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Handling Missing Attachments

Revision History

Version	Date	Summary of Changes
0.1	1 st June 05	First draft for comment
0.2	9th June 05	Additional guidance regarding multiple missing attachments for a single EhrStatement
0.3	6 th Jan 14	Merged non propagation guidance
0.4	23 rd May 14	Corrected missing line return in file format, updated document references

Reviewers

This document must be reviewed by the following people: [author to indicate reviewers](#)

Reviewer name	Title / Responsibility	Date	Version
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Glossary of Terms

Term / Abbreviation	What it stands for
Placeholder	When an attachment to the patient's Electronic Health Record cannot be sent as part of the GP2GP EHR Extract message, a statement is added to the message to indicate this has not been included.

Related Documents

These documents may provide additional information.

Ref	Doc Reference Number	Title	Version
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No			
1	HSCIC-PC-BLD-0068.26	GP2GP R2.2 Requirements Specification	7.2
2	NPFIT-PC-BLD-0170	Handling Large Messages	
3	NPFIT-PC-BLD-0158	Attachment Referencing Specification	

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1 Introduction

This specification provides a method for clearly communicating to the receiving practice the known absence of an attachment within a patient medical record as passed inside a GP2GP EHR_Extract message.

2 Placeholder Creation

Before attempting to construct the EHR Extract, the sending system must make preliminary checks to ensure that all files associated with the record are available. Placeholders must be created in place of attachments where either:

1. The absence of the attachment is due to constraints on Spine or the sending or receiving system's ability to send the attachment
...Or...
2. The local file cannot be accessed at the time of constructing the EHR Extract

It is clinically more important to positively identify a known condition rather than imply its existence through the absence of information. Therefore systems must detect where files referenced in the record are not available and must communicate that this is a known condition. The absence of an attachment, although undesirable, must not prohibit the sending of the clinical record.

2.1 Reason Codes

For each missing attachment one of the following reason codes must be provided:

Code	Reason Description	Guidance on use	Status
01	File type unsupported	The file is present but is not of a type supported by the Spine and either the sending or receiving system do not implement the Large Messaging specification [2].	Active
02	File deleted	The file is known to have been deleted.	Active
03	File not found	The file is not present.	Active
04	File locked	The file is present but is being used by another process and cannot be released.	Active
06	Unable to determine problem	The file cannot be included as an attachment for an unknown reason or where the above codes cannot be used to accurately describe the condition.	Active

2.2 Placeholder Format

A placeholder file is a text file with a 'txt' suffix and MIME type text/plain. The file must be named as follows:

AbsentAttachment[GUID].txt

Where GUID is an HL7-format (upper-case) GUID.

For example: **AbsentAttachmentC49A7603-7CD0-4DE2-B60D-124B42DFD3D2.txt**

The placeholder file must be referenced from the EHR_Extract as described in the Attachment referencing specification [3].

Within the placeholder file the text must be as follows (line numbers given for clarity):

```

1 The following file could not be included with the Electronic Record:
2 [Original filename and suffix]
3 [ODS Code of practice generating attachment]:[ConversationID for that transfer]
4 Reason:[Reason Code]:[Reason Description]
```

For example:

```

The following file could not be included with the Electronic Record:
Smith_Edward_1999_Oct_12_R46TW39.doc
P86001:21EC2020-3AEA-1069-A2DD-08002B30309D
Reason:03:File not found
```

3 Non Propagation

3.1 Scope

The GP2GP R2.2a specification includes requirements for Paper Processing Reduction. Where placeholders are included in an Extract (by Practice A), the attachments must be printed and sent to the Requesting Practice (Practice B). Concern was raised over propagation of these placeholders onto the next practice (Practice C) the next time the patient moves on (from Practice B). This is shown in figure 1.

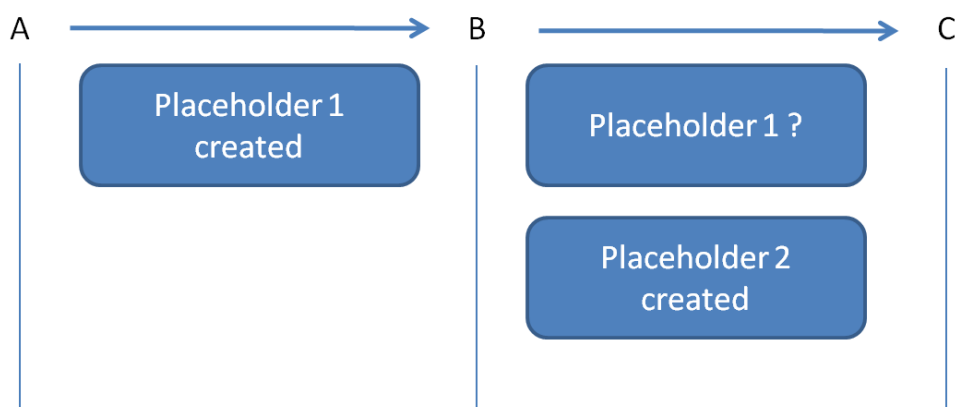


Figure 1 – Generation and onward propagation of placeholders

3.2 Clinical requirements

Clinical stakeholders have confirmed the clinical requirements are that:

- 1) The patient's medical record must be maintained throughout the lifetime of the record.
- 2) The placeholder originally generated by Practice A must be propagated from Practice B onto Practice C.
- 3) The practice GP systems must be able to determine which practice generated the original placeholder (Practice A) and therefore the system at:
 - a. Practice A **must** prompt the user to print and send the missing attachments to Practice B;
 - b. Practice B **must** inform the user that a placeholder was sent and to expect an physical printout of the missing attachment;
 - c. Practice B **must** propagate the placeholder to Practice C;
 - d. Practice B **must not** prompt the user to print and send the missing attachment originally generated by Practice A;
 - e. Practice B must prompt the user to print and send any new missing attachments where a placeholder was generated by Practice B;

These requirements are captured in the GP2GP main specification [1].

Figure 2 summarises the propagation:

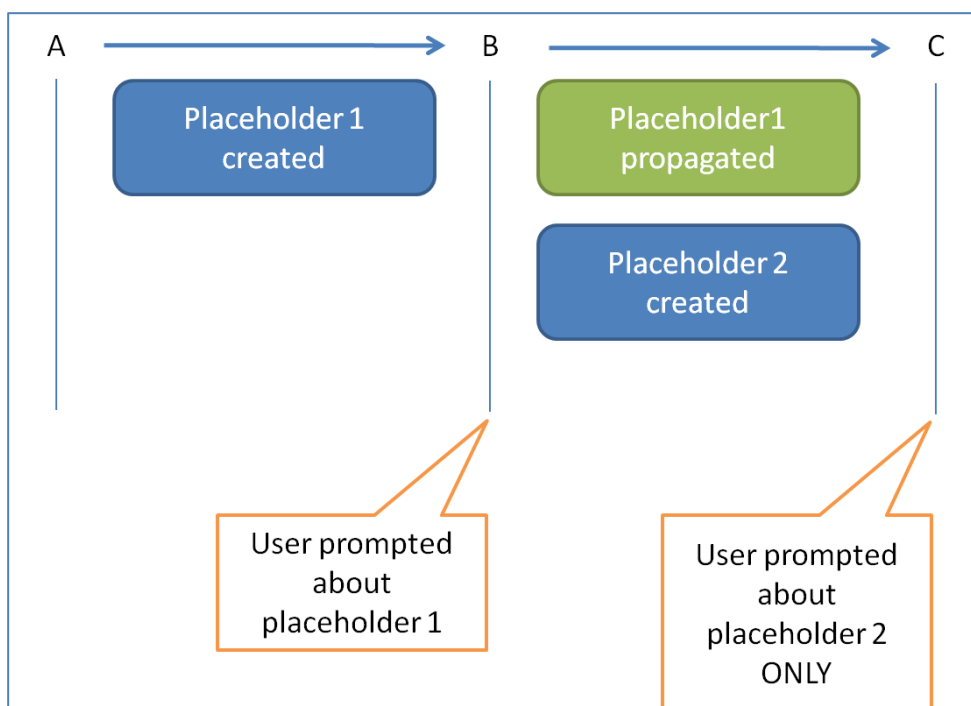


Figure 2 - Onward propagation without prompting the user about previous practice's placeholders