		GP2GP Spine Technical Design			
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		Author	Will Nossiter	Version 7.1	7.1
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# **GP2GP R2.2**

# Spine Technical Design

### Amendment History:

	Version	Date	Amendment History
01	0.1	24/11/03	First draft for comment
02	0.2	02/12/04	Confirmed SDS use for GP to Practice lookup, removed LRS Checks
03	1.0	06/12/04	Document Baselined and Issued
04	1.1	13/01/05	Included content regarding Smartcard options, SDS traversal and Future enhancements
05	2.0	29/06/05	Phase 1.0 – Approved
06	2.1	12/08/05	Phase 1.1 – Draft for comment
07	2.2	29/09/05	Phase 1.1 – First Release
08	2.3	24/10/05	Phase 1.1 – Approved (subject to expected Quarantine additions)
09	2.4	19/12/05	Phase 1.1 – Introduction of Safe Exchange Framework and elaboration of section 7.5 Special Behaviours
10	2.5	06/01/06	Introduced MI Reporting Mechanisms
11	3.0	14/02/06	Approved
12	3.1	3/8/07	Initial Draft for v1.1A Issued for review Changes include:- Added Section <b>Error! Reference source not found.</b> to explain the scope of 1.1A. Updated Reviewers and Approvers Updated section 7.1 SEF solution. Early adopters of GP2GP implemented an enhanced version of SEF. The approach taken by the suppliers is being adopted as the standard going forward. Updated section 7.1 to include new requirement regarding which version number to use for the SEF rules. Removed references to GP2GP Business Process Model – this has now be incorporated into the requirements documentation.
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14	4.0	25/10/2007	Updated to approved following review
15	4.1	9/11/2007	Draft Updated for version 2.0 of GP2GP See section for 1 detail of V2.0 changes. All changes are marked with a tag "[V2]".
16	4.2	10/12/2007	Updated after external review.
17	4.3	21/12/2007	Minor updates after final review Issued for approval.
18	5.0	21/12/2007	Approved subject to project board approval.

19	5.1	6/2/2008	Minor updates to address comments raised by project board. These include minor updates to the core ABA requirement (section <b>Error! Reference source</b> <b>not found.</b> ) to live service reports to reiterate that transfer reports have to be held at practice level ( <b>Error! Reference source not found.</b> ). In addition the time to live section was corrected (Section 7.1) and the error messages text simplified ( section <b>Error!</b> <b>Reference source not found.</b> ).
20	6.0	17/11/2008	Additional Content raising Specification to 2.1 Including A-B-A Functionality
21	6.1	17/12/2009	Additional Appendix (I) for Large Messaging via Common Content Messages to support Specification 2.2
22	6.2	02/02/2010	Amended post 3 <sup>rd</sup> GP2GP workshop and Supplier feedback on 2.2 Spec.
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23	7.0	18 Feb 2011	For Approval
24	7.1	13 Feb 2014	Updated to reflect 2.2 specification updates.

#### **Reviewers:**

This document must be reviewed by the following.

Name	Title / Responsibility	Date	Version
Danny Soloman	ESP Information Governance		
	SDS Team		
	PDS Team		
Tim Tett	GP Core Solution Architect		
Graham Adams	Design Authority – Spine		

#### Approvals:

This document requires the following approvals.

Name	Signature	Title	Date of Issue	Version
Mike Curtis		GPSoC / ESP Lead Architect – Design Authority		

#### Document Status

This is a controlled document which is only valid on the day it was printed.

#### **Related Documents**

These documents will provide additional information.

Ref	Doc Reference Number	Title	Version
1	HSCIC-PC-BLD-0068	GP2GP R2.2 Requirements Specification	
2	NPFIT-PC-BLD-0172	Use Case 1: Transfer electronic healthcare record	
3	NPFIT-PC-BLD-0173	Use Case 2: Transfer and analyse management information	
4	NPFIT-FNT-TO-TIN-0289	Supp Spec: Handling attachment types	
5	NPFIT-FNT-TO-TIN-1087	Supp Spec: Handling medication discontinuation	
6	NPFIT-PC-BLD-0132	Supp Spec: Structured degrade handling	
7	NPFIT-PC-BLD-0133	Supp Spec: Handling and propagation of non- consultation data	
8	NPFIT-PC-BLD-0134	Supp Spec: Representing PMIP result data in GP2GP messages	
9	NPFIT-PC-BLD-0158	Supp Spec: Attachment references	
10	NPFIT-PC-BLD-0163	Supp Spec: Topic and category handling in GP2GP	
11	NPFIT-PC-BLD-0175	Supp Spec: Handling A-B-A transfers	
12	Placeholder	Supp Spec: Handling archetypes	
13	NPFIT-PC-BLD-0170	Supp Spec: Handling large messages	
14	NPFIT-PC-BLD-0178	Supp Spec: Coding Scheme Translation	
15	NPFIT-PC-BLD-0171	Supp Spec: Harvesting management information	
16	NPFIT-PC-BLD-0174	Supp Spec: Processing management information	
17	NPFIT-PC-BLD-0178	Supp Spec: Coding Scheme Translations	
18	NPfIT-PC-BLD-0083	GP2GP Response Codes	
19	NPFIT-PC-BLD-0069.21	GP2GP Spine Technical Design	
20	NPFIT-FNT-TO-TAR-0017.7	Compliance Requirements for Patient Registration	
21	NPFIT-FNT-TO-IG-DES-0115	Statement on Data Retention	
22	NPFIT-PC-BLD-0177	Supp Spec: User Experience	
23	NPFIT-PC-BLD-0181.01	Supplementary Specification: Handling the Patient Facing Services	
24	HSCIC-FNT-TO-TAR-0095.02	Messaging – Attachment Types	

#### Glossary of Terms

List any new terms created in this document. Mail the NPO Quality Manager to have these included in the master glossary above Ref [1]

Term	Acronym	Definition
A-B-A	A-B-A	EHR integration scenario where the requesting primary care
		system already has a pre-existing record for the patient, but
		the patient has subsequently been a permanent patient at a
		different primary health care provider. (See appendix 2)
Accredited System ID	ASID	Reference to a single instance of supplier software in a non
		hosted environment, where services (e.g. GP2GP) can be
		enabled or disabled.
		In a hosted environment this definition breaks down as a
		single instance of supplier software supports multiple
		practices (NACS) some of which may require GP2GP to be
		disabled (e.g. lack of training).
Access Control	ACS	The Spine system that supports the Access Control
System		Framework which records patient's preferences/consent
		values relating to the Summary Care Record
Common Point to	-	Point to point messaging service across TMS designed to
Point Messaging		forward unspecified messages. Used to support the Large
		Messaging Protocol.
Data Transfer Service	DTS	Point to many, "mail box" orientated messaging service
		across N3 network designed to forward unspecified
		messages. Separate from TMS.
Electronic Healthcare	EHR	A record of a patient's primary care transferred between
Record		primary care organisations using the GP2GP solution.
EHR Extract	-	The extracted information from a patient's old GP practice
		electronic patient record that is to be sent to the patient's
		new GP practice.
EHR Request	-	The message sent by the Requesting system to the Sending
		system requesting the EHR Extract
EHR Extract Message		The MIM message containing 'EHR Extract'
Electronic Patient	EPR	A patient's primary care record held electronically within a
Record		primary care system.
Message	MIM	The reference that defines the message patterns, schemas
Implementation		and content of the GP2GP messages used in GP2GP.
Manual		
	MIM 3	Specifically version 3.1.10 of the MIM that defines the
		messages used in GP2GP baseline 1.1a and 2.2a.
	MIM 7	Defines the Common Point 2 Point messages introduced in
		2.2a for the Large Messaging requirements bundle.
Domain Message	DMS	The reference that defines the message patterns, schemas
Specification		and messages used in GP2GP baseline 2.2c
	DMS 1	Specifically version 1.0 of the DMS for GP2GP that defines
		the messages used in GP2GP baseline 2.2c. This supersedes
		the MIM 7 messages.

Term	Acronym	Definition
Organisation Data	ODS	ODS codes (formerly NACS codes) provide a unique
Service		identifier for any organisational entity providing NHS
		services, whether a trust, PCT, a hospital, a ward within a
		hospital, a treatment centre or mobile unit.
Personal	PDS	The Spine sub-system that stores patient demographic data.
Demographic Service		
Requesting System		The system that requests an EHR Extract, i.e. the system of
		the patient's new practice.
Safe Exchange	SEF	Message filtering service that can inhibit messages between
Framework		suppliers / software / versions. Allows central shut down of
		specific GP2GP interactions in the event of (clinical safety)
		problems.
Sending System		The system that sends an EHR Extract, i.e. the system of the
		patient's old practice.
Common Point to	P2P	A MIM 7 message without any defined HL7 content and
Point		thus can be used to convey any content. In the context of
		GP2GP this is used to carry one or more parts of an EHR
		Extract (including attachments, compressed files)
Inbox		A logical view of the received EHR Requests and EHR
		Extracts within the main system, i.e. a business view and not
		a MHS view.
Outbox		A logical view of the EHR Requests and EHR Extracts waiting
		to be sent within the main system, i.e. a business view and
		not a MHS view. (NB This would normally be empty unless
		there is an issue preventing the Extract from being sent)
Sent Items		A logical view of the sent EHR Requests and EHR Extract
		messages within the main system, i.e. a business view and
		not a MHS view.
Internal Transfer		A patient registers with a General Practice surgery that
		shares a single patient database with the patient's previous
		General Practice surgery, previously known as 'Single
		Instance Database'.
Workflow Manager		In the context of GP2GP this is a logical concept
		representing a facility within the main GP system
		application that allows actions or task associated to the
		processing of an EHR Request, an EHR Extract or an
		associated GP2GP Paper Transfer Process to be assigned to
		users (manually or automatically) and for the user to mark
		them as completed ance they have been carried out
1		them as completed once they have been carried out.
Single Instance		See 'Internal Transfer'

# Contents

1	Int	troduction	9
2	Ov	verview of the GP2GP Solution	10
	2.1	Overview Diagram	10
	2.2	Basic Message Flow Diagram	11
3	0	verview of System Responsibilities	12
	3.1	Spine Security Broker	12
	3.2	Patient Demographics Service (PDS)	12
	3.3	Spine Directory Service (SDS)	12
	3.4	Requesting and Sending Systems	13
	3.4.	1 Requesting system	13
	3.4.	2 Sending system	13
4	Ge	eneral Requirements	14
5	Re	equesting System Responsibilities	15
	5.1	Interaction Diagram	16
	5.2	Step 1: Returning Patient?	16
	5.3	Step 2: Tracing the Patient	16
	5.3.	1 Successful Trace	17
	5.3.	2 Unsuccessful Trace	17
	5.4	Step 3: Retrieve and store Previous GP Practice	17
	5.5	Step 4:– Synchronise the Local and PDS Records	18
	5.6	Step 5:- Update PDS	19
	5.6.	1 PDS General Update response	19
	5.7	Step 6: Determining support for GP2GP	20
	5.7.	1 Querying SDS for the previous Practice's Accredited System details	20
	5.8	Step 7: Addressing and Creating the EHR Request	24
	5.8.	1 Step 7.1: Querying SDS for the previous Practice's Message Handling System details	24
	5.8.	2 Step 7.2: Creating the EHR Request	27
	5.9	Step 8: Sending the EHR Request	
	5.10	Step 9: Receive a responses to the EHR Request	30
	5.10	0.1 Receiving an Application Acknowledgement response to an EHR Request	30
	5.10	0.2 Receiving an EHR Extract Message	31
	5.10	0.3 Receiving a Large Message – Common Point to Point	34
	5.11	Step 10: Processing a successfully received EHR Extract	
6	Se	nding System Responsibilities	44
	6.1	System Interaction Diagram	
	6.2	Step 1: Receive an EHR Request	
	6.3	Step 2: Build EHR Extract	
	6.4	Step 3: Determine whether Large Messaging is to be used	. 53

6.5	Step 5: Send the EHR Extract	8
6.5.	1 Determine EHR Extract MIM Version 5	8
6.6	Step 6: Send Large Messages5	9
6.7	Step 7: Return a positive Application Acknowledgement to MIM 3 EHR Request	1
6.8	Step 8: Receive Application Acknowledgment for the EHR Extract Message	2
6.9	Step 9: Manual Re-send of an EHR Extract 6	3
7 Sp	ine Interactions6	5
7.1	Specific Messaging Behaviour Modes 6	5
7.1.	1 Production Mode 6	5
7.1.	2 Disabled Mode 6	5
Append	lix A. Transferred Documentation6	7
A.1.	GP2GP Transfer Use Case	7
A.2.	Role Based Access Control	7
A.3.	Accredited System and Message Handling System 6	7
A.4.	Use of the Conversation ID	7
A.5.	Management Information	7
Append	lix B. Recommended PDS Tracing Algorithm6	8

# 1 Introduction

This document defines the Spine Interface Technical Design for the GP2GP Release 2.2 Requirements Specification and specifies the Spine interface requirements for Requesting and Sending systems and describes the functions performed by the Spine when supporting these systems.

For the purposes of completeness, this document also includes information on recording Management Information at key points to aid in Spine messaging diagnostics.

Many of the sections covered in previous editions of this document have been moved into separate specification documents – see the R2.2 Requirements Specification NPFIT-PC-BLD-0068.

Before reading this document, read the GP2GP R2.2 Requirements Specification [Ref: 1] and the other supplementary specifications. This document focuses on any and all aspects of solutions that require an interaction with the Spine, predominantly message interfaces to TMS and LDAP queries to SDS but with some mention of SSB and PDS interactions. It identifies the responsibilities of Requesting and Sending systems, and Spine sub-systems.

The Appendices provide further detail about the architecture of the solution space and external factors that have influenced or affected the design.

# 2 Overview of the GP2GP Solution

This section provides a summary view of the architecture of a typical GP2GP solution and provides a suitable reference point which will be referred to elsewhere in the document.

The GP2GP R2.2 requirements support the electronic transfer of a patient's Electronic Health Record between organisations, typically GP Practices, which provide Primary Care services to patients.

The solution architecture is reliant on the use of PDS, SDS, SSB and TMS spine services and as such is only available to systems of NHS organisations in England.

Technically the model is peer-to-peer with GP Systems being responsible for the majority of the work in transferring the records. The Spine is responsible for (a) providing reference data to associate patients with their GP Practice held on PDS, (b) providing network addressing and messaging behaviour properties from SDS for routing messages across TMS, and (c) providing a security framework governed by SSB.

The major high level steps within the solution are as follows:

- 1. Confirm the identity of the patient and their previous GP practice
- 2. Discover details of the previous Practice's system capabilities and identities, e.g.. does it support GP2GP messaging
- 3. Carry out a messaging conversation to request and subsequently receive the patient's EHR Extract from their previous Practice
- 4. Integrate the newly received EHR Extract into the system whilst alerting users of any data items that need to be manually verified or re-activated.

The main sections of this document will expand upon steps 1 to 3 above.

### 2.1 Overview Diagram

The following diagram shows the high-level system interactions necessary within the GP2GP R2.2 Solution:

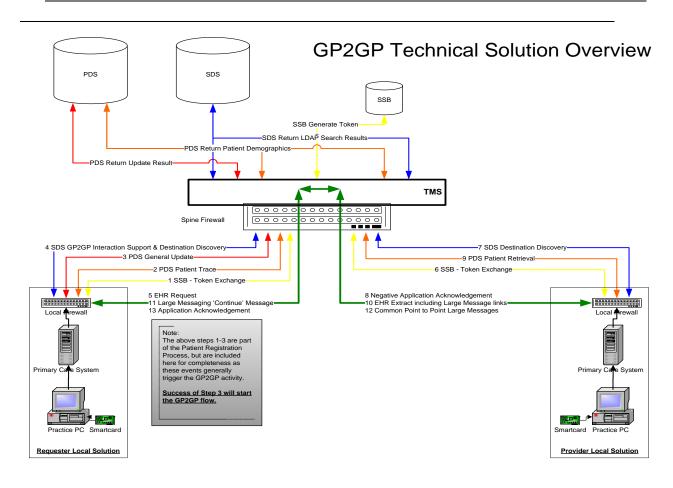


Figure 1 - Technical Solution Overview for R2.2

# 2.2 Basic Message Flow Diagram

PS

Figure 2 - Basic Flow of the GP2GP Transfer process in R2.2

# **3** Overview of System Responsibilities

The following sections outlines the systems that form the overall solution and are directly involved in system interactions.

# 3.1 Spine Security Broker

This sub-system of the Spine is responsible for NHS Smartcard authentication, issue of user credentials (e.g. roles and business activities) via SAML assertions and managing user sessions.

The GP2GP process requires access controls within systems to be aligned with the national RBAC database and in accordance with specific GP2GP business activities specified in GP2GP R2.2 Requirements Specification [Ref: 1].

It is now mandatory for a user processing patient permanent registrations to be authenticated with an NHS Smartcard when GP2GP is enabled to prevent unnecessary failures to initiate the GP2GP transfer process.

# 3.2 Patient Demographics Service (PDS)

As part of the patient registration process, GP2GP requires Requesting systems to trace patients on PDS using the recommended Tracing Algorithm detailed in Appendix B. This mandates the use of the PDS Advanced Trace message at appropriate points – it is not permitted to exclude the PDS Advanced Trace from the tracing functionality. Once successfully traced the patient record is then updated with their new Healthcare Provider (e.g. GP Practice). All other functions relating to patient registrations, e.g. messages to/from NHAIS systems, are unaffected by GP2GP.

A successful response (i.e. a PDS General Update Success message) to a PDS General Update to update the patient's Healthcare Provider will trigger the GP2GP process.

The PDS is used by both Requesting and Sending systems as follows:

- Requesting system Finding the patient on PDS, retrieving and storing the patient's current Practice code from PDS and updating the Practice code to that of the registering practice (Requesting system).
- Sending system Checking that the patient is registered here, retrieving the (recently updated) Healthcare Provider (GP Practice) code from PDS and the code of the Requesting practice from SDS (see below) and checking that the two codes match.

Note: PDS data was updated in 2008 to hold national GP Practice codes rather than registered GP practitioner against each patient to reflect the 2004 change in the way patients register with Practices.

# 3.3 Spine Directory Service (SDS)

The SDS is used to verify the patient's current General Practice supports GP2GP interactions, provides contract properties for each of the messages and the links between a Practice Code, an

Accredited System Identifier and a Message Handling System objects for addressing. This can be broken down as follows:

- Providing verification of support for GP2GP MIM 3 interactions
- Providing verification of support for GP2GP DMS 1 interactions
- Providing verification of support for Common Point to Point MIM 7 interactions
- Providing the TMS Addressing Information and Service Bindings for the Accredited System and Message Handling Systems that support the Requesting and Sending systems.
- Providing ebXML contract properties to control the behaviour of the Sending system

### 3.4 Requesting and Sending Systems

The Requesting and Sending systems are the systems that support the patient's old and new General Practices. They are:

- Providing the local security framework aligned with IG requirements.
- Providing integration with the NHS Smartcards aligned with RBAC
- Providing an interface to the Spine Services (PDS, TMS, SDS, etc.).
- Accessing the Local Patient Index (LPI).
- Facilitating the Business Rules and Workflow through local functionality.
- Performing messaging to other GP systems via TMS.
- Providing Management Information reports regarding the use and outcomes of all GP2GP Transfers.

#### 3.4.1 Requesting system

The Requesting system is the GP System that has recently registered someone as a permanent patient for primary healthcare medical services provision and is now requesting a transfer of the Patient's Electronic Patient Record as an EHR Extract from their previous provider.

#### 3.4.2 Sending system

The Sending system is the GP System that holds the patient's current Electronic Patient Record (EPR) at the start of the process, and which supports the General Practice where the patient was previously registered. It provides the new practice with the EHR Extract from the EPR.

#### 3.4.3 Management Information

Note that where Management Information fields and values have been placed throughout this requirements document, they are to indicate values for consistency across systems in particular circumstances. These should not be interpreted as the only values or a minimum set to complete.

# 4 General Requirements

Req ID	Requirement Text	Priority
TD01	Both Requesting and Sending systems <i>shall</i> comply with the PDS Compliance Baseline currently agreed with the Authority by the supplier. Any exceptions are set out in this document and supersede the PDS Compliance Baseline e.g. recommended Tracing Algorithm.	MUST

# 5 Requesting System Responsibilities

This section details the technical steps required to support the GP2GP process as the Requesting system following a new patient registration. There are a number of steps invoking interactions with Spine services that are required to support the patient registration and electronic transfer of the patient's Electronic Patient Record (EPR) as outlined below.

The Requesting system must:

- Step 1: Determine whether the patient is a returning patient (i.e. has been previously registered on the system and has an existing (old) EPR by checking whether the patient record is present in the Local Patient Index
- Step 2: Trace the patient on PDS using the recommended tracing algorithm
- Step 3: Retrieve and store the patient's previous General Practice details from PDS
- Step 4: Synchronise the local patient record with the PDS record
- Step 5: Update the patient's previous General Practice on PDS to that of the Requesting system
- Step 6: Check the patient's previous General Practice supports GP2GP and what functionality by querying the practice's ASID entry on SDS
- Step 7: Retrieve addressing information and contract properties for the GP2GP message interactions by querying the Message Handling Service entry on SDS for the previous General Practice
- Step 8: Send an EHR Request message to the patient's previous General Practice
- Step 9: Receive responses to the EHR Request from the Sending system. i.e. Application Acknowledgement, and/or EHR Extract and where appropriate Common Point to Point messages..
- Step 10: Process a successfully received EHR Extract

# 5.1 Interaction Diagram

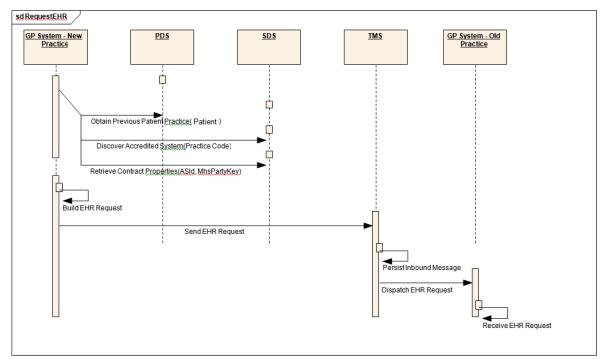


Figure 3 - Interaction Diagram for an EHR Request

# 5.2 Step 1: Returning Patient?

The Requesting system searches the Local Patient Index for the patient and, if present, it is a Returning Patient scenario.

Req ID	Requirement Text	Priority
TD02	The system <i>shall</i> search the Local Patient Index to determine whether the new patient being registered is already present in the system and if true, it is a Returning Patient scenario. The user options at the point of integration / rejection have been significantly reduced in this version of GP2GP, but this does not affect the technical messaging solution.	MUST

# 5.3 Step 2: Tracing the Patient

The Requesting system must search PDS for the patient using the recommended PDS Tracing Algorithm (see Appendix B). The Tracing Algorithm also specifies which messages are to be used, what data items are to be populated and when a user is prompted to refine the search parameters.

Systems may deviate from the recommended algorithm if the tracing algorithm used by the system has been agreed by both the Demographics and GP2GP programmes within the Authority.

#### 5.3.1 Successful Trace

The trace will be considered to be successful where a unique match is returned and the patient record can be updated (i.e. it is not 'sensitive')

#### 5.3.2 Unsuccessful Trace

If the PDS query fails or the record cannot be updated (e.g. i.e. because the record is sensitive) the GP2GP process must END.

Note: The system may allocate a new record to PDS if all tracing attempts fail. If the system supports allocation and this option is selected the GP2GP process must also END.

Req ID	Requirement Text	Priority
TD03	The system <i>shall</i> attempt to trace the patient on PDS using the recommended tracing algorithm documented in Appendix B. If the patient cannot be traced on PDS the GP2GP Transfer process <i>shall</i> END. Any deviation from the recommended PDS Tracing Algorithm <i>shall</i> be agreed with the Demographics and GP2GP programmes within the Authority.	MUST

### 5.4 Step 3: Retrieve and store Previous GP Practice

The system must store the patient's previous GP code. The system must use this code to retrieve other practice details from SDS, namely the Practice Name, Address including Post Code and contact details (e.g. telephone number).

Req	Requirement Text	Priority
ID		
TD04	Once the patient has been traced on PDS the system <i>shall</i> either store the patient's previous practice code from the data returned from PDS during the tracing process or (recommended) <i>shall</i> perform a PDS Retrieval to obtain the patient's previous practice code. Consult Appendix B for the values to store. If the previous Practice code is null the GP2GP Transfer process <i>shall</i> END. Note that during tracing and, if requested, from a PDS Retrieval, the data returned from PDS may include historical data. The system <i>shall</i> therefore ensure that it obtains the current value of the patient's practice code.	MUST

Req ID	Requirement Text	Priority
TD05	Once the patient's previous Practice code has been obtained (and is not null) the system <b>shall</b> perform the following LDAP query to obtain further details about the Practice:	MUST
	ldapsearch -h ldap.spine.nhs.uk –b	
	"ou=organisations, o=nhs"	
	"(&(nhsIDCode= <mark>P83020</mark> )(objectClass=nhsGPPractice))"	
	o, postaladdress, postalcode, telephonenumber	
	Note: Carriage returns are indicative of formatting of this document.	
	The Requesting system <i>shall</i> replace the nhsIDCode parameter value (highlighted in green above) in the LDAP query with the ODS code stored for the patient's previous Health Care Provider.	
	If the Requesting system needs to utilise a different query, the supplier <b>shall</b> obtain permission to do this from the Authority, specifically consulting the GP2GP programme.	
TD06	If the LDAP Query returns 1 result the system <i>shall</i> record the following information about the previous Practice:	MUST
	'o' = practice name	
	'postaladdress' = address	
	'postalcode' = post code	
	'telephonenumber' = telephone number	
TD07	If the LDAP Query fails or returns 0 or 2 or more results the system <i>shall</i> not store any further details about the previous Practice.	

# 5.5 Step 4:– Synchronise the Local and PDS Records

The system must synchronise the local record and the PDS record by allowing the user to see sideby –side all differences between the two records and to select which data items to keep (As per the PDS Compliance synchronisation requirements).

NB. In this context the 'local' record is either a new record being created for this registration or an existing record if this is a returning patient.

Req ID	Requirement Text	Priority
TD08	At the end of the Tracing process the system <b>shall</b> perform a PDS Retrieval to obtain all the necessary data needed to synchronise the local record (that already exists if the patient is already present in the local patient index or the new data items being added as part of the registration process) with the record on PDS.	MUST
TD09	The synchronisation process <i>shall</i> follow the requirements in the PDS Compliance Baseline – Synchronisation document (see PDS Baseline Index for the version of PDS compliance supported). It is noted that the PDS synchronisation requirements have evolved over time and the earlier versions may not provide the required specificity needed to support patient registrations and therefore the following requirement <i>shall</i> be adhered to: The system <i>shall</i> allow the user to view the PDS data items and to decide of a field by field basis which data items to keep, i.e. the locally entered data item or a PDS data item. This should ideally be done using a split screen facility that shows both sets of data side-by side and allows the user to select (e.g. by use of check boxes) which item to keep.	
	Note that although the patient may have provided details of their previous practice there is no requirement to check that this matches that held on PDS – the system will send the EHR Request message to the practice indicated on PDS irrespective of the information provided by the patient and the user <i>shall</i> not be given the option to abort the GP2GP transfer process based on this information.	

# 5.6 Step 5:- Update PDS

Once the user has made their synchronisation selection the system must update PDS including setting the Healthcare Provider from Primary Care Services to the code of the patient's new practice. Note that this is the only time that the system can update the patient's Healthcare Provider – as a result of a new registration. Systems must not update this field at any other time.

#### 5.6.1 PDS General Update response

Note that the PDS update interaction is an asynchronous transaction and the system must wait until either a PDS Successful Update Response or an Application Acknowledgement is received in response.

On receiving a PDS Successful Update Response the GP2GP Transfer process is triggered.

If an Application Acknowledgement is received indicating a failure to update PDS, the GP2GP Transfer must not be triggered.

#### 13 Feb 2014/ Draft / v7.1

Req ID	Requirement Text	Priority
TD10	The Requesting system <i>shall</i> send a PDS General Update message to change the patient's current General Practice ODS code and supplies the date.	MUST

# 5.7 Step 6: Determining support for GP2GP

The Requesting system must check that the Sending system supports GP2GP EHR Transfers before sending an EHR Request message. This check requires two LDAP queries to SDS:

- To confirm that the Accredited System object in SDS for the previous Practice (Sending system) supports the GP2GP EHR Request messages either in MIM3 or MIM3 and DMS1 formats.
- To retrieve the ebXML message contract properties from the Message Handling System object in SDS associated with the previous Practice's (Sending system) Accredited System Identifier (ASID).

#### 5.7.1 Querying SDS for the previous Practice's Accredited System details

The GP Practice Code (ODS code) will be used as the filter value in order to locate the associated Accredited System Identifier (ASID). Valid responses to this query will contain 1 result and is discussed in more detail in the table below. Responses containing 0 or more than 1 result or technical errors are regarded as failures and the GP2GP Transfer process must END.

Req ID	Requirement Text		Priority
TD12	If the patient's previous Practice code ( empty, the Requesting system <b>shall</b> que equivalent from local search engine):		MUST
	ldapsearch -h ldap.spine.nhs.uk –b		
	"ou=services, o=nhs"		
	"(&(nhsIDCode= <mark>P83020</mark> )(objectClass=n	hsAs)	
	( (nhsAsSvcIA=urn:nhs:names:services:	gp2gp:RCMR_IN010000UK05)	
	(nhsAsSvcIA=urn:nhs:names:services:gp	2gp:RCMR_IN010000UK06)))"	
	uniqueIdentifier nhsMhsPartyKey nhsAS	SSvcIA	
	Note: Carriage returns are indicative of	formatting of this document.	
	The Requesting system <i>shall</i> replace th LDAP query with the ODS code stored f Provider.	-	
	If the Requesting system needs to utilis obtain permission to do this from the A GP2GP programme.		
TD12.1	If an error occurs when querying SDS, the following actions:	he Requesting system <b>shall</b> take the	
	• Inform the user that GP2GP is n	ot possible due to a Spine issue	
	• Record the error in the system a	audit trail	
	• End the GP2GP transfer process		
	Record Management Informatio	on as follows:	
	Field name	Value	
	Process failure point (RR8)	40	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)	0	
	Error code (RR12)	20	
	Error description (RR13)	Insert the response text from Response code 20	

Req ID	Requirement Text		Priority
TD12.2	On receiving 0 results to the previously system <i>shall</i> take the following actions		MUST
	<ul> <li>Inform the user that GP2GP is r doesn't support it</li> </ul>	not possible as the patient's old practice	
	• Record the error in the system	audit trail	
	End the GP2GP transfer process		
	Record Management Informati	on as follows:	
	Field name	Value	
	Process failure point (RR8)	40	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)	3 or 4 (depends on previous registration at the Requesting system)	
TD12.3	If the LDAP query returns 1 result the Requesting system <i>shall</i> check if this contains the MIM 3 and the DMS 1 EHR Request interactions and take the appropriate action specified in the following 4 requirements.		MUST
TD12.4	If the 1 result does NOT contain the MIM 3 interaction then the Requesting system <i>shall</i> take the following actions:		MUST
	• The user will be informed that misconfiguration and that the G	GP2GP cannot proceed due to a GP2GP electronic transfer will not occur.	
	• Record the error in the system	audit trail	
	• End the GP2GP transfer process	5	
	Record Management Information	on as follows:	
	Field name	Value	
	Process failure point (RR8)	40	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)	3	
	Error code (RR12)	24	
	Error description (RR13)	Insert the response text from Response code 24	

Req ID	Requirement Text		Priority
TD12.5	If the 1 result contains the DMS 1 interaction ONLY then the Requesting system <i>shall</i> take the following actions:		MUST
	• The user will be informed that G misconfiguration and that the G	P2GP cannot proceed due to a P2GP electronic transfer will not occur.	
	• Record the error in the system a	audit trail	
	• End the GP2GP transfer process		
	Record Management Information	on as follows:	
	Field name	Value	
	Process failure point (RR8)	40	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)	3	
	Error code (RR12)	24	
	Error description (RR13)	Insert the response text from Response code 24	
TD12.7	If the result contains the MIM 3 and DMS 1 interactions and the Requesting system DOES NOT support the DMS 1 message then the Requesting system <b>shall</b> move onto the next Step utilising the MIM 3 interaction.		MUST
TD12.8	If the result contains the MIM 3 and DMS 1 interactions and the Requesting system DOES support the DMS 1 message then the Requesting system <i>shall</i> move onto the next Step utilising the DMS 1 interaction.		MUST

Req ID	Requirement Text		Priority
TD12.9	If the LDAP query returns 2 or more results the Requesting system <i>shall</i> take the following actions:		MUST
	• Inform the user that GP2GP is not possible due to a mis-configuration issue that has been recorded.		
	• Record the error in the system	audit trail	
	• End the GP2GP transfer proces	55	
	Record Management Informat	ion as follows:	
	Field name	Value	
	Process failure point (RR8)	40	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)	3 or 4 (depends on previous registration at the Requesting system)	
	Error code (RR12) 24		
	Error description (RR13)	Insert the response text from Response code 24	

# 5.8 Step 7: Addressing and Creating the EHR Request

#### 5.8.1 Step 7.1: Querying SDS for the previous Practice's Message Handling System details

When no error was generated in Step 6, the Requesting system will make a further LDAP query to discover the Contract Properties and service bindings for the GP2GP message interactions held in the Message Handling Service (MHS) associated with the Accredited System queried in Step 6. The nhsMhsPartyKey value retrieved in Step 6 must be used as the value for the *nhsMhsPartyKey* search.

The only valid response to this query is one result. If the response contains 0 or 2 or more results, or an error occurs it will not be possible to address the EHR Request and so the GP2GP Transfer process must END.

Req ID	Requirement Text	Priority
TD13	On successful completion of the previous LDAP search against the Accredited System for the Sending system, the Requesting system <b>shall</b> query SDS using this LDAP query (or equivalent from local search engine) for the Message Handling System entry properties:	MUST
	ldapsearch -h ldap.spine.nhs.uk -b "ou=services, o=nhs"	
	"(&(nhsMhsPartyKey= <mark>P83020-0005239</mark> )	
	(objectClass=nhsMhs)	
	(nhsMhsSvcIA= <mark>urn:nhs:names:services:gp2gp:RCMR_IN010000UK05</mark> ))"	
	nhsMhsEndPoint nhsMhsIsAuthenticated	
	nhsMhsPersistduration nhsMhsRetries	
	nhsMhsRetryInterval nhsMhsSyncReplyMode	
	nhsMhsAckRequested nhsMhsDuplicateElimination	
	nhsMhsActor nhsMhsCPAId	
	Note: Carriage returns are indicative of formatting of this document.	
	The Requesting system <i>shall</i> replace the nhsMhsPartyKey parameter value in the LDAP query (in green highlight) with the value of the field retrieved in the previous query with the same name.	
	The Requesting system <b>shall</b> replace the nhsMhsSvcIA parameter value in the LDAP query (in green highlight) with the value of the field retrieved in the previous query with the same name. (i.e. urn:nhs:names:services :gp2gp:RCMR_IN010000UK05 or urn:nhs:names:services :gp2gp:RCMR_IN010000UK06) as determined by the previous LDAP search.	
	If the Requesting system needs to utilise a different query, the supplier <b>shall</b> obtain permission to do this from the Authority, specifically consulting the GP2GP programme.	

Req ID	Requirement Text		Priority
TD13.1	If an error occurs when querying SDS, following actions: Inform the user that GP2GP is Record the error in the system End the GP2GP transfer proce Record Management Informat Field name Process failure point (RR8)	not possible due to a Spine issue n audit trail ss	
	Failure point Date/time (RR9) Failure type (RR11)	Current date and time	
	Error code (RR12)	20	
	Error description (RR13)	Insert the response text from Response code 20	
	<ul> <li>issue that has been recorded.</li> <li>Record the error in the system</li> <li>End the GP2GP transfer proce</li> <li>Record Management Information</li> </ul>	ss ion as follows:	
	Field name	Value	
	Process failure point (RR8)	50	
	Failure point Date/time (RR9) Failure type (RR11)	Current date and time 3 or 4 (depends on previous registration at the Requesting system)	
	Error code (RR12)	24	
	Error description (RR13)	Insert the response text from Response code 24	
TD13.3	On receiving 1 result the Requesting so Request message.	ystem <b>shall</b> move onto creating the EHR	MUST

Req ID	Requirement Text		Priority	
TD13.4	On receiving 2 or more results to the previously specified LDAP query, the Requesting system <i>shall</i> take the following actions:		MUST	
	<ul> <li>Inform the user that GP2GP is not possible due to a mis-configuration issue that has been recorded.</li> </ul>			
	• Record the error in the system	audit trail		
	• End the GP2GP transfer proces	S		
	Record Management Informat	ion as follows:		
	Field name	Value		
	Process failure point (RR8)	50		
	Failure point Date/time (RR9)	Current date and time		
	Failure type (RR11)	3 or 4 (depends on previous registration at the Requesting system)		
	Error code (RR12) 24			
	Error description (RR13)	Insert the response text from Response code 24		

#### 5.8.2 Step 7.2: Creating the EHR Request

From a successful result in Step 7.1, the Requesting system will have the appropriate addressing information required to build the ebXML and HL7 headers for the appropriate EHR Request message.

The EHR Request will be validated by the Requesting system and then sent to the Multi-hop Intermediary Reliability (also known as 'Forward Reliable') channel of the Spine TMS. If TMS is unavailable, the Requesting system will retry sending according to the contract properties retrieved from SDS when TMS becomes available again.

Req ID	Requirement Text	Priority
TD14	On successful completion of the previous LDAP search against the Message Handling System for the Sending system, the Requesting system <b>shall</b> create an EHR Request utilising the interaction from the highest MIM mutually supported (either MIM 3 or DMS 1) by both the Requesting system and the Sending system. Note that DMS 1 is the higher of the two MIMs as it replaces MIM 7.	MUST

#### 13 Feb 2014/ Draft / v7.1

Req ID	Requirement Text				Priority
TD15		stem <b>shall</b> populate th code of the Sending sy	•	•	MUST
	Data Field         Node path         Value				
	NHS Number	/ EhrRequest /patie	nt	Patient's stored	
		/id/@extension		NHS Number	
	Previous	/ EhrRequest /destir	nation	ODS code of their	
	Practice Code	/agentOrgSDS		Sending system	
		/agentOrganizations /id/@extension	505		
TD16		he EHR Request, the F			MUST
		ne message schema to			
TD17	•		n fails, the Reques	ting system <b>shall</b> take	MUST
	the following action				
	<ul> <li>Inform the request</li> </ul>	user that GP2GP is no	ot possible due to	a failure to create the	
	Record the	error in the system a	udit trail		
	• End the GF	2GP transfer process			
	Record Ma	nagement Informatio	n as follows:		
	Field name		Value		
	Process failure po	oint (RR8)	60		
	Failure point Date	e/time (RR9)	Current date and	d time	
	Failure type (RR11)   0				
	Error code (RR12) 18				
	Error description (RR13)         Insert the response text from				
			Response code 1	18	

# 5.9 Step 8: Sending the EHR Request

If the message created passes schema validation the system *shall* send it to the Sending system via TMS. The sending behaviour is determined by the ebXML contract properties retrieved from SDS when querying the MHS object of the Sending system.

Req ID	Requirement Text		Priority
TD18	On successful creation of the EHR Req to the Multi-hop Intermediary Reliabil channel of the TMS.	uest, the Requesting system <b>shall</b> send it ity (also known as 'Forward Reliable')	MUST
TD18.1	the following actions:	nent, the Requesting system <b>shall</b> take not possible due to a failure to create	
	<ul> <li>End the GP2GP transfer proces</li> <li>Record Management Informat</li> </ul>		
	Field name	Value	
	Process failure point (RR8)	60	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)0Error code (RR12)20		
	Error description (RR13)	Insert the response text from Response code 20	

### 5.10 Step 9: Receive a response to the EHR Request

If the Sending system is GP2GP 1.1a or 2.2a or 2.2b compliant the Requesting system will either receive a positive Application Acknowledgement followed by the EHR Extract or a negative Application Acknowledgement ending the GP2GP transfer process. *Note that the EHR Extract may arrive before or after the Application Acknowledgement.* 

If the Sending system is GP2GP 2.2c or later compliant the Requesting system will either receive the EHR Extract, with or without one or more Common Point to Point messages, or a negative Application Acknowledgement ending the GP2GP transfer process.

Req ID	Requirement Text	Priority
TD19	On receipt of an Application Acknowledgement message from TMS, the Requesting system <b>shall</b> examine the message to determine which message this is in response to e.g. EHR Request, Common Point to Point, EHR Extract.	MUST
TD19.1	If the Application Acknowledgement is in response to an EHR Request, the Requesting system <i>shall</i> determine if the message is a positive or negative response by examining the content. Consult the GP2GP Response Codes document [Ref: 18].	MUST
TD19.2	If the Application Acknowledgement is positive, the Requesting system <b>shall</b> update the status of the GP2GP Transfer for this patient's registration and await the EHR Extract which will follow. Note that the EHR Extract may arrive before the Application Acknowledgement and the Requesting system should not tie workflow to message order.	MUST

5.10.1 Receiving an Application Acknowledgement response to an EHR Request

#### 13 Feb 2014/ Draft / v7.1

Req ID	Requirement Text		Priority
TD19.3	If the Application Acknowledgement is negative, the Requesting system <b>shall</b> take the following actions:		
	• Update the status of the GP	2GP Transfer for this patient's registration	
	• Record the error in the syste	em audit trail	
	• End the GP2GP transfer pro	cess	
	Record Management Inform	nation as follows:	
	Field name	Value	
	Process failure point (RR8)	60	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)	6	
	Error code (RR12)	The Response code received	
	Error description (RR13)	The response text from appropriate Response code	

#### 5.10.2 Receiving an EHR Extract Message

The Requesting system will check the EHR Extract Message is valid and respond with a negative Application Acknowledgement if it is not. The Requesting system will also record appropriate Management Information.

Where the Sending system identifies that the EHR Extract will require the use of Large Messaging (i.e. according to the Spine TMS limitations on size, attachments or unsupported MIME types) it will check whether the Requesting System supports Large Messaging by querying SDS.

If Large Messaging is not supported by either Requesting or Sending system when it is required, a negative Application Acknowledgement in Step 6 will be returned unless placeholders are used for Spine unsupported MIME types where this is the cause of the Large Messaging requirement.

If the Requesting system supports Large Messaging, on receipt of the EHR Extract Message, it will check for references to other messages identified by "mid:" rather than "cid:". If "mid" references are present the system will respond with a "Continue" Common Point to Point message. See Supp Spec: Handling Large Messages [Ref: 13] for further details.

Req ID	Requirement Text	Priority
TD20	On receipt of an EHR Extract Message that corresponds to a previous EHR Request (i.e. consistent conversation ID), the Requesting system <b>shall</b> record Management Information as follows:	MUST

Req ID	Requirement Text		Priority
	Field name	Value	
	EHR Extract receipt date/time (RR17)	The current date and time	
	EHR Extract Message ID (RR18)	The GUID of the EHR Extract Message	
TD21	On receipt of an EHR Extract Message previous EHR Request the Requesting Application Acknowledgement with R	system <i>shall</i> respond with a negative	MUST
TD22	<ul> <li>validity of the message and <i>shall</i> take well-formed or invalid in some way:</li> <li>Update the status of the GP2C</li> <li>Record the error in the system</li> </ul>	e, the Requesting system <b>shall</b> check the the follow actions if the message is not GP Transfer for this patient's registration in audit trail cknowledgement to the Sending system	MUST
	Record Management Informa	tion as follows:	
	Field name	Value	
	Process failure point (RR8)	60	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)	6	
	Error code (RR12)	21	
	Error description (RR13)	The response text from Response code 21	
	EHR Extract Acknowledgement (RR22)	2	
	EHR Extract Acknowledgement detail sent (RR23)	21	
	EHR Extract Acknowledgement     Current date and time       Date/time (RR24)     Current date and time		
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the Application Acknowledgement	
TD22.1	After the EHR Extract Message passes check the attachment references for presence of these <b>shall</b> be determine	-	MUST

Req ID	Requirement Text		Priority
TD22.2	If the "mid:" strings are NOT present, to follow actions: • Record Management Information		MUST
	Field name	Value	
	Reason for Large Message (RR19)	0	
	Total number of Large Message Common Point to Point fragments (RR20)	0	
TD22.3	If the "mid:" strings are present, the Re actions:	equesting system <i>shall</i> take the follow	MUST
		cknowledgement in a Common Point Supp Spec: Handling Large Messages	
	<ul> <li>Determine the reason (if possibre references.</li> </ul>	le) for using Large Messaging from the	
	<ul> <li>Recalculate the EHR Transfer Timeout using the number of "mid:" references multiplied by the persistDuration value of the Common Point to Point (COPC_IN000001UK01) in the Sending Systems MHS entry on SDS</li> </ul>		
	<ul> <li>Record Management Information as follows:</li> </ul>		
	Field name	Value	
	Reason for Large Message (RR19)	1/2/3/4/5 as determined (consult Harvesting management information [Ref: 15]	
	Total number of Large Message Common Point to Point fragments (RR20)	The total number of "mid:" references in EHR Extract	
TD22.4	The Requesting system <i>shall</i> send the "continue" message over the TMS Multi-Hop Intermediary Reliability (also known as "forward reliable") channel.		MUST
TD22.5	If an error occurs when sending the Common Point to Point "continue" message to TMS or TMS responds with a negative ebXML Acknowledgement, the Requesting system <b>shall</b> take the following actions:		MUST
	<ul> <li>Send a negative Application Acl Message to the Sending system</li> <li>Record the error in the system</li> </ul>		

Req ID	Requirement Text		Priority
	Record Management Information as follows:		
	Field name	Value	
	Process failure point (RR8)	60	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)	0	
	Error code (RR12)	20	
	Error description (RR13)	Insert the response text from Response code 20	

#### 5.10.3 Receiving a Large Message – Common Point to Point

Large Messages will only be received if the Requesting system has previously returned a "Continue" response to a received EHR Extract Message.

When Large Messaging is being used the EHR Transfer Timeout is calculated dynamically using the number of Large Messages being sent (see Supp Spec: Handling Large Messages [Ref: 13]). However, where a message (i.e. an individual "mid:" reference) is greater than the Spine max message size (currently 5MB) the Sender will split it into multiple fragments each with its own timeout period so if the time period for a single message was 1hr but it was split into 3 fragments the recalculated timeout for that message would now be 3hrs.

If an error occurs during the receipt of any Common Point to Point messages resulting in a failure to receive the complete EHR Extract sent, the Requesting system will end the GP2GP Transfer Process and return a negative Application Acknowledgement to the associated EHR Extract Message. This can either be sent immediately (preferable) an error is encountered or when the EHR Transfer Timeout is reached.

Req ID	Requirement Text		Priority
TD23	The Requesting system <i>shall</i> validate each Common Point to Point message received and take the follow actions if the message is not well-formed or invalid in some way:		MUST
	• Update the status of the GP2GP Tr	ansfer for this patient's registration	
	Record the error in the system audit trail		
	• Send a negative Application Acknowledgement for the Common Point to Point message to the Sending system with Response code 30		
	• Send a negative Application Acknowledgement for the EHR Extract Message to the Sending system with Response code 31		
	Record Management Information as follows:		
	Field name Va	alue	

Req ID	Requirement Text		Priority
	Process failure point (RR8)	60	
	Failure point Date/time (RR9)	Current date and time	
	Failure type (RR11)	6	
	Error code (RR12)	30	
	Error description (RR13)	The response text from Response code 30	
	EHR Extract Acknowledgement (RR22)	2	
	EHR Extract Acknowledgement detail sent (RR23)	31	
	EHR Extract Acknowledgement Date/time (RR24)	Current date and time	
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the App Ack	
	attachment has been split into fragme Point messages, the Requesting system Transfer Timeout.	·	
TD24.1	<ul> <li>If the EHR Transfer Timeout period has been exceeded (see below) the Requesting system <i>shall</i> take the following actions:</li> <li>Send a negative Application Acknowledgement for the Common Point</li> </ul>		MUST
	to Point message to the Sending system with Response code 25		
	<ul> <li>Send a negative Application Ac Message to the Sending system</li> </ul>	knowledgement for the EHR Extract า with Response code 31	
	Record Management Information as follows:		
	Field name	Value	
	Reason for Large Message (RR19)	1/2/3/4/5 (this may not be determinable at this time	
	Total number of Large Message Common Point to Point fragments (RR20)	Number of mid: references in EHR Extract (if not already set)	
	EHR Extract Acknowledgement (RR22)	6	
	Error code (RR12)	25	

Req ID	Requirement Text		Priority
	Error description (RR13)	The response text from Response code 25	
	EHR Extract Acknowledgement detail sent (RR23)	31	
	EHR Extract Acknowledgement Date/time (RR24)	Current date and time	
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the App Ack	
	A timeout <b>shall</b> occur if the 'creationtir the EHR Transfer Timeout exceeds the all messaging use UTC timestamps)	ne' value of the EHR Extract Message + current time (adjusted to UTC). (Note	
	This check <b>shall</b> precede any re-assemed Application Acknowledgements to the		
TD25	On receipt of a Common Point to Point message, the Requesting system <b>shall</b> examine the references and Message ID to determine if this message carries a whole attachment or part of an attachment split into many fragments.		MUST
TD25.1	If the message contains "mid:" references it is the first message of a set of Common Point to Point messages containing a fragmented attachment. (Note that the other messages in the set do not contain any references). The system <i>shall</i> use this to identify all of the individual Common Point to Point messages carrying the fragments.		MUST
TD25.2	When the final part of a fragmented at Requesting system <b>shall</b> attempt to re- received fragments before sending an final part.	assemble the attachment from the	MUST
TD25.2.1	If the re-assembly fails, the Requesting system <i>shall</i> take the following actions:		MUST
	• Send a negative Application Acknowledgement for the Common Point to Point message to the Sending system with Response code 29		
	• Send a negative Application Acknowledgement for the EHR Extract Message to the Sending system with Response code 31		
	Record Management Information as follows:		
	Field name     Value		
	EHR Extract Acknowledgement	6	

Req ID	Requirement Text			
	(RR22)			
	Error code (RR12)	29		
	Error description (RR13)	The response text from Response code 29		
	EHR Extract Acknowledgement detail sent (RR23)	31		
	EHR Extract Acknowledgement Date/time (RR24)	Current date and time		
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the App Ack		
TD25.2.2	If the re-assembly succeeds, the Requesting system <i>shall</i> take the following actions:		MUST	
	<ul> <li>Send a positive Application Ac to Point message to the Sendir</li> </ul>	knowledgement for the Common Point ng system		
	Revise Management Informati	on as follows:		
	Field name	Value		
	Reason for Large Message (RR19)	1/2/3/4/5 (this may not be determinable at this time		
	Total number of Large Message Common Point to Point fragments (RR20)	Add 1 to previous figure		
	Total number of Large Message Common Point to Point fragments successfully received (RR21)	Add 1 to previous figure		

Req ID	Requirement Text		Priority	
TD25.3	<ul> <li>If the Common Point to Point message is one of many parts, not first or last, of a fragmented attachment, the Requesting system <i>shall</i> take the following actions:</li> <li>Send a positive Application Acknowledgement to the Sending system</li> <li>Revise Management Information as follows:</li> </ul>			
	Field name	Value		
	Reason for Large Message (RR19)	1/2/3/4/5 (this may not be determinable at this time		
	Total number of Large Message Common Point to Point fragments (RR20)Add 1 to previous figure			
	Total number of Large MessageAdd 1 to previous figureCommon Point to Point fragmentssuccessfully received (RR21)			
TD25.4	<ul> <li>If the Common Point to Point message is the only message for the attachment, the Requesting system <i>shall</i> take the following actions:</li> <li>Send a positive Application Acknowledgement for the Common Point to Point message to the Sending system</li> <li>Revise Management Information as follows:</li> </ul>			
	Field name	Value		
	Reason for Large Message (RR19)1/2/3/4/5 (this may not be determinable at this time			
	Total number of Large Message Common Point to Point fragments successfully received (RR21)	Add 1 to previous figure		

# 5.11 Step 10: Processing a successfully received EHR Extract

If the receipt of the EHR Extract was unsuccessful (for a variety of reasons covered in the previous steps) the system will return an appropriately coded negative Application Acknowledgement for the EHR Extract Message.

Following successful receipt of an EHR Extract and, if applicable, all of its attachments, the system will perform further checks to determine whether the EHR Extract is valid. If it is invalid it will generate an error response and if not it will be passed to system users for processing. A suitably authenticated and authorised user will select or reject the EHR Extract for integration into the patient's record the result of which will also determine the nature of the Application Acknowledgement returned.

Req ID	Requirement Text		Priority	
TD27	When an EHR Extract has been successfully received (i.e. all sent attachments received, not timed out) the Requesting system <i>shall</i> perform the following checks:			
	Was the EHR Extract requested	by the system?		
	<ul> <li>Is this a duplicate EHR Extract a awaiting processing or was integrated</li> </ul>	nd the previous EHR Extract is either grated?		
TD27.1	I The Requesting system <i>shall</i> automatically reject the EHR Extract if it cannot find a matching EHR Request and <i>should</i> take the following actions:			
	• Update the status of the GP2GP	Transfer for this patient's registration		
	The Requesting system <i>shall</i> :			
	• Record the error in the system a	audit trail		
	<ul> <li>Send a negative Application Ack Message to the Sending system</li> </ul>	nowledgement for the EHR Extract with Response code 09		
	Record Management Information	on as follows:		
	Field name	Value		
	Conversation ID (RR2)	As detailed in the message		
	EHR Extract Acknowledgement 4 (RR22)			
	EHR Extract Acknowledgement09detail sent (RR23)			
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the Application Acknowledgement		

Req ID	Requirement Text		Priority	
	EHR Extract Acknowledgement date/time (RR24)	The current date and time		
	User Identifier for EHR Extract integration or rejection (RR31)	SYSTEM		
TD27.2	<ul> <li>The Requesting system <i>shall</i> automatically reject the EHR Extract if it is a duplicate of a previously integrated EHR Extract that is awaiting integration or has already been integrated and <i>shall</i> take the following actions:</li> <li>Record the error in the system audit trail</li> <li>Send a negative Application Acknowledgement for the EHR Extract</li> </ul>			
	<ul><li>Message to the Sending system</li><li>Record Management Information</li></ul>			
	Field name	Value		
	EHR Extract Acknowledgement (RR22)	3		
	EHR Extract Acknowledgement detail sent (RR23)	12		
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the Application Acknowledgement		
	EHR Extract Acknowledgement date/time (RR24)	The current date and time		
	User Identifier for EHR Extract integration or rejection (RR31)	SYSTEM		
TD28	When a user selects to reject an EHR Ex require the user to select a reason from codes. [Ref: 18]		MUST	
	The Requesting system <b>shall</b> take the fo	ollowing actions:		
	• Update the status of the GP2GP	Transfer for this patient's registration		
	• Record the error in the system a	audit trail		
	<ul> <li>Send a negative Application Acknowledgement for the EHR Extract Message to the Sending system with Response code 15/17/28 as appropriate [Ref: 18]</li> </ul>			
	Record Management Informatio	on as follows:		
	Field name     Value			
	EHR Extract Acknowledgement (RR22)	2		

Req ID	Requirement Text		Priority	
	EHR Extract Acknowledgement detail sent (RR23)	15/17/28 as appropriate [Ref: 18]		
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the Application Acknowledgement		
	EHR Extract Acknowledgement date/time (RR24)	current date and time		
	User Identifier for EHR integration or rejection = The user's Smartcard UUID (RR31)	The user's Smartcard UUID		
TD29	When a user selects to File an EHR Extra Patient where A-B-A requirements are Requesting system <b>shall</b> take the follow	not supported) to the patient EPR, the	MUST	
		Particular training of the patient's registration and training of the patient's registration.		
	<ul> <li>Record the error in the system audit trail</li> <li>Send a negative Application Acknowledgement for the EHR Extract Message to the Sending system with Response code 26</li> </ul>			
	Record Management Informatio	on as follows:		
	Field name	Value		
	EHR Extract Acknowledgement (RR22)	5		
	EHR Extract Acknowledgement detail sent (RR23)	26		
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the Application Acknowledgement		
	EHR Extract Acknowledgement date/time (RR24)	current date and time		
	User Identifier for EHR integration or rejection = The user's Smartcard UUID (RR31)	The user's Smartcard UUID		
TD30	When a user selects to integrate an EHR Extract the Requesting system <i>shall</i> attempt to integrate the EHR Extract into the patient Electronic Patient Record.			
TD30.1	If the Requesting system succeeds in integrating the EHR Extract, it <i>shall</i> take the following actions:			
	<ul> <li>Send a positive Application Acking Message to the Sending system</li> </ul>	nowledgement for the EHR Extract		
0	Crown Copyright 2014 Page 41 of 73			

Req ID	Requirement Text		Priority
	Record Management Information	on as follows:	
	Field name	Value	
	EHR Extract Acknowledgement (RR22)	1	
	EHR Extract Acknowledgement detail sent (RR23)	0	
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the Application Acknowledgement	
	EHR Extract Acknowledgement date/time (RR24)	current date and time	
	User Identifier for EHR integration or rejection = The user's Smartcard UUID (RR31)	The user's Smartcard UUID	
	Total number of Large Message Common Point to Point fragments (RR20)	Number of Common Point to Point messages (if not already set)	
TD30.2	If the Requesting system fails to integra take the following actions:	ate the EHR Extract successfully, it <b>shall</b>	MUST
	Update the status of the GP2GP	P Transfer for this patient's registration	
	• Record the error in the system a	audit trail	
	<ul> <li>Send a negative Application Ack Message to the Sending system</li> </ul>	nowledgement for the EHR Extract with Response code 11	
	Record Management Informatic	on as follows:	
	Field name	Value	
	EHR Extract Acknowledgement (RR22)	7	
	EHR Extract Acknowledgement detail sent (RR23)	11	
	EHR Extract Acknowledgement message ID (RR25)	The GUID of the Application Acknowledgement	
	EHR Extract Acknowledgement date/time (RR24)	The current date and time	
	User Identifier for EHR Extract integration or rejection (RR31)	The user's Smartcard UUID	

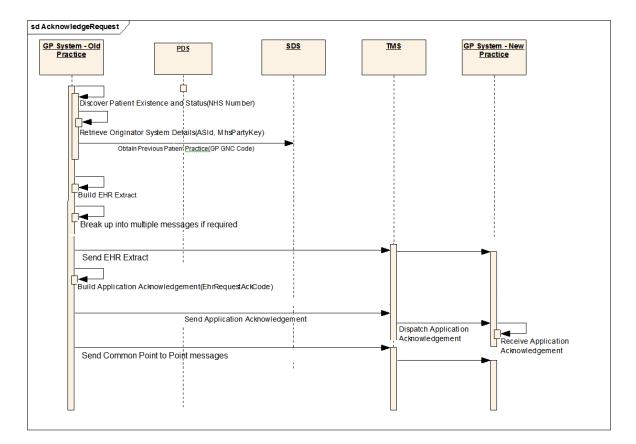
Req ID	Requirement Text		Priority	
TD31	<ul> <li>When an error occurs trying to send a positive or negative Application</li> <li>Acknowledgement, the Requesting system <i>shall</i> take the following actions:</li> <li>Record the error in the system audit trail</li> <li>Record Management Information as follows:</li> </ul>			
	Field name	Value		
	EHR Extract Acknowledgementcurrent date and timeFailure point Date/time (RR26)EHR Extract Acknowledgement1 or 2 as appropriateFailure type (RR27)			
	EHR Extract Acknowledgement error Where applicable code (RR28)			
	EHR Extract Acknowledgement error Where applicable description (RR29)			
	EHR Extract Acknowledgement retries (RR30)	The number of attempts to send to Spine where applicable		

# 6 Sending System Responsibilities

This section details the technical steps required to support the GP2GP process as the Sending system. The Sending system enters the process when it receives an EHR Request from the Requesting system following a patient's registration. The steps the Sending system must follow are outlined below:

Step 1:	Receive and Respond to an EHR Request
Step 2:	Create an EHR Extract message with the appropriate MIM/DMS version from the patient's record
Step 3:	Determine whether the sending of the EHR Extract needs to utilise Large Messaging and check whether systems support it
Step 4:	Retrieve addressing information and contract properties of the Requesting system from SDS
Step 5:	Send the EHR Extract
Step 6:	Send any Large Messages
Step 7:	Return a positive Application Acknowledgement for a MIM 3 EHR Request
Step 8:	Receive an Application Acknowledgement for the EHR Extract

Step 9: Manual Re-Send of an EHR Extract



# 6.1 System Interaction Diagram

Figure 4 - Receive EHR Request and Send Application Acknowledgement

# 6.2 Step 1: Receive an EHR Request

The Sending system will perform the following initial checks on all received EHR Request messages:

- 1. That the EHR Request is a valid and well-formed message
- 2. That the Sending system has GP2GP enabled locally
- 3. That the patient identified in the request is a current patient in the Local Patient Index.
- 4. That the Requesting system is the patient's current GP Practice.

And if any of these checks fail, a negative Application Acknowledgement is sent back to the Requestor, details are recorded in Management Information and the GP2GP Transfer process will END.

To perform check 4 the system will send a query to PDS to retrieve the Practice Code (held in the Healthcare Provider element) for the Patient using the NHS number included in the EHR Request. The system will then compare the practice code retrieved from the PDS against the code of the Requesting system in the EHR Request. If all 4 checks pass the creation of the EHR Extract will be automatically triggered.

Req ID	Requirement Text		Priority	
TD50	On receipt of an EHR Request, the Send Management Information:	ding system <i>shall</i> record the following	MUST	
	Field name	Value		
	EHR Request ID (SR2)	The GUID of the EHR Request		
	Conversation ID (SR3)	The Conversation ID in the EHR Request		
	Requesting ODS (SR4)	The practice code of the Requesting system		
	Sending ODS (SR5)	The practice code of the Sending system		
	EHR Request receipt (SR7)	current date and time		
TD51	When an EHR Request is received by th following checks:	ne Sending system, it <b>shall</b> perform the	MUST	
	• Is the EHR Request invalid or a	badly-formed message		
	Is GP2GP disabled locally			
	• Is the patient identified in the request not a current patient in the Local Patient Index.			
	<ul> <li>Is the Requesting system not the patient's current GP Practice. The system <i>shall</i> do this by performing a PDS Retrieval for the patient and check the value of the Healthcare Provider.</li> </ul>			
	If any of these statements are true, the negative Application Acknowledgemen Management Information as defined in	t to the Requesting system and record		
TD51.1	If the Sending system finds the EHR Ref following actions:	quest message is invalid, it <b>shall</b> take the	MUST	
	<ul> <li>Send a negative Application Acl system with Response code 18</li> </ul>	knowledgement to the Requesting		
	• Record the error in the system	audit trail		
	• End the GP2GP Transfer proces	S		
	Record Management Information as follows:			
	Field name         Value			
	EHR Request Acknowledgementcurrent date and timedate/time (SR8)			
	EHR Request Acknowledgement detail sent (SR9)	18		

Req ID	Requirement Text				
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement			
	Process failure point (SR15)	0			
	Process failure point date/time (SR16)	current date and time			
	Failure type (SR18)	Null			
	Error code (SR19)	400			
	Error description (SR20)	"Bad Request"			
TD51.2	actions:	P2GP enabled, it <b>shall</b> take the following	MUST		
	system with Response code 07				
	Record the error in the system audit trail				
	End the GP2GP Transfer process				
	Record Management Information as follows:				
	Field name	Value			
	EHR Request Acknowledgement date/time (SR8)	current date and time			
	EHR Request Acknowledgement detail sent (SR9)	07			
	EHR Request Acknowledgement	The GUID of the Application			
	message ID (SR10)	Acknowledgement			
	Process failure point (SR15)	0			
	Process failure point date/time (SR16)	current date and time			
	Application status (HR5)	20000000000000 (1 <sup>st</sup> byte indicates GP2GP disabled) NB – Other bytes should be set to 0, 1 or 2 as determined.			
TD51.3	  If the Sending system does not have t		MUST		
1001.0	If the Sending system does not have the patient in the Local Patient Index registered (currently or deducted) for General Medical Services, it <b>shall</b> take				
	the following actions:				
	<ul> <li>Send a negative Application Acknowledgement to the Requesting system with Response code 06</li> </ul>				
	Record the error in the system audit trail				
	rown Copyright 2014 Page 47 of 73				

Req ID	Requirement Text				Priority
	End the GP2GP Transfer process				
	Record Man	agement Informati	on as follows:		
	Field name     Value				
	EHR Request Acknowledgement date/time (SR8)		current date and t	time	
	EHR Request Ackno detail sent (SR9)	owledgement	06		
	EHR Request Ackn	owledgement	The GUID of the A	pplication	
	message ID (SR10)		Acknowledgemen	t	
	Process failure poi	nt (SR15)	10		
	Process failure poi (SR16)	nt date/time	current date and t	time	
TD51.4.1	<ul> <li>If the patient is located in the LPI, the Sending system <i>shall</i> send a PDS Retrieval Query to PDS to get the patient's current GP Practice held in the Healthcare Provider element and compare it with the ODS code of the Requesting system extracted from the received EHR Request message.</li> <li>The Sending system <i>shall</i> supply at a minimum these fields to the PDS Retrieval query: <ul> <li>NHS Number = As received in the EHR Request</li> <li>HistoricIndicator = 0</li> <li>SemanticsText = primaryCare</li> </ul> </li> </ul>				MUST
	Data Field	Node path		Value	
	Patient's NHS Number	/ControlActEven /value /@extens	t/Query /person.id ion	Entered Patient's NHS Number	
	Include History	/ControlActEvent/Query     0       /historicDataIndicator/value     0       /@code     0		0	
	Retrieve GP Practice	/ControlActEven /retrievalltem /s	•	primaryCare	

Req ID	Requirement Te	xt		Priority
TD51.4.2	If the PDS Retrieval fails for whatever reason the Sending system <i>shall</i> take the following actions:			MUST
	• Send a negative Application Acknowledgement to the Requesting system with Response code 20			
	Record the error in the system audit trail			
	Record	Management Information	on as follows:	
	Field name		Value	
	EHR Request date/time (SF	Acknowledgement 88)	current date and time	
	EHR Request detail sent (S	Acknowledgement R9)	20	
	EHR Request	Acknowledgement	The GUID of the Application	
	message ID (SR10)		Acknowledgement	
	Process failure point (SR15)		20	
	Process failur (SR16)	e point date/time	current date and time	
	Failure type (SR18)		3	
	Error code (S	R19)	<i>The response code from PDS e.g. 500, 404.</i>	
			NB Use the PDS error rather than the HTTP error where possible.	
	Error description (SR20)		The error description from PDS e.g. "Server error"	
TD51.4.3			nding system <b>shall</b> extract the patient's	MUST
	current GP Pra	ctice's ODS code as ident	tified below.	
	Data Field	Node path		
	Current healthcare		/patientRole/patientPerson atient /subjectOf/patientCareProvision	
	provider	/code[@code=1]//res		
	(GP practice)	/healthCareProvider/id		

Req ID I	Requirement Text		Priority
TD51.4.4	<b>U</b> 1		MUST
	<ul> <li>Send a negative Application Ac system with Response code 19</li> </ul>	knowledgement to the Requesting	
	<ul><li>Record the error in the system</li><li>Record Management Informat</li></ul>		
	Field name	Value	]
	EHR Request Acknowledgement date/time (SR8)	current date and time	
	EHR Request Acknowledgement detail sent (SR9)	19	
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	
	Process failure point (SR15)	20	1
	Process failure point date/time (SR16)	current date and time	

# 6.3 Step 2: Build EHR Extract

Providing Step 1 does not result in a negative Application Acknowledgement, the Sending system proceeds to build the EHR Extract for the patient. This process must be fully automated with any previous functionality to allow user intervention (e.g. Auto Extract in 1.1a) removed. The Sending system will check the validity of the EHR Extract once it is built.

Req ID	Requirement Text	Priority
TD52	If the Sending system has not sent a negative Application Acknowledgement at any point in the previous steps, it <b>shall</b> now build an EHR Extract from the patient's EPR.	MUST

Req ID	Requirement Text		Priority
TD52.1	When the Sending system has created to validity of the EHR Extract by validating schema. If this check fail, the Sending		MUST
	<ul> <li>Send a negative Application Ack system with Response code 21</li> </ul>	mowledgement to the Requesting	
	• Record the error in the system a	audit trail	
	Record Management Information as follows:		
	Field name	Value	
	EHR Request Acknowledgement date/time (SR8)	current date and time	
	EHR Request Acknowledgement detail sent (SR9)	21	
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	
	Process failure point (SR15)	60	
	Process failure point date/time (SR16)	current date and time	
TD52.2	If the Sending system fails to create the actions:	EHR Extract, it shall take the following	MUST
	<ul> <li>Send a negative Application Ack system with Response code 10</li> </ul>	nowledgement to the Requesting	
	• Record the error in the system a	audit trail	
	Record Management Informatio	on as follows:	
	Field name	Value	
	EHR Request Acknowledgement date/time (SR8)	current date and time	
	EHR Request Acknowledgement detail sent (SR9)	10	
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	
	Process failure point (SR15)	60	
	Process failure point date/time (SR16)	current date and time	

Req ID	Requirement Text	Priority
TD52.3	Sending systems <i>must</i> include all attachments additional to the HL7 payload within external MIME parts, therefore attachments <i>must not</i> be included in- line within the HL7 content.	MUST
TD52.4	Sending systems <i>must</i> send all attachments base 64 encoded with appropriate MIME header.	MUST

# 6.4 Step 3: Determine whether Large Messaging is to be used

Once the EHR Extract has been successfully built and validated (step 2), the Sending system proceeds to check the EHR Extract against the Spine constraints. These constraints are stored as configuration items, accessible by supplier support staff only. (see GP2GP R2.2 Requirements Specification [Ref: 1] for details.) If any of the constraints are breached, the transfer of the EHR Extract needs to use Large Messaging (see Supp Spec: Handling Large Messages [Ref: 13]).

If Large Messaging is required then support for the Large Messaging Protocol in the Sending and Requesting systems must be checked before Proceeding.

The Sending system will check its own configuration to determine if Large Messaging is supported and enabled. If it is not supported the GP2GP Transfer will END, Management Information recorded and a negative Application Acknowledgement sent to the Requesting Practice <u>unless</u> the only reason that the EHR Extract needs to be sent using Large Messaging are because some attachments are not supported within the EHR Extract message itself, i.e. everything else can be sent within the EHR Extract message.

The Sending system will check whether the Requesting system supports Large Messaging by checking for the existence of the Common Point to Point message in the Requesting system's Accredited System entry in SDS. The SDS query will use the GP Practice Code (ODS code) of the Requesting system as the value for the *nhsIDCode* in the LDAP search filter to retrieve details from the Accredited System entry. If the only reason for using Large Messaging is to send attachments which have TMS unsupported MIME types, the Sending system can defer to sending placeholders for these attachments and not use Large Messaging. If the SDS query fails or the Requesting system will send a negative Application Acknowledgement and the GP2GP Transfer Process will END.

Req ID	Requirement Text	Priority
TD53	<ul> <li>When the Sending system has created the EHR Extract, it <i>shall</i> check the validity of the EHR Extract against the Spine limitations configuration settings (see GP2GP R2.2 Requirements Specification [Ref: 1] TMS limitations - max attachment size, max message size, max number of attachments and supported MIME application/type extensions) and if the EHR Extract exceeds any of these, the Sending system <i>shall</i> take the following actions: <ul> <li>Check the Sending system supports Large Messaging locally</li> <li>Check the Requesting system supports Large Messaging by querying SDS</li> </ul> </li> <li>The following requirements detail the steps required.</li> </ul>	MUST
TD53.1	If ANY of the Spine constraints (as configured within the Sending system) are breached, the Sending system <b>shall</b> record Management Information as follows:	MUST

Req ID	Requirement Text		Priority
	• Large Messaging (SR24) = 1 (Re	quired)	
TD53.1.1	The following checks <i>shall</i> be performe Messaging to be used:	ed and if true will require Large	MUST
	<ul> <li>If the core HL7 payload of the E payload size</li> </ul>	EHR Extract exceeds the max HL7	
	<ul> <li>If the EHR Extract Message including all attachments exceeds the max TMS message size</li> </ul>		
	• If any single attachment exceed	ds max individual attachment size	
	<ul> <li>If the number of attachments e attachments value</li> </ul>	exceeds the max number of	
	<ul> <li>If one of more attachment file included as an attachment with</li> </ul>	type is not supported by TMS if nin the EHR Extract message.	
TD53.2	If NONE of the Spine constraints (as configured within the Sending system) are breached the following Management Information <b>shall</b> be recorded:		MUST
	• Large Messaging (SR24) = 0 (Not Required)		
TD53.3	If Large Messaging is required the Sending system <i>shall</i> check its own configuration settings to determine if it supports Large Messaging via the Common Point to Point messages.		MUST
TD53.3.1	If the Sending system does not support is required for something other than un <i>shall</i> take the following actions:		MUST
	• Send a negative Application Acl system with Response code 23	knowledgement to the Requesting	
	• Record the error in the system	audit trail	
	Record Management Informati	on as follows:	
	Field name	Value	
	Application Status (HR5)	10000000000000 (2 <sup>nd</sup> byte indicates Large Message not supported) NB – Other bytes should be set to 0, 1 or 2 as determined.	
	EHR Request Acknowledgement date/time (SR8)	Current date and time	
	EHR Request Acknowledgement detail sent (SR9)	23	

Req ID	Requirement Text		Priority
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	
	Process failure point (SR15)	50	
	Process failure point date/time (SR16)	current date and time	
	Failure type (SR18)	2	
TD53.3.2	If the Sending system does not suppor is ONLY required to allow unsupported <i>shall</i> take the following actions:	t Large Messages and Large Messaging MIME types to be sent, the system	
	<ul> <li>Do not attempt to send attacht via Large Messaging.</li> </ul>	ments with unsupported MIME types	
	<ul> <li>Send placeholders in the EHR E attachment (See Supp Spec: At</li> </ul>	÷ .	
TD53.3.3If the Sending system supports Large Messages b disabled, it <i>shall</i> take the following actions:•Send a negative Application Acknowledge system with Response code 23•Record the error in the system audit trail		ions: knowledgement to the Requesting audit trail	MUST
	Record Management Informati		
	Field name Application Status (HR5)	Value 12000000000000 (2 <sup>nd</sup> byte indicates Large Message not enabled) NB – Other bytes should be set to 0, 1 or 2 as determined.	
	EHR Request Acknowledgement date/time (SR8)	Current date and time	
	EHR Request Acknowledgement detail sent (SR9)	23	
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	
	Process failure point (SR15)	50	
	Process failure point date/time (SR16)	current date and time	

Req ID	Requirement Text		Priority
	Failure type (SR18)	2	
TD53.3.4	If the Sending system does support Lar following actions: • Record Management Informati		MUST
	Field name	Value	
	Application Status (HR5)	11000000000000 (2 <sup>nd</sup> byte indicates Large Message supported) NB – Other bytes should be set to 0, 1 or 2 as determined.	
TD53.4	If the Sending system supports Large N Requesting system does by querying S	-	MUST
	ldapsearch -h ldap.spine.nhs.uk –b "ou=services, o=nhs"		
	"(&(nhsIDCode= <mark>P83023</mark> )		
	(objectClass=nhsAs)		
	(nhsAsSvcIA=urn:nhs:names:services:g	p2gp:COPC_IN000001UK01))"	
	uniqueldentifier nhsMhsPartyKey		
	Note: Carriage returns are indicative of formatting of this document.		
	The Sending system <i>shall</i> replace the <i>r</i> above LDAP query with the value of th Requesting system.	-	
	If the Sending system needs to utilise a obtain permission to do this from the a GP2GP programme.		
TD53.4.1	If the LDAP query returns 0 results and support the sending of unsupported N		MUST
	<ul> <li>Not attempt to send attachments with unsupported MIME types via Large Messaging.</li> </ul>		
	• Send placeholders in the EHR Extract message in place of the attachment (See Supp Spec: Attachment References [Ref: 9])		
	Record the error in the system audit trail		
	Record Management Information as follows:		
	Field name	Value	
	Requesting practice configuration	000000000	

Req ID	Requirement Text		Priority
	(SR6)	<ul> <li>(1<sup>st</sup> byte indicates lack of Large Message support)</li> <li>NB – Other bytes should be set to 0,</li> <li>1 or 2 as determined.</li> </ul>	
TD53.4.2	<ul> <li>reasons the Sending system <i>shall</i>:</li> <li>Send a negative Application Ac system with Response code 14</li> <li>Record the error in the system</li> </ul>	audit trail	MUST
	Record Management Informat     Field name	Value	
	Requesting practice configuration (SR6)	0000000000 (1 <sup>st</sup> byte indicates lack of Large Message support) NB – Other bytes should be set to 0, 1 or 2 as determined.	
	EHR Request Acknowledgement date/time (SR8)	Current date and time	
	EHR Request Acknowledgement detail sent (SR9)	14	
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	
	Process failure point (SR15)	50	
	Failure point Date/time (SR16)	Current date and time	
TD53.4.3	<ul> <li>If the LDAP query returns 1 result the sactions:</li> <li>Record the error in the system</li> <li>Record Management Informat</li> </ul>		MUST
	Field name	Value	
	Requesting practice configuration (SR6)	100000000 (1 <sup>st</sup> byte indicates Large Message support) NB – Other bytes should be set to 0, 1 or 2 as determined.	
TD53.4.4	If the LDAP query returns 2 or more returns 2 or	esults the Sending system <b>shall</b> take	MUST

#### 13 Feb 2014/ Draft / v7.1

Req ID	Requirement Text		Priority
	<ul> <li>Send a negative Application Acknowledgement to the Requesting system with Response code 24</li> <li>Record the error in the system audit trail</li> <li>Record Management Information as follows:</li> </ul>		
	Field name	Value	
	Requesting practice configuration (SR6)	100000000 (1 <sup>st</sup> byte indicates Large Message support) NB – Other bytes should be set to 0, 1 or 2 as determined.	
	EHR Request Acknowledgement date/time (SR8)	Current date and time	
	EHR Request Acknowledgement detail sent (SR9)	24	
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	
	Process failure point (SR15)	50	
	Failure point Date/time (SR16)	Current date and time	

# 6.5 Step 5: Send the EHR Extract

#### 6.5.1 Determine EHR Extract MIM Version

Before creating the EHR Extract from the patient's record, the MIM version of the EHR Request will be determined. If the EHR Request is a DMS 1 interaction, then the Sending system will respond with a DMS 1 EHR Extract. If the EHR Request message is a MIM 3 version then the Sending system will always respond with a MIM 3 EHR Extract (with or without Large Messaging as determined by mutual support).

Req ID	Requirement Text		Priority
TD54	If the EHR Request is a DMS 1 message and the Sending system supports a DMS 1 EHR Extract message then it <b>shall</b> respond with a DMS 1 EHR Extract message. If the EHR Request is a MIM 3 message the Sending systems <b>shall</b> respond with a MIM 3 EHR Extract message. The Sending system <b>shall</b> update the Management Information as follows:		MUST
	Field name     Value		
	Requesting practice configuration	[0/1]x0000000	

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Req ID	Requirement Text		Priority
	(SR6)	set x to 0 if a MIM 3 EHR Extract was returned or set x to 1 if a DMS 1 EHR Extract was returned. (2 <sup>nd</sup> byte indicates Archetypes requirements support, 1 <sup>st</sup> byte should already be recorded) NB – Other bytes should be set to 0, 1 or 2 as determined.	
TD55	the system shall take the following act	egative Application Acknowledgement) ions:	MUST
	Send a negative Application Active the Requesting system with Representation	knowledgement for the EHR Request to esponse code 20	
	• Record the error in the system	audit trail	
	Record Management Information as follows:		
	Field name	Value	
	EHR Request Acknowledgement date/time (SR8)	current date and time	
	EHR Request Acknowledgement detail sent (SR9)	20	
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	
	Process failure point (SR15)	60	
	Failure point Date/time (SR16)	Current date and time	
	Failure type (SR18)	4	
	Error code (SR19)	20	
	Error description (SR20)	Insert the response text from Response code 20	

# 6.6 Step 6: Send Large Messages

When the Sending system receives the Common Point to Point "Continue" message from the Requesting system, it will begin to send the Common Point to Point Large Messages.

The Sending system can choose to send the Common Point to Point messages in any manner it prefers to meet the maximum sending time requirements described in the GP2GP R2.2

Requirements Specification [Ref: 1]. It is not necessary to wait for each message to be acknowledged before sending the next.

The Sending system will continue to send to TMS until there are no more Common Point to Point messages to send.

Req ID	Requirement Text		
TD56	When the Sending system and Requesting system have been confirmed as both supporting Large Messages, the Sending system <b>shall</b> split the EHR Extract according to the requirements specified in Handling Large Messages [Ref: 13].		
TD57	On receiving a Common Point to Point "continue" message in response to the EHR Extract Message, the Sending system <b>shall</b> send any Common Point to Point messages that form part of the EHR Extract. Note: The system does not need to wait for responses to each Common Point to Point message before sending the next one.		
TD58	On receiving a negative Application Ack Point "continue" message, the Sending Information as follows:	_	MUST
	Field name	Value	
	Process failure point (SR15)	60	
	Failure point Date/time (SR16)	Current date and time	
	Failure type (SR18)	Null	
TD59	On completion of sending each Common Point to Point message, counting each message containing an attachment fragment as an individual message, the Sending system <i>shall</i> update the status of the message and update the following Management Information:		
	Field name	Value	
	Total number of Large Message Common Point to Point fragments (SR25)	Total number of Common Point to Point messages	
	Total number of Large Message Common Point to Point fragments successfully accepted by TMS fragments (SR26)	Total number of Common Point to Point messages sent	
	Total number of Large Message Common Point to Point fragments positively acknowledged recipient (SR27)	Total number of Common Point to Point messages positively received	

Req ID	Requirement Text		Priority
TD60	The Sending system <b>shall</b> track received Application Acknowledgements for messages containing attachment fragments and update the received status of the attachment once it has received acknowledgements for all of them, i.e. indicating reassembly success/failure by the Requesting system.		
TD61	<ul> <li>If the Sending system is unable to send any of the Common Point to Point messages or TMS returns a failure message for any of them (e.g. ebXML error or negative Application Acknowledgement) the system shall take the following actions:</li> <li>Send a negative Application Acknowledgement for the EHR Request to the Requesting system with Response code 20</li> <li>Record the error in the system audit trail</li> <li>Record Management Information as follows:</li> </ul>		MUST
	Field name	Value	
	EHR Request Acknowledgement date/time (SR8)	current date and time	
	EHR Request Acknowledgement detail sent (SR9)	20	
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	
	Process failure point (SR15)	60	
	Failure point Date/time (SR16)	Current date and time	
	Failure type (SR18)	4	
	Error code (SR19)	20	
	Error description (SR20)	Insert the response text from Response code 20	

# 6.7 Step 7: Return a positive Application Acknowledgement to MIM 3 EHR Request

If the Sending system has sent a MIM 3 EHR Extract message it needs to also send a positive Application Acknowledgement for the associated EHR Request message. Under GP2GP 2.2 this Application Acknowledgement is sent after the Sending system has determined whether the EHR Extract, including any Large Messages, have been successfully sent to TMS.

If the Sending system has sent a DMS 1 EHR Extract message is will NOT send an Application Acknowledgement for the EHR Request.

Req	Requirement Text		Priority
ID			
TD62	If the Sending system has sent a MIM 3 EHR Extract message it <i>shall</i> wait for the TMS ebXML acknowledgement response for the EHR Extract and all associated Common Point to Point messages. If ALL are successful it <i>shall</i> create and send a positive Application Acknowledgement in response to the original EHR Request message. The following Management Information <i>shall</i> be recorded as follows:		
	Field name         Value		
	EHR Request Acknowledgementcurrent date and timedate/time (SR8)		
	EHR Request Acknowledgement0detail sent (SR9)		
	EHR Request Acknowledgement message ID (SR10)	The GUID of the Application Acknowledgement	

# 6.8 Step 8: Receive Application Acknowledgment for the EHR Extract Message

When the Requesting system has received the EHR Extract and any associated Large Messages and determined the success or not of integrating the EHR Extract into the Requesting system it will send an Application Acknowledgement back to the Sending System. As the integration of the record into the Requesting system is user initiated the Application Acknowledgement may not be received for several days- the Sending system needs to recognise this and indicate the status accordingly on the system, i.e. 'awaiting Application Acknowledgement', 'received Application Acknowledgement' and the integration result – success/failure, etc.

Req ID	Requirement Text		Priority
TD63	<ul> <li>When the Sending system receives a positive Application Acknowledgement to the EHR Extract, it <i>shall</i> take the following actions:</li> <li>Record the error in the system audit trail</li> <li>Update the final status of the EHR Transfer</li> <li>Record Management Information as follows</li> </ul>		MUST
	Field name	Value	
	Sender conversation closedCurrent date and timedate/time (SR28)		
TD64	When the Sending system receives a negative Application Acknowledgement to the EHR Extract, it <b>shall</b> take the following actions:		MUST

Req ID	Requirement Text		
	<ul> <li>Record the error in the system audit trail</li> <li>Update the final status of the EHR Transfer</li> <li>Record Management Information as follows</li> </ul>		
	Field name Sender conversation closed date/time (SR28)	Value       null	

# 6.9 Step 9: Manual Re-send of an EHR Extract

The Sending system will support a manual re-send of the EHR Extract where a negative Application Acknowledgement in step 8 was received.

A user must be authenticated with an NHS Smartcard in order to access the 're-send' functionality. This would usually be initiated following a request (e.g. by telephone) by the Practice using the Requesting system.

The Sending system will check that the Requesting system is still the patient's current GP practice by checking the Requesting system's ODS code against the patient's PDS record again and if the check passes the Sending system repeats the EHR Extract sending process described in the following requirements.

Req ID	Requirement Text	Priority
TD65	The Sending system <b>shall</b> support re-send functionality for an EHR Extract for the length of the 'EHR Extract Re-Send Period' from the EHR Request date/time, where a negative Application Acknowledgement has been received to the EHR Extract.	MUST
TD66	<ul> <li>When a re-send is initiated the Sending system <i>shall</i> perform the same checks and follow the same processes as if this was triggered by receipt of an EHR Request.</li> <li>The system <i>shall</i> use the original conversation ID but must create new ebXML message IDs and timestamps.</li> <li>The EHR Response message <i>must</i> be a duplicate of the original payload, i.e. contain the same HL7 content which <i>must not</i> be re-extracted from the patient record.</li> </ul>	MUST
TD67	<ul> <li>When a re-send is initiated at the Sending system, it <i>shall</i> take the following actions:</li> <li>Record the error in the system audit trail</li> </ul>	MUST

Req ID	Requirement Text			
	Update the status of the EHR Transfer to indicate the re-send			
TD68	If any errors occur when a re-send is initiated the Sending system <i>shall</i> record the normal Management Information <i>shall</i> update any previous Management Information recorded for this GP2GP Transfer and <i>shall</i> record:		MUST	
	Field name         Value			
	Process failure point (SR15) 70			

# 7 Spine Interactions

The message interactions between the Requesting GP System and the Sending GP System will be as listed below and the Requesting system and Sending system *shall* support these.

System Role	Interaction	MIM 3 (2.2b or earlier)	DMS 1 (2.2c or later)
Requesting	EHR Request Started	RCMR_IN010000UK05	RCMR_IN010000UK06
Sending	Application Acknowledgement to EHR Request	Positive and Negative MCCI_IN010000UK13	Negative only MCCI_IN010000UK13
Sending	EHR Request Completed (EHR Extract)	RCMR_IN030000UK06	RCMR_IN030000UK08
Requesting	Common Point to Point 'Continue'	COPC_IN000001UK01	COPC_IN000001UK01
Sending	Common Point to Point for Large Messaging	COPC_IN000001UK01	COPC_IN000001UK01
Requesting	Application Acknowledgement to EHR Extract	Positive and Negative MCCI_IN010000UK13	Positive and Negative MCCI_IN010000UK13

These are the standard interactions made between the Requesting GP System and the Sending GP System. Refer to GP2GP Response Codes [Ref: 18] for all available error codes and scenarios. Additional interactions occur in situations where the Large Messaging Protocol is required.

# 7.1 Specific Messaging Behaviour Modes

A GP2GP compliant system must be capable of operating in one of two modes.

#### 7.1.1 Production Mode

This is the normal operating mode in which GP2GP is turned 'ON'. In this mode all message interactions are enabled and the system behaves as per this specification without restriction.

#### 7.1.2 Disabled Mode

This is effectively the mode in which GP2GP is turned 'OFF'. In this mode the system will not support any GP2GP behaviour as specified within any of the GP2GP specifications except that detailed in the following paragraphs.

The system *shall* provide the same Patient Registration functions as that offered in GP2GP but without the GP2GP trigger, i.e. the user experience when registering patients *shall* be the same whether GP2GP is 'ON' or 'OFF'

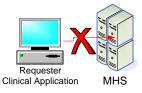
In this mode the MHS must also reject all inbound GP2GP messages, including Common Point to Point messages indicating use by the gp2gp service, by responding with a negative Application Acknowledgement with Response Code 07 "GP2GP Messaging is not enabled on this system" (see GP2GP Response Codes [Ref: 18]). Messages received during 'Disabled Mode' must not be

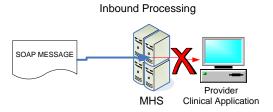
processed by the system after being rejected and must not be processed if the system is reenabled. The system may provide viewing facilities to aid with diagnostics.

This mode <u>must</u> be the default mode for system installations. Part of the deployment process will reset the mode following local acceptance.

The following diagram illustrates 'Disabled Mode':

Outbound Processing





# Appendix A. Transferred Documentation

This section covers requirements in previous editions of this document that have been moved to separate documents and are referenced in the Related Documents section.

# A.1. GP2GP Transfer Use Case

Previous editions of this document included walkthroughs in the form of a Use Case. This has now been formalised as a separate document. See Use Case 1: Transfer electronic healthcare record [Ref: 2].

# A.2. Role Based Access Control

The GP2GP process requires an NHS Smartcard to be authenticated at the time of the patient registration, EHR Extract integration or rejection, and re-sending an EHR Extract manually with the appropriate business activity. See GP2GP R2.2 Requirements Specification [Ref: 1] for more details.

# A.3. Accredited System and Message Handling System

See GP2GP R2.2 Requirements Specification [Ref: 1]

# A.4. Use of the Conversation ID

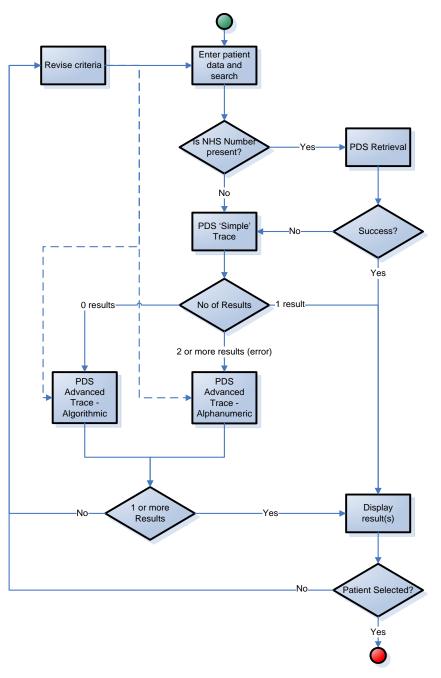
This requirement is now covered in the Requirements Specification [Ref: 1].

## A.5. Management Information

Management Information requirements are formally documented under Use Case 2 [Ref: 3] and the Harvesting Management Information Supplementary Specification [Ref: 15]. Specific items to record (with values) are highlighted throughout this document but this must not be taken to mean these are the only values to record. The specific items to record should match the specification and any discrepancy should be highlighted to the Authority by suppliers.

# Appendix B. Recommended PDS Tracing Algorithm

The following diagram and requirements illustrate the recommended PDS Tracing Algorithm to be followed when registering a permanent patient when GP2GP is enabled.



#### Figure 5 - Process Flow for the Recommended PDS Tracing Algorithm in GP2GP

Note: The system *may* support the alternative flow (dashed line in diagram) from 'Revise Criteria' to either of the PDS Advanced Trace steps. If so, the user *should* be given the option to determine which of the two searching modes are run.

Req ID	Requirement Text			
TDB01	a patie	When GP2GP is enabled in the Requesting system, the algorithm used to trace a patient on PDS during the registration process <b>shall</b> , when required, support the use of a PDS Advanced Trace using Alphanumeric processing.		
TDB02	a patie	When GP2GP is enabled in the Requesting system, the algorithm used to trace a patient on PDS during the registration process <b>should</b> , when required support the use of a PDS Advanced Trace with Algorithmic processing.		
TDB03	registra involve	GP2GP is enabled in the Requesting system, a permanent patient ation <b>should</b> use the following recommended algorithm with a user only ed at step 5, i.e. steps 1 to 4 <b>should</b> be performed automatically by the with no user involvement:	SHOULD	
	1)	If NHS Number is present perform a PDS Retrieval (using the provided NHS Number)		
	2)	If the PDS Retrieval produces no results or the cross-check failed, create and send a PDS 'Simple' Trace (without the NHS number)		
	3)	If the PDS 'Simple' Trace produces zero results, create and send a PDS Advanced Trace with Algorithmic processing selected (without the NHS number).		
	4)	If the PDS 'Simple' Trace produces 2 or more results, create and send a PDS Advanced Trace with Alphanumeric processing selected (without the NHS number).		
	5)	If one or more results are returned, present the results to the user (subject to PDS audit controls – see PDS Compliance Specification) for selection of a patient whereupon full patient details (e.g. via a split screen) <b>shall</b> be presented and the user asked to confirm the record selected is correct (as per the PDS Compliance requirements). If no results are returned or the user decides that the patient is not amongst the results, prompt the user to revise the search criteria and repeat the tracing process (see note below).		
	followi	The alternate flow allows the system to invoke another Advanced Trace ng user revision of the search criteria. Systems <b>should</b> allow the user to nine which search mode is employed through suitable UI controls.		
TDB04	be disc	Where the supplier wishes to use another algorithm in the GP system, this <b>shall</b> be discussed and agreed with both the Authority's PDS and GP2GP teams at the design stage of a release.		

Req ID	Requirement Text	Priority
TDB05	The Requesting system <i>shall</i> require the user to supply as a minimum these fields:	MUST
	Family Name/Surname	
	Date of Birth	
	• Sex	
	The Requesting system <i>shall</i> include these values in the PDS 'Simple'/Advanced Trace parameters.	
TDB06	The Requesting system <i>shall</i> allow the user to supply additional fields:	MUST
	• Postcode	
	First Name/Forename	
	<ul> <li>Any others normally included – the supplier <i>shall</i> consult the PDS compliance documentation or the version the system complies with.</li> </ul>	
	If supplied, the Requesting system <i>shall</i> include these values in the PDS 'Simple'/Advanced Trace parameters.	
TDB06	The Requesting system <i>shall not</i> utilise the NHS Number in a PDS 'Simple' Trace or a PDS Advanced Trace for the permanent patient registration process if GP2GP is enabled.	MUST
TDB07	The Requesting system <i>shall</i> include these query parameter values in the PDS Tracing is performed:	MUST
	<ul> <li>historicDataIndicator = 1</li> </ul>	
	<ul> <li>SearchParameter = 1 or 2 (indicates whether alphanumeric or algorithmic searching is undertaken by PDS when an Advanced Trace is performed)</li> </ul>	

Req ID	Requirement Text			Priority
TDB08	The table below <i>shall</i> be followed to correctly map local record data items to message attributes:			MUST
	Data Field	Node path	Value	
	Patient's name(s)	/Query /person.name	Entered Patient's name	
	Date of Birth	/Query /person.birthTime	Entered Date of Birth	
	Sex / Gender	/Query /person. administrativeGenderCode	1 or 2	
	Include History	/Query /historicDataIndicator	1	
	Advanced Search	/Query /searchParameter	1 or 2	
	Postcode	/Query /personAddress / One of the supported Address formats with postcode – consult appropriate version of the MIM.	Entered Patient's postcode	
TDB09	The Requesting system <i>shall not</i> automatically select a patient from the Advanced Trace results, irrespective of the number of results, and <i>shall</i> require the user to pick a patient if they wish to continue the registration. The Requesting system <i>shall</i> allow the user to refine the search parameters and re-submit the Advanced Trace query irrespective of the number of results returned.		MUST	

Dee	Desuireret	Tout	Duiovitu
Req	Requirement		Priority
ID			
TBD10	On selection o	f a patient and continuation of the registration by a user, the	MUST
	Requesting sys	stem <i>shall</i> retain the patient's demographics (for synchronisation	
	purposes) NHS	S Number and previous Health Care Provider ODS code from the	
	patient selecte	ed in the 'Simple'/Advanced Trace or PDS Retrieval results as	
	identified belo	ow.	
	Data Field	Node path	
	Patient's	/PdsTraceMatch/subject /patientRole/patientPerson /name	
	name(s)		
	Date of	/PdsTraceMatch /subject /patientRole/patientPerson	
	Birth	/birthTime	
	NHS	/PdsTraceMatch /subject /patientRole/id/@extension	
	Number		
	Current	/PdsTraceMatch/subject /patientRole/patientPerson	
	healthcare	/playedOtherProviderPatient /subjectOf/patientCareProvision	
	provider	/code[@code=1]//responsibleParty	
	(GP	/healthCareProvider/id/@extension	
	practice)		

Req ID	Requirement Tex	<b>rt</b>		Priority
TBD11	On selection of a patient and continuation of the registration by a user, the Requesting system <b>shall</b> send a PDS General Update request message to update the Healthcare Provider code of the patient to that of the Requesting system's GP Practice (together with any other details that need updating) as identified below.			MUST
	Data Field	Node path	Value	
	NHS Number	/ PdsUpdateRequest /subject /patientRole/id/@extension	Patient's stored NHS Number	
	Current healthcare provider (GP practice)	<pre>/ PdsUpdateRequest /subject /patientRole /patientPerson /playedOtherProviderPatient /subjectOf /patientCareProvision /code[@code=1]/ /responsibleParty /healthCareProvider /id/@extension</pre>	The ODS code of the Requesting system's GP practice	
	HealthCare provider type	<pre>/ PdsUpdateRequest /subject /patientRole /patientPerson /playedOtherProviderPatient /subjectOf /patientCareProvision /code[@code=1]/ /responsibleParty /healthCareProvider /code/@code</pre>	1	
	Registration date	<pre>/ PdsUpdateRequest /subject /patientRole /patientPerson /playedOtherProviderPatient /subjectOf /patientCareProvision /code[@code=1]/ /responsibleParty /healthCareProvider /effectiveTime /low/@value</pre>	Today's date in the format specified by the MIM	