GP2GP Automatic integration specification

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This document must be reviewed by the following people:

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Glossary of Terms

Term / Abbreviation	What it stands for
Must	This word, or the terms 'Must not', 'Required' or 'Shall', means that the definition is an absolute requirement of the specification.
Should	This word, or 'Recommended', means that there may exist valid reasons in particular circumstances to ignore a particular requirement, but the full implications must be understood and evidenced to NHS England before choosing a different course.
May	This word means that a requirement is optional. A supplier may choose to include the item because a particular implementation requires it or because the supplier feels that it enhances value for users. Another supplier may omit the same item.
A-B-A scenario	The scenario where a patient is returning to a practice where they have previously been registered and therefore the practice already has an Electronic Health Record for the patient. This could include different returning pathways, for example A-B-C-D-A, A-B-C-D-B-A
Administrator	This document uses Administrator to describe a GP practice user who's role includes the following activities for patient registrations: ● Registers new patients on the Requesting System system using a smartcard, completes the PDS match and updates patient registration information (new address, new GP etc). ● Regularly monitors and manages tasks associated with new registrations. ● Performs manual integration of the patient's Electronic Health Record when it arrives by GP2GP (the task this change aims to automate). ● Processes degrades. ● Curates the electronic health record received via GP2GP to ensure it meets local practice standards. ● Summarises the patients paper Lloyd George record when received. Manages outgoing patient records (patients who have left the practice).
Curation / Summarisation	Record curation (can also be described as 'summarisation') is a collection of tasks, performed by practice users to ensure that the Electronic Health Record (EHR) is sufficiently complete, it is accurate and usable for patient care. This can include (but is not limited to) tasks such as entering information that is missing from the patient's EHR, tidying up the record so that key information is immediately visible to the clinician, and applying any local standards or preferences.

Degrades	Degrades are pieces of data that cannot be matched to either a clinical code or a drug code when the data moves from one system supplier to another. A clinician or practice staff member should review degraded data and recode the data as appropriate.
EHR	Electronic Health Record - A record of a patient's medical history (including information such as current/past problems, medication, allergies, consultations, and any attached documents such as test results, clinical letters, administrative letters, scans etc) which can be transferred between GP practices using the GP2GP specification.
Integration	Also referred to as 'Integrating a record' or 'Filing a record'. Integration is the act of incorporating a patient's electronic health record received via GP2GP (from the patient's previous practice's system) and the information it contains into the patient's electronic health record held within the clinical system of the patient's newly registered practice. The result is that users within the patient's new practice have access to the patient's medical history prior to their registration at the practice, this can be combined with any information the registering practice already has about the patient (for example for returning patients), into a single view. Integration is separate to other Electronic Health Record tasks such as medication reviews, degrade resolution and record curation, although these tasks may take place because of the integration of the incoming record.
Requesting System	The clinical system used by the practice who is registering a new patient and subsequently 'requests' the patient's Electronic Health Record from the patient's previous practice.
Sending System	The clinical system used by the patient's previous practice, that sends a copy of the patient's Electronic Health Record to the patient's new practice system (Requesting System).
User	A person/role who uses a supplier clinical system and has sufficient role-based access control to view, process and update Electronic Health Records.

Contents

Introduction

Background and overview

When a patient moves from one practice to another, the new GP assumes immediate responsibility for the patient and their Electronic Health Record (EHR) should be available in full without obstruction to the treating clinician at the point of care. The process can be summarised as follows:

1. The new practice searches for and selects a matching patient on the Personal Demographics Service.

2. The new practice registers the patient, updating any demographic information as needed.

3. Upon registration, the clinical system uses GP2GP to request and receive the patient's EHR from their previous practice, this is automated and usually takes no more than a couple of minutes.

4. The new practice manually integrates (also referred to as 'filing') the received EHR. This makes it available for use within the practice and informs the sending practice if they need to print copies of the EHR or missing attachments.

5. Upon integration, any mandatory tasks are automatically created in the new practice system, for example, tasks to perform a medication review and tasks to fix allergy degrades.

6. After integrating the record, the new practice will review the received record and perform curation tasks (also referred to as summarisation tasks) to ensure that the EHR is sufficiently complete, it is accurate and usable for patient care.

The fourth step, to manually integrate the EHR, can introduce unnecessary delay and administrative burden if patient records are not integrated promptly.

The objective of this specification is to automate the manual integration step, therefore reducing delay and removing the administrative burden.

This change will remove the need for practice staff to manually locate the record they have requested and click the integration option. It also removes the option for practices to reject an EHR. All subsequent new patient tasks and workflows that are triggered by the manual integration of a EHR will remain, for example:

● Medication authorisation.

● Checking allergies/adverse reactions.

● Resolving degrades.

● Summarisation of the EHR or paper records received.

- Review records for patient facing services, redacting as appropriate and providing access to the patient.

High level summary of change

Process	Summary of change
Search and select patient	Manual step. No change.
Register patient	Manual step. No change.
GP2GP request and transfer of EHR	Automated step. No change.
Integrate the received EHR	**Change from manual step to automated step.**
Create medication review and degrade tasks	Automated step. No change.
Review, curate and use the EHR	Manual step. **Change needed to ensure users are aware of records that are new to the practice and require curation.** All tasks and workflows that are triggered by the integration of a EHR will remain (See AI 2.0).

Requirements

AI.1.0 Automatic integration behaviour

This section specifies the behaviour required when the record is automatically integrated.

All existing requirements and behaviours implemented to meet GP2GP standards must remain, unless specified in this document.

If a supplier identifies an existing requirement or behaviour that would be negatively impacted by the changes detailed in this document, then they must contact NHS Digital for clarification before proceeding with the change.

User stories

- *As an Administrator* who is responsible for processing new patient registrations and outgoing patient tasks, *I want* all incoming EHRs for Patients I have registered to be automatically integrated, *so that* I no longer have to manually complete this repetitive task, I do not have to print or summarise paper records that have triggered the 8 day safety fallback unnecessarily and I have more time to focus on other priority tasks.

- *As a Clinician* who is treating a newly registered patient, *I want* the patient's EHR to be available for me to view as soon as possible, *so that* I can use the EHR to safely treat the patient and my access to the record is not dependant on my practice or any other practice's administrative processes.

Requirement ID	Requirement text
AI 1.1	EHRs *must* be automatically integrated by the Requesting system immediately, without delay after they have been received. (As a performance measure, EHRs *must* be integrated within 20 minutes of receipt).
AI 1.2	There *must* be no User involvement in triggering the integration task.
AI 1.3	Requesting System Users *must not* be prevented from accessing and using the Requesting System whilst the integration system task is being processed. Example: A User *must* be able to use the Requesting System to book an appointment, open a EHR or add a consultation whilst the Requesting System is performing integration processes.

AI 1.4	The Requesting System *must* handle the following scenarios in such a way as to prevent loss of data during automatic integration: ● The local EHR for a patient is being accessed or updated by a Requesting System User when a GP2GP EHR is received for the same patient. ● A Requesting System User attempts to access a local EHR whilst the automatic integration is in progress.
AI 1.5	The Requesting System *must* only perform a full integration and *must not* perform a partial integration.
AI 1.6	If the integration fails, the Requesting system *must*: ● Return Response Code 11 (Failed to successfully integrate EHR Extract) in the Application Acknowledgement so that Sending practice users are alerted to the failure (see existing requirements in NPfIT-PC-BLD-0083.07 GP2GP Response Codes and Requirement ID S68 in GP2GP R2.2 Requirements Specification). ● Report the failure to the Requesting practice (see Requirement ID S286 in GP2GP R2.2 Requirements Specification). ● Post the event to the GP Registrations Management Information API (See Submit EHR Integrations).
AI 1.7	If the automatic integration system task cannot be started or completed, the system *must* retry the integration at a later time.

AI.2.0 Post integration actions

This section sets out the follow-on actions that are triggered after an EHR has been automatically integrated. All tasks and behaviours previously triggered by a manual integration must remain when the integration is automated. Additional requirements have been added to meet the needs of users to manage local business processes, for example, making users aware of the auto integration and state of local processes such as summarisation tasks that are generally triggered by manual integration.

User stories

- *As an Administrator* who is responsible for processing new patient registrations, *I want* to know which EHRs are new to my practice and have not been reviewed, *so that* I can prioritise my effort to review and amend as per our local processes.

- *As a Clinician* who is using a EHR that is new to my practice, *I want* to know if the EHR has not been reviewed and amended as per our local processes, *so that* I have confidence in the structure and content of the EHR information.

Requirement ID	Requirement text
AI 2.1	*All* tasks and behaviours previously triggered by a manual integration *must* remain when the integration is automated. For example: - Receiving Systems must de-activate and flag all active repeat medications for the patient so that these can be verified with the patient and re-authorised by a suitably qualified person (e.g. GP, reviewing clinician). - Receiving Systems must flag any current medications that have been degraded to text to allow for a suitably qualified user (e.g. GP, clinician) to re-code any that are clinically appropriate. - Where any Drug Allergies have been degraded on import, systems should prevent the prescribing of any medication for the patient until the degraded items have been either re-coded or removed from the record.
AI 2.2	Workflow tasks that can be optionally created as part of a manual integration *must* be created as default upon automatic integration. The option for a practice to change the default behaviour for optional workflow

	tasks **should** be provided, i.e. the ability to turn off the creation of optional workflow tasks at the point of integration.
AI 2.3	**All** existing Application Acknowledgements generated by a manual integration **must** be generated for automatic integrations. For example, a positive Application Acknowledgement that the record has been integrated or negative Application Acknowledgement that the integration failed.
AI 2.4	Following a successful automatic integration, the Requesting System **must** add an administrative entry to the current EHR, advising Users who view the EHR that a GP2GP EHR has been automatically integrated. The timestamp for the administrative entry **must** match the time and date at which the automatic integration was completed. This entry will be carried forward to new transfers. It will drop down the journal view over time and become less prominent.
AI 2.5	Following an automatic integration, the Requesting System **must** add an entry to the Audit trail as a system action to record that the GP2GP record has been automatically integrated.

Note regarding requirements AI 2.6, 2.7, 2.8

We have discovered through user research with practices that they have local processes in place for tasks that they complete post integration e.g. curating the received record to match their local standard and ways of working. Previously, these tasks may have been completed immediately after manually integrating the record.

The intention of AI 2.6, 2.7, 2.8 is to meet the user stories (start of section) and ensure that users have a method of easily identifying records that are new to the practice and manage/track their internal processing. It is not intended to force users to perform specific actions. Some systems may already have workflows that meet this need, these may require minor amends such as renaming of user facing labels and clearer guidance as to how to use them.

AI 2.6	The Requesting System **must** provide a facility that allows a User, should they need to, to easily identify records that are new to their practice and have not been reviewed by a user. See existing requirement IDs S75, S76, S77 in GP2GP R2.2 Requirements Specification.
AI 2.7	The Requesting System **must** provide a facility that allows a User to mark that a record has been reviewed post automatic integration.

AI 2.8	The Requesting System *must* provide, within the record, an indicator on whether or not a record has been reviewed post automatic integration. This *must* be visible to all users accessing the record. The indicator *must not* obstruct the user from viewing/using the record i.e. must not be a popup that requires the user to dismiss. The indicator *must not* be included in future GP2GP transfers.
AI 2.9	The Requesting System *must* retain the EHR received from the Sending System in its entirety for audit purposes (see existing requirement 5.6 Processing and Acknowledging a Received EHR Extract in GP2GP R2.2 Requirements Specification).

AI 3.0 Returning patients (A-B-A scenario)

This section specifies the behaviour required when a patient registers and returns to a practice they have previously been registered at.

User stories

- *As a Clinician* who is treating a returning patient, *I want* to view the record information I previously had along with the new EHR information from when the patient left my practice, *so that* I have the confidence to treat the patient effectively.

- *As a Clinician* who is treating a returning patient or *As an administrator* who is summarising a returning patient record, *I want* to view new information or amendments that the patient's previous practice(s) have added to the patient's medical history, including the period before and during when the patient was last registered at my practice *so that* I have confidence in the structure and content of the EHR information.

Requirement ID	Requirement text
AI 3.1	For returning patients, when an EHR is received from the Sending System, then any new information that has been added to the EHR since the patient last left the practice *must* be copied into the record that already exists in the Requesting System.
AI 3.2	For returning patients, in addition to requirement AI 2.4, the Requesting System *must,* within the administrative entry (see AI 2.4), advise Users who view the record that: • The GP2GP record has been automatically integrated for a returning patient. • A summary of what information will have been copied into the local EHR and what would not. • The user should check the received GP2GP EHR for information that has not been imported into the core record with a prompt on how to access the information. Note: The administrative entry content will be the same static text for all returning GP2GP EHRs and is not expected to be detailed information that is unique to each patient record.
AI 3.3	After the automatic integration has taken place, the Requesting system *must* meet existing A-B-A requirements (see NPFIT-PC-BLD-0175.03 GP2GP SS Handling A-B-A Transfers v1.3).

AI 4.0 Wrong patient registered

This section specifies the requirements to support practice users who have unintentionally registered the wrong patient during the patient trace on spine.

User Stories

- *As an administrator* who has registered the wrong patient, *I want* clear guidance as to what steps I should take to rectify the mistake *so that* I can ensure that the patient's registration is corrected.

Requirement ID	Requirement text
AI 4.1	Users *must not* be able to reject an EHR received via GP2GP. Reject options presented to users during manual integration steps *must* be removed.
AI 4.2	The Requesting System supplier *must* update and provide guidance within their User knowledge base on the process to follow if a practice user has registered the wrong patient. *Example guidance can be requested from NHS England upon request.*

AI 5.0 Handling existing unintegrated GP2GP EHRs

This section describes how the Requesting System should handle EHRs that were received via GP2GP before auto integration has been implemented and remain in an unintegrated state (A user has not attempted to integrate the record).

In addition, the NHS requires management information to understand the number of outstanding unintegrated records at each practice.

User stories

- *As an NHS England Regional Lead*, *I want* to know which of the practices I support have unintegrated GP2GP EHRs, **so that** I can target and work with these practices to manually integrate the outstanding EHRs, reduce clinical risk and ensure that the patient's record continuity is maintained.

Requirement ID	Requirement text
AI 5.1	Users *must* be able to manually integrate existing EHRs received before auto integration behaviour was implemented and that remain in an unintegrated state.
AI 5.2	As per AI 4.1, Users *must not* be able to reject an EHR received via GP2GP. Reject options presented to users during manual integration steps must be removed.
AI 5.3	Users *must not* be able to delete tasks for manual integration.
AI 5.4	Requesting System suppliers *must* provide the Authority with a report by GP practice, detailing the number of unintegrated records categorised by the number of weeks they have been in an unintegrated state. The GP practice *must* be identified by their ODS code. The report *must* be available upon request within 10 working days of the request.
AI 5.5	The Requesting System supplier *must* update and provide guidance within their User knowledge base on the process to follow for managing auto-integrated records and any existing backlog of records that require manual integration in their clinical systems.

AI 5.0 Handling existing unintegrated GP2GP EHRs

Deprecations and amendments to existing requirements

The following table summarises the deprecations and amendments to **existing requirements** within the GP2GP 2.2 specification.

The implementation of Automatic integration will deprecate the current manual integration requirements. However, at the point of implementation, there will be a number of Patient EHRs that remain in an unintegrated state that will need to be manually integrated. Therefore, some manual integration requirements will need to be available for some time.

Any 2.2 compliant system **must** apply the below amendments and deprecations for any new GP2GP transfers that will be automatically integrated.

Where applicable, manual integration functionality **must** remain as per Section AI 5.0 to allow EHRs received before auto integration has been implemented and which remain in an unintegrated state, to be manually integrated.

Any new GP2GP system or system uplifting from 2.2a or below **must not** implement any deprecated 2.2b requirements and must implement the amended requirements as part of the first release where they are relevant.

Requirement ID	Requirement text	Requirement trace	Original bundle	Status
S7	ORIGINAL: All processing, apart from the manual acceptance of the EHR Extract, shall be fully automated following a successful PDS update to change the patient's registered practice. The EHR Extract process shall not inhibit other user interactions. AMENDED: All processing *shall* be fully automated following a successful PDS update to change the patient's registered practice. The EHR integration and extract process *shall not* inhibit other user interactions.	BR09	All	Amended
S38	ORIGINAL: There shall be no user involvement in the transfer process until the point where the received EHR Extract is accepted or rejected by a user on the Requesting system. There shall be no facility for the user to block the transfer process on the Requesting system or the Receiving system at any time.	BR09	All	Amended

	AMENDED: There **shall** be no user involvement in the transfer and integration of the received EHR Extract on the Requesting system. There **shall** be no facility for the user to block the transfer process on the Requesting system or the Receiving system at any time.			
GP2GP 2.2 Section 5.6	ORIGINAL: 5.6 Processing and Acknowledging a Received EHR Extract The user must be provided with a pre-processed view of the incoming EHR information to allow them to decide whether to integrate the incoming electronic healthcare information or not. The user needs to be able to either accept integration of the record or reject integration of the record and supply a valid reason from Response Codes [Ref: 18]. DEPRECATED COMMENT: The requirement for the user to manually accept integration of the EHR has been removed and therefore the ability to reject a received EHR is redundant.			Deprecated
S65	ORIGINAL: The Requesting system shall provide a facility to preview the received EHR Extract together with contact details of the previous practice prior to integration. The system shall allow a user with appropriate privileges to: For a Non-Returning Patient at a R2.2a compliant or later system ● Accept and integrate the EHR Extract [default on-screen] ● Reject the EHR Extract due to the wrong patient being selected at registration or wrong record received For a Returning Patient at a R2.2a compliant system ● Reject the EHR Extract and file as attachment ● Reject the EHR Extract due to the wrong patient being selected at registration or wrong record received	BR06 BR12	All	Amended

	For a Returning Patient at a R2.2b compliant or later system ● Accept and integrate the EHR Extract, suppressing the patient's historic EHR [default on-screen] ● Reject the EHR Extract and Store it as an Inactive Record (suppressed), reactivating the patient's historic EHR ● Reject the EHR Extract due to the wrong patient being selected at registration or wrong record received NB Filing as an Attachment for a Non-Returning Patient is deprecated within an R2.2a or later compliant system. Rejection other than for wrong patient/wrong record or preferring reactivation of the historic record is not allowed. These are to minimise the number of broken chains of electronic transfers. For the avoidance of doubt, the above list of items are the only allowable outcomes.			
	AMENDED: The Requesting system **shall** automatically integrate the received EHR Extract: For a Non-Returning Patient ● Integrate the EHR Extract. See AI 1.0. For a Returning Patient ● Integrate the received EHR Extract and merge with the existing EHR record held within the Requesting system. See AI 3.0.			
S65.1	ORIGINAL: R2.2b compliant or later systems shall be capable of disabling the option to reject the EHR Extract and Store it as an Inactive Record (suppressed). This must be a setting available only to the supplier which must be modified at the authority's request and must be applied to the whole supplier estate.		All	Deprecated
	DEPRECATED COMMENT: The option to reject the EHR Extract and Store it as an Inactive Record (suppressed) is no longer a valid option for integration and			

	therefore the ability to enable/disable this option is redundant.			

S66	ORIGINAL:
	
	The Requesting system **shall** only return an 'AA' Application Acknowledgement if it has successfully integrated the main EHR Extract and ALL attachments sent (including any sent via Large Messaging and any sent as placeholders).
	
	For the avoidance of doubt:
	
	   A. Storing the Returning Patient's Extract as an inactive suppressed record in the Requesting system shall not be considered integration for the purposes of these system requirements.
	
	   B. The only indicator of successful full integration of the EHR Extract and attachments (where sent) into the Receiving system shall be a positive Application Acknowledgement to the EHR Extract message.
	
	AMENDED:
	
	The Requesting system **shall** only return an 'AA' Application Acknowledgement if it has successfully integrated the main EHR Extract and ALL attachments sent (including any sent via Large Messaging and any sent as placeholders).
	
	For the avoidance of doubt:
	
	   ● The only indicator of successful full integration of the EHR Extract and attachments (where sent) into the Receiving system shall be a positive Application Acknowledgement to the EHR Extract message.
		BR17	All	Amended

S69	ORIGINAL: The Requesting system shall handle an unexpected failure to integrate the EHR Extract when a user attempts it by returning Response Code 11 in the Application Acknowledgement and capturing the result in Management Information.		All	Amended

	AMENDED: The Requesting system **shall** handle an unexpected failure to integrate the EHR Extract for both manual and automated integrations by returning Response Code 11 (*Failed to successfully integrate EHR Extract -* see NPfIT-PC-BLD-0083.07 GP2GP Response Codes) in the Application Acknowledgement and posting the event to the GP Registrations Management Information API (See Submit EHR Integrations).				
S72	ORIGINAL: If it is a Non-Returning Patient, the Requesting system shall not allow the user to file the EHR Extract as an attachment. If it is a Returning Patient scenario where A-B-A functionality is NOT supported, the Requesting system shall allow the user to file the EHR Extract as an attachment (and any other associated attachments) and the Requesting system shall return Response code 26 (see Response Codes [Ref: 18]). DEPRECATED COMMENT: Filing as an attachment was deprecated for New Patients for supporting GP2GP 2.2a or earlier and for Returning patients (A-B-A) for systems supporting GP2GP 2.2b or later.		All	Deprecated
S73	ORIGINAL: If in a Returning Patient scenario where A-B-A functionality is supported by the Requesting system, the following shall occur: ● The Requesting system shall not allow the user to file the EHR Extract as an attachment. ● If the user does not wish to integrate the Extract because the wrong patient or wrong record was received, the Requesting system shall return Response code 17 (see Response Codes [Ref: 18]). ● If the user does not wish to integrate the Extract but does want to store and suppress the Extract, the Requesting system shall return Response code 15		AB	Deprecated

	(see Response Codes [Ref: 18]).			
	DEPRECATED COMMENT: If in a Returning Patient scenario where A-B-A functionality is supported by the Requesting system, the EHR will be automatically integrated (see S65) and therefore options listed in S73 are redundant.			
S74	ORIGINAL: If the Requesting system does not receive one or more attachments sent via Large Messaging, the system shall return Response code 31 (see Response Codes [Ref: 18]) in a negative Application Acknowledgement to the EHR Extract and shall not provide the user with the ability to integrate the EHR Extract.		All	Amended
	AMENDED: If the Requesting system does not receive one or more attachments sent via Large Messaging, the system ***shall*** return Response code 31 (*The overall EHR Extract has been rejected because one or more attachments via Large Messages were not received* - see NPfIT-PC-BLD-0083.07 GP2GP Response Codes) in a negative Application Acknowledgement to the EHR Extract and ***shall not*** attempt to integrate the EHR Extract.			
S78	ORIGINAL: The EHR Extract integration shall be triggered by a user.	BR03	All	Amended
	AMENDED: The Requesting system ***shall*** automatically integrate the EHR Extract.			
S79	ORIGINAL: Users with appropriate privileges shall be made aware, through the user interface, of EHR Extracts in the Inbox that need integration. The system shall notify users who are allowed to integrate EHR Extracts (see RBAC section) how many EHR Extracts are awaiting integration when they login to the system. The system should provide facilities to	BR03	All	Amended

	raise additional escalation alerts if EHR Extracts have not been processed within a configurable time period since their receipt (e.g. 2 days). The system shall exclude EHR Extracts older than 3 months from the escalation alerts to prevent overwhelming the GP practice with historic notifications at the point of deployment of this requirement.			
	AMENDED: To facilitate the processing and integration of EHR extracts received prior to the implementation of auto integration, the following requirement for GP2GP 2.2 will be retained: Users with appropriate privileges (see GP2GP 2.2 RBAC section) *shall* be made aware, through the user interface, of EHR Extracts that need manual integration.			

S80	ORIGINAL:
	
	If a user accepts the EHR Extract for integration, the system shall process all the elements within the EHR Extract and shall:
	
	  ● Convert incoming clinical codes from that of the Sending system to that of the Receiving system (using approved mapping tables or use of translations as instructed by the Authority's interoperability team)
	
	  ● Degrade appropriately, codes for which a mapping does not exist. This shall be in accordance with the GP2GP Supplementary Specification: Structured Degrade Handling [Ref: 6]
	
	Note that this requirement applies at the point of user selecting to integrate which is prior to any decision to store and suppress the received extract or make active in a returning patient scenario.
		BR06
		BR16
			CT	Amended

	AMENDED: Whilst integrating the EHR Extract, the system *shall* process all the elements within the EHR Extract and *shall*: ● Convert incoming clinical codes from			

	that of the Sending system to that of the Receiving system (using approved mapping tables or use of translations as instructed by the Authority's interoperability team). ● Degrade appropriately, codes for which a mapping does not exist. This *shall* be in accordance with the GP2GP Supplementary Specification: Structured Degrade Handling [Ref: 6].			
GP2GP 2.2 Specification section 5.6.2	ORIGINAL: 5.6.2 A-B-A Scenario …When the EHR Extract arrives, the Requesting system will provide the user with the option to integrate the EHR received from the Sending system and suppress the patient's previous EHR OR Reject the EHR received and re-activate the patient's previous EHR OR Reject the EHR because it is for the wrong patient or is the wrong record and re-activate the patient's previous EHR.			Amended
	AMENDED: When the EHR Extract arrives, the Requesting system *shall* integrate the EHR received from the Sending system, keeping the existing record information and adding any new information received to the record.			
GP2GP 2.2 Specification section 5.6.2	ORIGINAL: 5.6.2 A-B-A Scenario Any A-B-A compliant system receiving EHR Extracts for a Returning Patient must identify to the user that this is a returning patient with an existing record and provide a preview of the old record and new record (e.g. side by side) by rendering the new and old EHR Extracts in a suitable form.			Deprecated
	DEPRECATED COMMENT: As the EHR extracts received for returning patients will be automatically integrated, the requirement to provide a preview of the old record and new record (e.g. side by side) prior to integrating the record is redundant. The existing post integration requirements to			

	view all previously received EHRs or historic stored and suppressed records remains (see existing requirement AB02.1 in NPFIT-PC-BLD-0175.03 GP2GP SS Handling A-B-A Transfers v1.3).			
S97	ORIGINAL: The Requesting system should provide a side-by-side preview of the received EHR Request in a suitably rendered form (i.e. not raw XML) for the user to review. The user shall be able to accept or reject the EHR Extract in its entirety for integration into the existing EHR. Acceptance shall suppress the previous historic record. The system shall force the user to supply a valid reason from the valid Response codes [Ref: 18] if the EHR Extract is rejected. DEPRECATED COMMENT: As the EHR extracts received for returning patients will be automatically integrated, the requirement to provide a preview of the old record and new record (e.g. side-by-side) prior to integrating the record is redundant. The existing post integration requirements to view all previously received EHRs or historic stored and suppressed records remains (see existing requirement AB02.1 in NPFIT-PC-BLD-0175.03 GP2GP SS Handling A-B-A Transfers v1.3).	BR17	AB	Deprecated
GP2GP 2.2 Specification section 5.7	ORIGINAL: 5.7 Exceptional Registration Scenarios Scenario 1: A Request is received for a patient who has an Extract pending integration. Description Patient registers at Practice B. B sends EHR Request to A. A sends the EHR Extract to B which arrives later that day and sits in the Inbox at B. Next day the patient registers at C and as Practice B's system has updated PDS, C sends an EHR Request to B which hasn't yet integrated the Extract from A. Recommended Action (for System B) The system shall detect that an EHR Request			Deprecated

	has been received for a patient who's Extract has been received but has not been integrated. Either: The system should integrate the pending Extract automatically and then create a new Extract for practice C and send it. (Note: If the system is a pre 2.2b system it must send an Application Acknowledgement back indicating that it will send an Extract. If it is a 2.2b or later system it will not send an Application Acknowledgement and will wait until it is able to create the Extract). Or: The system may instruct the user to perform the integration and then automatically create the Extract and sends it to C. (Note: same notes as above option apply).			
	DEPRECATED COMMENT: The requirement for the user to manually accept and integrate the EHR has been removed.			
GP2GP 2.2 Specification section 5.7	ORIGINAL: 5.7 Exceptional Registration Scenarios Scenario 2: A Request is received for a patient for whom an Extract has been requested. Description Patient registers at Practice B. B sends EHR Request to A. Next day the patient registers at C and C sends EHR Request to B which hasn't yet received the Extract from A. A will check the patient's registered practice at some point – in this case it is assumed that when it checked PDS it said the patient is still registered at B but there has been a delay in messaging that has prevented the Extract being sent – however it still sends it to B. Recommended Action (for System B) The system shall detect that an EHR Request has been received for a patient for whom it has requested an Extract but not yet received it. Either: The system should integrate the Extract automatically when it is received and then create a new Extract for practice C and send it. (Note: same as Scenario 1 above) Or: The system may instruct the user to			Amended

	perform the integration when it is received and then automatically create the Extract and sends it to C. (Note: same as Scenario 1 above).			
	AMENDED: 5.7 Exceptional Registration Scenarios Scenario: A Request is received for a patient for whom an Extract has been requested. Description Patient registers at Practice B. B sends EHR Request to A. Next day the patient registers at C and C sends EHR Request to B which hasn't yet received the Extract from A. A will check the patient's registered practice at some point – in this case it is assumed that when it checked PDS it said the patient is still registered at B but there has been a delay in messaging that has prevented the Extract being sent – however it still sends it to B. Requirement The system **shall** detect that an EHR Request has been received for a patient for whom it has requested an Extract but not yet received it. The system **shall** integrate the Extract automatically when it is received and then create a new Extract for practice C and send it.			
S153	ORIGINAL: In a non-Returning Patient scenario, the system shall limit access to accept the integration of the EHR Extract or reject the received EHR Extract to users with the RBAC Business Activity B0360 – View Detailed Health Records.	BR05 BR08 BR10		Deprecated
	DEPRECATED COMMENT: The requirement for the user to manually accept and integrate the EHR has been removed.			
S154	ORIGINAL: In a Returning Patient scenario, the system shall limit access to accept the integration of the EHR Extract or reject the received EHR	BR05 BR08 BR10	All	Deprecated

	Extract to users with the RBAC Business Activity B0380 – Perform Detailed Health Records.			
	DEPRECATED COMMENT: The requirement for the user to manually accept and integrate the EHR has been removed.			
S223	ORIGINAL: When the Requesting system displays the preview of the received EHR Extract for integration or rejection, the preview shall indicate to the user the Summary Care Record preference and any include or exclude flags included in the EHR Extract.	BR13	SC	Deprecated
	DEPRECATED COMMENT: The requirement for the user to manually accept and integrate the EHR has been removed. Summary Care Record preferences and any include or exclude flags included in the received EHR Extract should be visible to the user post integration.			
GP2GP Specification section 5.6.1	ORIGINAL: 5.6.1 All Scenarios … If a user rejects the record the user's coded reasons (see Response Codes [ref: 18]) for not integrating the record need to be placed in the negative acknowledgement.			Deprecated
	DEPRECATED COMMENT: The ability for the user to reject a EHR extract has been removed.			
S61	ORIGINAL: The Requesting system shall provide the user with a pre-processed view of the incoming EHR information to allow them to decide whether to integrate the incoming electronic healthcare information or not.	BR17	All	Deprecated
	DEPRECATED COMMENT: The requirement for the user to manually accept and integrate the EHR has been			

	removed.			
S62	**ORIGINAL:** The Requesting system shall allow the user to either accept integration of the record or reject integration of the record and supply a valid reason. The Requesting system shall force the user to supply a valid reason from the valid Response codes [Ref: 18]. **DEPRECATED COMMENT:** The requirement for the user to manually accept and integrate the EHR has been removed.	BR17	All	Deprecated
S63	**ORIGINAL:** The system shall retain the sent and received messages in their original form for audit purposes including whether each EHR Extract was accepted or rejected. This retained copy of the message shall be viewable and shall provide details of the choice the user made (i.e. accept or reject). The messages shall be retained according to the data retention requirements (See BR15), together with user_id, user selection, configuration or action that may determine how the integration (or otherwise) was performed for audit purposes. **AMENDED:** The system shall retain the sent and received messages in their original form for audit purposes including whether each EHR Extract was integrated successfully or failed. This retained copy of the message shall be viewable and shall provide details of the integration outcome. The messages shall be retained according to the data retention requirements (See BR15), together with user_id of the user who registered the patient, configuration or action that may determine how the integration (or otherwise) was performed for audit purposes.	BR15	All	Amended
S81	**ORIGINAL:** The system shall only allow a full integration to be made and shall not present the user with any partial	BR06	All	Amended

	integration options.			
	AMENDED: The system shall only perform a full integration and shall not perform a partial integration.			