data flows and also distributed locally to Regional Hubs and GP System Suppliers. The complexities of the project include the tokenisation and pseudonymisation of data so that it can be linked, and the management of encryption keys across a very widely distributed estate.

GPSS must integrate with the Privitar Toolkit. Further information on the Privatar installation for GPSS can be found in the ‘GPDfPR Delivery Documentation’

### Appointments

The GP Data extract contains appointment data. This feed of data is expected to replace the existing GP Winter Pressures collection.

<https://digital.nhs.uk/services/general-practice-gp-collections/service-information/gp-appointments-data-collection-in-support-of-winter-pressures>

The following requirements relate to the “Appointment Feed” only.

| **Requirement Ref** | **Level** | **Requirements** |
| --- | --- | --- |
| **GPD\_APT\_1.0** | **Must** | The supplier must supply an initial appointment synchronisation feed for all appointments currently available and scheduled from a point in time. This will act as a baseline for appointment data. |
| **GPD\_APT\_2.0** | **Must** | Following the successful appointment synchronisation baseline the supplier must supply any changes or new appointments. |
| **GPD\_APT\_3.0** | **Must** | The Supplier must provide all appointment data including that not associated with a patient record (i.e. scheduled or non-bookable appointments)  |
| **GPD\_APT\_4.0** | **Must** | There is no end date range on appointment data, any appointment scheduled at the time of generating the message must be included |
| **GPD\_APT\_5.0** | **Must** | The supplier must supply appointment data for any of its providers who record Primary Care appointment and/or activity data, for example an Extended Access Provider |
| **GPD\_APT\_6.0** | **Must** | To ensure that all appointments are collected, where any patient falls into the exclusions under **GPD\_CF\_5.0** (Type 1 Objections)the appointment data must be returned without the patient identifier (NHS number). |

### GP Data Non-Functional Requirements

| **Requirement Ref** | **Level** | **Non-Functional Requirements** |
| --- | --- | --- |
| **GPD\_NF\_1.0** | **Must** | The Supplier must ensure that the Data Extract File for **“All Feeds”** are scheduled daily***.***  |
| **GPD\_NF\_11.0** | **Must** | The cut off for changes made to the patient records that need to be included in the “Delta Feed” is 00:00:00 (hh:mm:ss). Any changes after this time will be excluded and included in the next “Delta Feed” extract. |
| **GPD\_NF\_2.0** | **Must** | The Supplier must deliver the **“Delta Feed”** Extract Data for changes to a patient record during a particular day by 12:00pm of the next calendar day[[3]](#footnote-3). Examples of changes include but are not limited to:* Change in registration type;
* New registration;
* Addition of new clinical code and its corresponding recorded attributes
* Consultation recorded
 |
| **GPD\_NF\_3.0** | **Must** | The Supplier must deliver any new or updates to the **“Appointments Feed”** during a particular day by 12:00pm of the next calendar day. Examples of changes include but are not limited to:* New appointment
* Change in appointment type
* Change in appointment status
* Cancellation of appointment
 |
| **GPD\_NF\_4.0** | **Must** | The Supplier must deliver the **“Reconciliation Feed”** Extract Data where scheduled by 12:00pm of the next calendar day.  |
| **GPD\_NF\_5.0** | **Must** | The Supplier must limit the Data Extract File per message to a configurable size in MB prior to compression.[[4]](#footnote-4)The implication is that the Supplier must be capable of sending multiple files per day in order to meet all the required data feeds. |
| **GPD\_NF\_6.0** | **Must** | The Supplier must ensure that a patient record is not split across multiple Data Extract Files in the **“Reconciliation Feed”** and **“Delta Feed”.**  |
| **GPD\_NF\_7.0** | **Must** | The Supplier must ensure the data passes validation in accordance with the current version of the GPDfPR Delivery Documentation |
| **GPD\_NF\_8.0** | **Must** | The Supplier must apply changes to their system to support changes in the GPDfPR Delivery Documentation in line with the Authority’s contract framework arrangements and change process.  |
| **GPD\_NF\_9.0** | **Must** | The Supplier must ensure that where they are planning changes to local data content and/or structures within their systems, that these changes are impacted against the Authority’s GPDfPR Delivery Documentation,  |
| **GPD\_NF\_10.0** | **Must** | Where there is a potential impact, Suppliers must inform the Authority. These changes will then be aligned to the requirement specified with the GPDfPR Delivery Documentation. Any amendments must be approved by the Authority in line with the GP IT Futures Supplier Maturity Matrix. |
| **GPD\_NF\_11.0** | **Must** | The supplier must ensure that only one provider is submitted per file for **“All Feeds”** |
| **GPD\_NF\_12.0** | **Must** | The supplier must be able to provide **“All Feeds”** for a specified timescale to assist in any disaster recovery scenario. The business process for this would be considered with Service Management at the time. |
| **GPD\_NF\_13.0** | **Must** | The supplier must provide a confirmation message on completion of delivery of ‘**All Feeds’** for the daily feed. This will indicate that the Authority has received all necessary files for processing. |

### Reporting Requirements

To support the Authority’s business processes the following reports will need to be made available.

| **Requirement Ref** | **Level** | **Requirements** |
| --- | --- | --- |
| **GPD\_R\_1.0** | **Must** | The Supplier must provide on demand full details of all messages received from and sent to the Authority during a specified period and/or specified practices.The retention period is a minimum of 90 calendar days. |
| **GPD\_R\_2.0** | **Must** | For all feeds the Supplier must be capable of supplying the following: * List of all Practice IDs serviced by the Supplier.
* List of all Practice IDs participating at any time in the extract of GPDfPR
* Date and Time of all Delta Feeds sent to the Authority by Practice ID for the previous reporting period.
* Date and Time of all Reconciliation Feed was sent to the Authority by Practice ID for the previous reporting period.
* Date/Timestamp when the file was created
* Date/Timestamp to indicate when the specific Data Extraction File was sent to the Authority
* Date/Timestamp of when the acknowledgment was received from the Authority by the Supplier for that specific Data Extraction File.
* Count of records that were present in the Data Extraction File by each individual feed
* Count of records that were rejected in the Data Extraction File by each individual feed
* Count of records that were accepted in the Data Extraction File by each individual feed

Where acceptance of an extract file is at whole extract level and the extract contains a number of patient records, then there will not be a mixture of acceptances/rejection associated with any given extract |
| **GPD\_R\_3.0** | **Must** | The Supplier must provide the Authority with a full count of patients per practice register list size (both active and inactive patients) per month to be used as a baseline for Service Level monitoring.  |
| **GPD\_R\_4.0** | **Must** | The Supplier must ensure message logs associated with **“All Feeds”** are made available to the Authority on demand to support incident resolution |

### File Transfer Mechanism

| **Requirement Ref** | **Level** | **Requirements** |
| --- | --- | --- |
| **GPD\_FTM\_1.0** | **Must** | The Supplier must conform to, and use, the Authority’s specified Data Extract File transfer mechanism (currently MESH or by copying files to an AWS landing bucket).<https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh> |
| **GPD\_FTM\_2.0** | **Must** | The Supplier must compress the Data Extract Files using gzip compression prior to submission over the Data Extract File transfer mechanism, i.e. not to rely on the Data Extract File transfer mechanism’s file compression functionality. |
| **GPD\_FTM\_3.0** | **Must** | The Supplier must monitor the Data Extract File transfer mechanism interface to:* Confirm the entire file has been submitted successfully through receipt of a successful acknowledgement
* Identify issues at:
	+ Whole file submission failures.
	+ File submission failures part way through the process.
 |
| **GPD\_FTM\_4.0** | **Must** | Where an issue is encountered the Supplier must resolve the issue in line with the Authority Service Management procedure.  |

1. The contents of these files are described in the reporting requirements (4.1.6) [↑](#footnote-ref-1)
2. Because the solution does not currently extract historic appointments, the 10 year cut-off of appointment data is not applicable. This may change at a future point if the appointment extract approach changes. [↑](#footnote-ref-2)
3. Exceptions can be requested by suppliers for example where widespread update of patient records with codes on the same day which might swamp the normal capacity. [↑](#footnote-ref-3)
4. The value to be set for a given implementation will be determined during the delivery phase [↑](#footnote-ref-4)