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|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------|--------------|
|  | <b>Commercial in Confidence</b><br><b>GP2GP UC2 Harvest and Prepare Management Information</b> |                                    |                             |              |
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|                                                                                   | Sub Prog/Proj Mgr                                                                              | <b>Jill Hepworth</b>               | Version                     | <b>V1.0</b>  |
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# GP2GP UC2 Harvest and Prepare Management Information

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## Abstract

This document provides the use case for the collection of Management Information from GP2GP systems regarding the transfer of electronic healthcare records between practices.

## Document Management Information

### Amendment History

| Version | Date        | Amendment History                   |
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| 0.1     | 21-Sep-2010 | Initial Draft                       |
| 0.2     | 14-Jan-2011 | Updated inline with review comments |
| 0.3     | 25-Jan-2011 | Draft for approval                  |
| 1.0     | 25-Jan-2011 | Approved                            |

### Reviewers:

This document must be reviewed by the following. Delegate as necessary.

| Name           | Title / Responsibility                            | Date         | Version |
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| Will Nossiter  | GP2GP Technical Architect                         | 21-Sept-2010 | 0.1     |
| Mike Curtis    | DoH Tech Office                                   | 21-Sept-2010 | 0.1     |
| Jill Hepworth  | GP2GP Programme Manager                           | 21-Sept-2010 | 0.1     |
| Pete Whitcombe | GP2GP Integration and Clinical Validation Manager | 21-Sept-2010 | 0.1     |
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| Ramsey Baker   | GP2GP Deployment Manager                          | 21-Sept-2010 | 0.2     |
| John Williams  | GP2GP Clinical Lead                               | 21-Sept-2010 | 0.1     |
| Leo Fogarty    | SCR Clinical Lead                                 | 21-Sept-2010 | 0.1     |
| Pete Salisbury | For Management Information content                | 21-Sept-2010 | All     |
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|                | iSoft                                             | 21-Sept-2010 | 0.1     |
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### Approvals:

This document requires the following approvals:

| Name         | Signature | Title / Responsibility                | Date | Version |
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| Kemi Adenubi |           | the Authority GPIT Programme Director |      | 0.3     |

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This document version is only valid at the time it is retrieved from controlled filestore, after which a new approved version will replace it.

On receipt of a new issue, please destroy all previous issues (unless a specified earlier issue is baselined for use throughout the programme).

### Related Documents:

This document is a supplementary use case to the GP2GP Requirements Specification. This use case cannot be implemented in isolation.

### 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.

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| Term                          | Acronym | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | 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).<br>In a more relaxed meaning it includes A-B-C processing as key elements of A-B-A apply to A-B-C processing and no distinction is made.                                                                                                                                                                                                                                                                                                                                    |
| 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.<br>In a hosted environment this definition breaks down as a single instance of supplier software supports multiple practices (ODS) some of which may require GP2GP to be disabled (e.g. lack of training).                                                                                                                                                                                                                                                                                                                                                                      |
| Broken Chain                  |         | A term used to describe the loss of GUIDs when a patient record is exported to a system that does not support GUID propagation and A-B-A processing, and then returns to a system that does support A-B-A processing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Data Transfer Service         | DTS     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Electronic Healthcare Record  | EHR     | A record of a patient's primary care transferred between primary care organisations using the GP2GP solution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Electronic Patient Record     | EPR     | A patient's primary care record held electronically within a primary care system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Health Level 7                | HL7     | XML based messaging standard for transporting health care information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| "MAY"                         |         | These words, or the adjective "OPTIONAL", mean that an item is truly optional. One supplier may choose to include the item because a particular marketplace requires it or because the supplier feels that it enhances the product while another supplier may omit the same item. An implementation which does not include a particular option MUST be prepared to interoperate with another implementation which does include the option, though perhaps with reduced functionality. In the same vein an implementation which does include a particular option MUST be prepared to interoperate with another implementation which does not include the option (except, of course, for the feature the option provides.) |
| Message Handling Service      | MHS     | Messaging layer application that provides an application interface to the Spine.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Message Implementation Manual | MIM     | Document defining messages and messaging process for the TMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                               | ODS     | Unique reference for a practice, related to payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| "MUST"                        |         | This word, or the terms "REQUIRED" or "SHALL", mean that the definition is an absolute requirement of the specification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| Term                        | Acronym | Definition                                                                                                                                                                                                                                                                                                              |
|-----------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "MUST NOT"                  |         | This phrase, or the phrase "SHALL NOT", mean that the definition is an absolute prohibition of the specification.                                                                                                                                                                                                       |
| Party Key                   |         | An address for an access point to the Spine associated with a message handling service.                                                                                                                                                                                                                                 |
| Safe Exchange Framework     | SEF     | Message filtering service that can inhibit messages between suppliers / software / versions. Allows central shut down of specific GP2GP interactions in the event of (clinical safety) problems.                                                                                                                        |
| "SHOULD"                    |         | This word, or the adjective "RECOMMENDED", mean that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.                                                                      |
| "SHOULD NOT"                |         | This phrase, or the phrase "NOT RECOMMENDED" mean that there may exist valid reasons in particular circumstances when the particular behaviour is acceptable or even useful, but the full implications should be understood and the case carefully weighed before implementing any behaviour described with this label. |
| Transaction Messaging Spine | TMS     | A subsystem of the Spine that provides the interfaces between Spine data, end-systems and services external to the Spine                                                                                                                                                                                                |
| Sending system              |         | A local GP practice system or a data centre hosted system for one or many GP practices.                                                                                                                                                                                                                                 |

## Use Case: Harvest and prepare Management Information

### Overview

At least once per week, supplier systems must submit Management Information to the Authority. This can be directly from a local practice system or as a single submission from a supplier. The requirements and message structure is detailed in supplementary specification: *Harvesting Management Information*.

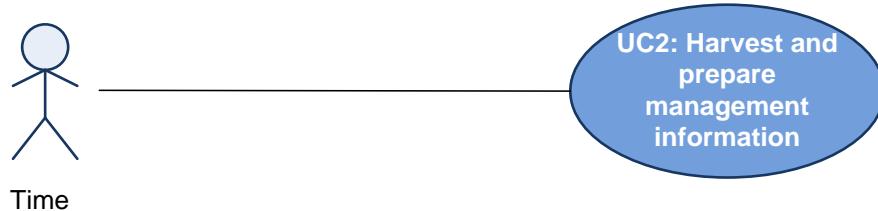


Figure 1 - Use Case Diagram

### Trigger

Daily time schedule

## Precondition

Management Information from all sources under the Sending system jurisdiction has been appropriately recorded (see GP2GP UC1 Transfer EHR).

## Main Flow

### *Scenario:*

Successful sending of Management Information and receipt by the Authority. This is to include resubmission of information from suppliers.

### *Post condition*

Management information successfully received, stored and processed by the Authority.

### *Main Flow Detail*

At the scheduled time, the supplier system constructs the Management Information file as specified in the Management Information section of the GP2GP Supplementary Specification: Harvesting Management Information.

The Management Information message is populated with an entry for each registration, GP2GP request and each GP2GP response that the practice system has been involved in since the last file was sent. This implies that the supplier systems need to ensure that each part of the dialogue reflects:

- The date/time on which the registration was started
- The date/time on which the registration was last updated
- ODS code
- Role (e.g. Requester / Sender)
- The Conversation ID (if an EHR Request was sent or received).

This is especially relevant for long running conversations where Management Information data may be submitted more than once, for example where there is a delay between receipt of the EHR Extract and the issue of the final acknowledgement.

Registrations for which there was no electronic transfer request generated must be included and the reasons for the lack of electronic transfer given within the relevant Management Information data field.

If the information is a resubmission because a conversation spanned more than one day, the conversation record must be submitted in full and all information contained within the file will be processed over-writing any previously submitted information.

*Note1: The first MI despatch will include all conversation information from a start date agreed with the Authority.*

The transfer file structure is validated and sent by the supplier to the Authority over the DTS channel.

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All operational problems are to be made available to the supplier, so that they can analyse the data themselves and identify and be aware of problems that are not being reported by the users

*Note 2: The means by which the supplier is made aware of and analyses the collected Management Information is for the supplier to design. Where the supplier supports remote practice software instances, DTS will support multiple recipients.*

The Authority receives the file, validates the content and records that the information has been received from all the ODS codes using the supplier systems.

If no information is provided for a ODS code within the daily cycle, flow continues in [\*Alternative Flow 1: the Authority fails to receive Management Information for a ODS code.\*](#)

The Authority will match submitted Management Information records by Conversation ID and check the completeness of the data. This will include:

- Validation of the completeness of the registrations – filed records.
- Validation of the completeness of conversations – Management Information from Requester and Sender roles are included.
- Validation of the accuracy of the data against TMS monitoring of the messages for the conversation.

If information is incomplete for a ODS code, flow continues in [\*Alternative Flow 2: the Authority fails to receive complete Management Information for a ODS code.\*](#)

If the information has discrepancies against TMS monitoring or the other end of any Conversation, these issues will be raised and resolved via Service Management.

The Authority will then process the information to provide necessary management reports. These reports will be published internally to the Authority or externally as appropriate.

*The following activity diagrams show two suggested processes for delivering Management Information to both the Authority and report operational errors to the supplier helpdesk.*

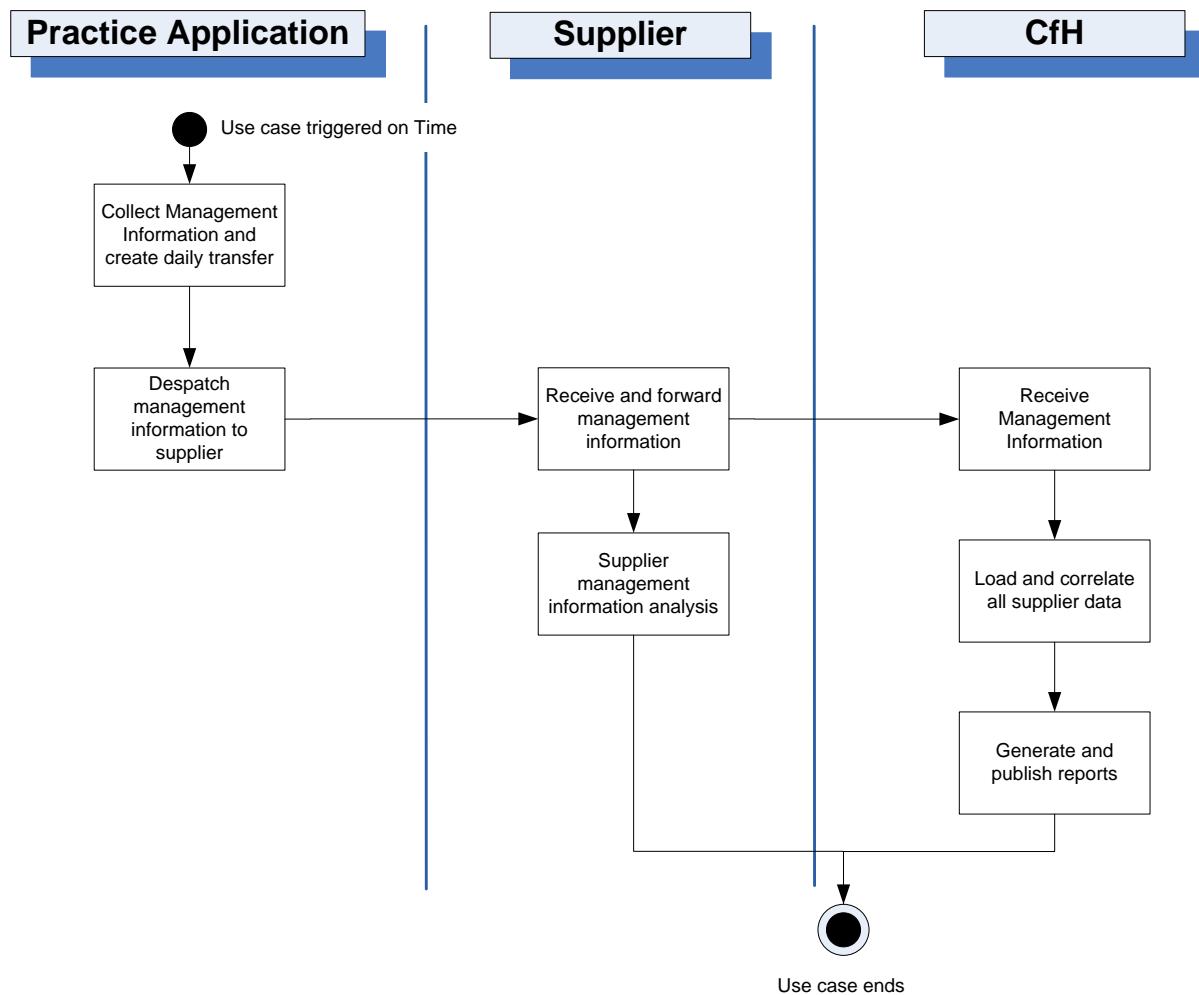


Figure 2 - Management information submission: suggestion 1

Another approach is shown below:

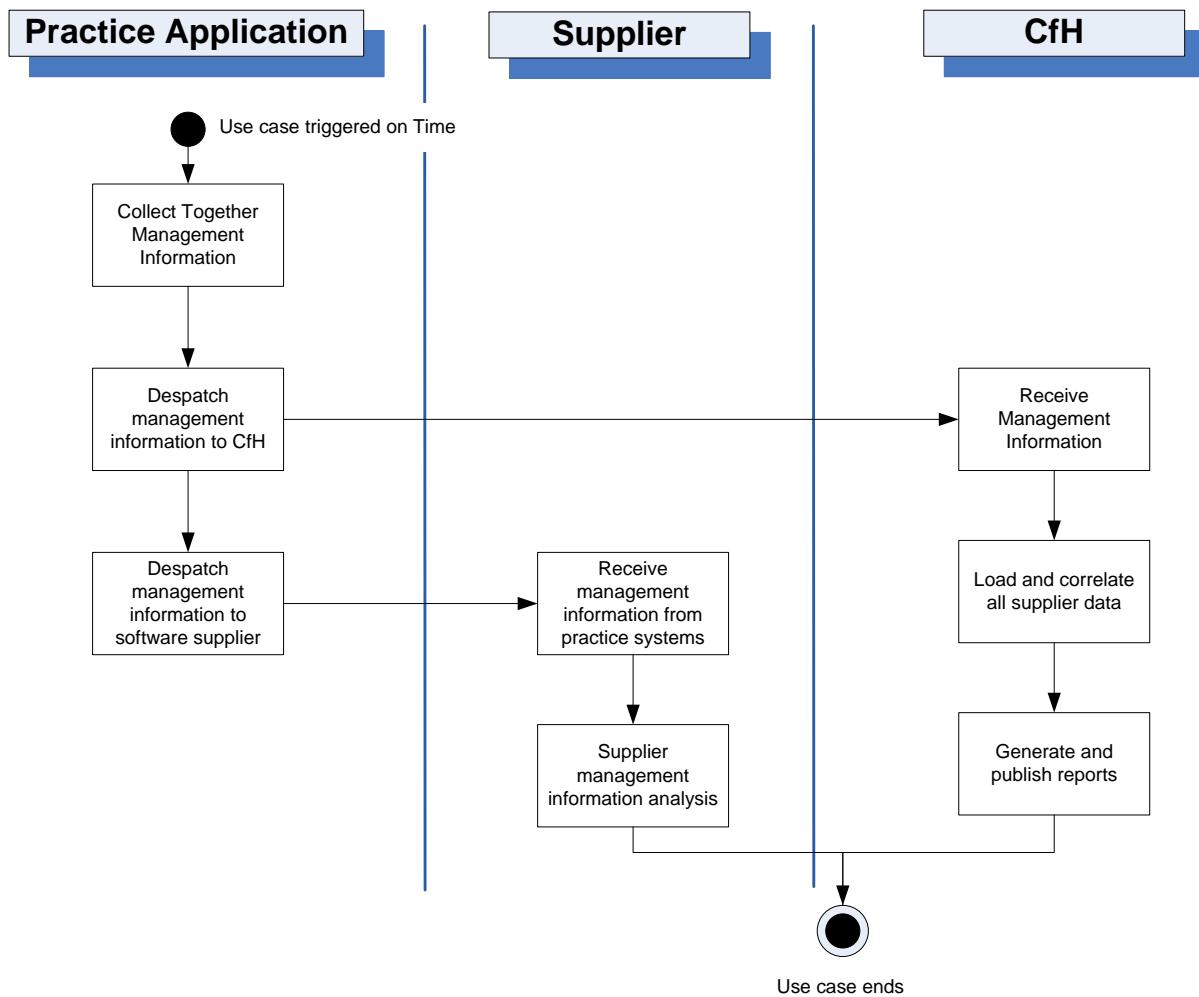


Figure 3 - Management information submission: suggestion 2

### Alt Flow 1: The Authority fails to receive Management Information for an ODS code

Scenario: A supplier system does not send Management Information or fails to send all ODS code for which they are responsible. The Authority's processing platform identifies missing files from previous submissions or the GP2GP enabled practice list.

The Authority will identify which ODS code Management Information has not been submitted and the supplier responsible will be made aware that a further submission is necessary.

The supplier system will resubmit the missing information using the same process as defined in the Main Flow above.

### Alt Flow 2: The Authority fails to receive complete Management Information for an ODS code

Scenario: A supplier system sends Management Information for the appropriate ODS codes but checking reveals that there is conversation information missing.

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The Authority will identify which ODS code, role and Conversation ID for which incomplete Management Information has been submitted and the supplier responsible will be made aware that a resubmission is necessary.

The supplier system will resubmit the missing information using the same process as defined in the Main Flow above.