GP Summary Requirements

Document Management

Revision History

|  |  |  |
| --- | --- | --- |
| Version | Date | Summary of Changes |
| 5.8 (Approved) | 14/02/2011 | Major release for CCN.099. |
| 5.8.1 (Draft) | 31/05/2012 | Updated two requirements for CCN.126. See embedded Change History document below. |
| 5.8.2 (Draft) | 03/04/2013 | Updated for GPSoC-R entry requirements. See embedded Change History document below. |
| 5.8.2 (Approved) | 24/04/2013 | See embedded Change History document below. Approved for release |
| 5.8.3 (Approved) | 11/10/2018 | Minor tweak to the eRD requirement - GPS.194 Repeat Dispenses and Future Dates |



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Glossary of Terms

|  |  |
| --- | --- |
| Term / Abbreviation | What it stands for |
| Summary Care Record | The Summary Care Record is an electronic record which will provide healthcare staff working in urgent and emergency care settings with faster, easier access to essential information about a patient. |
| GP Summary | The GP summary is a component of the Summary Care Record and aims to provide a summary of the information held in a patient's general practice record and make it available to staff treating patients in urgent and emergency care settings. |

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### 1.0 Introduction

#### 1.1 Purpose

This document contains business requirements for the GP Summary Sending component of the Summary Care Record, and applies to all suppliers who are including GP summary sending functionality in their products.

#### 1.2 Requirements Types and Priorities

Requirements are one of three types; Functional, Non-Functional, or a Business Rule.

Each requirement has a priority, which is stated using the keywords MUST, MAY, and SHOULD as described in RFC2119:

- MUST: This word, or the terms "REQUIRED" or "SHALL", means that the definition is an absolute requirement of the specification.

- SHOULD: This word, or the adjective "RECOMMENDED", means that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.

- MAY: This word, or the adjective "OPTIONAL", mean that an item is truly optional.  One implementer may choose to include the item because a particular implementation requires it or because the implementer feels that it enhances the implementation while another implementer 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).

### 2.0 Overview

#### 2.1 The Summary Care Record

The Summary Care Record is an electronic record which will provide healthcare staff working in urgent and emergency care settings with faster, easier access to essential information about a patient.

#### 2.2 The General Practice Summary

**Overview**

The GP summary is a component of the Summary Care Record and aims to provide a summary of the information held in a patient's general practice record and make it available to staff treating patients in urgent and emergency care settings.

The term "GP summary" in this document should not to be confused with local summaries stored by local systems, which may have existed prior to the Summary Care Record.

**Core Data Items and Additional Information**

In addition to mandatory "core data items" (medications, allergies, and adverse reactions), a GP summary may also include non-core data items such as current active issues, significant issues, reasons for medication, and immunisations. Non-core data items are more frequently referred to as "additional information". Patients will have only core data items in their GP summaries by default. The patient's locally-held SCR Consent Preference needs to be changed with the agreement of the patient in order for the patient to have non-core data items included in their GP summaries. When the patient's locally-held SCR Consent Preference is changed, the patient's SCR Consent Preference on ACS on the Spine is updated accordingly.

**SCR Inclusion and Exclusion Sets**

The SCR Inclusion Set is a national set of non-core data items and headings that are mandatory in the GP summaries of all patients who have chosen to have additional information included in their GP summaries. The SCR Inclusion Set cannot be overridden by manually excluding non-core data items within it. The SCR Exclusion Set is a national set of non-core data items that are excluded from GP summaries by default. The SCR Exclusion Set may be overridden by manually including non-core data items within it (see GPS.272).

**Sending GP Summaries**

GP summaries will automatically be sent if the content of the patient's GP summary which is about to be sent has changed compared to that currently held in the patient's SCR (amongst other triggers). This removes the time and effort required for users to do this manually. For consistency and clinical safety reasons, users will not be able to prevent a GP summary from being sent to a patient's SCR.

**Types of GP Summary**

An initial GP summary contains core data items only. Each practice in the country will perform an initial upload of initial GP summaries to the Spine, which will be a once-only activity for any given patient. Each eligible patient at the practice at the time of the initial upload will receive an initial GP summary.

A GP summary update, in most cases, replaces a patient's initial GP summary and will then always replace the patient's previous GP summary update from then onwards. The main exception to this is when a patient without a GP summary moves to a practice that has already performed the initial upload. In this case, the patient's first GP summary will be a GP summary update and they will never have had an initial GP summary. In addition to mandatory core data items, a GP summary update may also include non-core data items.

### 3.0 Requirements

#### 3.1 Core Data Items

The "core data items" of a GP summary are medications, allergies, and adverse reactions. These are described by the requirements in this section, and are referred to throughout the document.

##### GPS.01 Allergies and Adverse Reactions

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

In initial GP summaries and GP summary updates, the system MUST include the complete record of patient allergies and adverse reactions, including allergies to drugs, foods and substances, and drug interactions.

##### GPS.152 Current Repeat Medications

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

In initial GP summaries and GP summary updates, the system MUST include all repeat medications which have not been discontinued.

If a repeat item has been authorised but not yet issued, the system MUST include it but clearly display that it has not been issued and display the date of authorisation.

This MUST also include items which are recorded on the system as a prescription but were prescribed elsewhere (e.g. hospitals or special clinics) or OTC (Over The Counter) drugs taken by the patient and recorded on the system as a prescription. For these repeat items that have not been issued by the practice, the system MUST clearly display that they have not been issued by the practice and display the date of entry.

Repeat medications transferred as part of GP2GP MUST only be included if authorised by a clinician at the new practice.

**Note 1:** The additional inclusion of medications issued outside the practice and OTC has arisen after discussion in the clinical hazard assessment workshops with users and suppliers.

**Note 2:** As a result of a clinical safety assessment, it was decided that it is clinically safer to exclude repeat medications transferred as part of GP2GP until they have been authorised than to include the repeat medications before they have been authorised.

##### GPS.194 Repeat Dispense and Future Dates

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

**Definitions**

A repeat dispense is similar to a repeat medication, except that a set number of repeats are all authorised at the start. The patient can then continue their medication without the need to reorder prescriptions during the life of the repeat dispense. Outstanding repeats on a repeat dispense can be cancelled/discontinued.

A post-dated prescription is a medication which can only be issued after a future date. Post-dated prescriptions can be cancelled/discontinued before the future date.

**Requirement**

In initial GP summaries and GP summary updates, for systems which support repeat dispense and/or post-dated prescriptions, the system MUST include all repeat dispense and post-dated prescriptions which have not been discontinued.

The system MUST not show future dates for repeat dispense. The system MUST use the last date the repeat dispense was authorised or re-authorised as the issued date and MUST include the number of dispenses authorised.

The system MUST show future dates for post-dated prescriptions. The system MUST use the future date of post-dated prescriptions as the issued date.

**Note:** Displaying the number of repeats will also serve the purpose of distinguishing repeat dispenses from other types of medications (such as current repeat medications).

##### GPS.04 Acute Medication

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

In initial GP summaries and GP summary updates, the system MUST include all acute medication prescribed within a configurable time period to be determined by NHS CFH (currently set to 365 days, i.e. 12 months). The time period MUST only be configurable by suppliers, MUST not be configurable by practices, and MUST be the same for all practices.

This MUST also include items which are recorded on the system as a prescription but prescribed elsewhere (e.g. hospitals or special clinics) or OTC (Over The Counter) drugs taken by the patient and recorded on the system as a prescription.

**Note:** Refer to the GP Summary Presentation Text Specification, which is part of the GP Summary Sending Baseline, for the specification of how the configurable time period which applied at the time of GP summary creation is conveyed to users viewing a GP summary.

##### GPS.153 Discontinued Repeat Medications

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

In initial GP summaries and GP summary updates, the system MUST include all repeat medications and repeat dispenses which have been discontinued within a configurable time period to be determined by NHS CFH (currently set to 6 months). The time period MUST only be configurable by suppliers, MUST not be configurable by practices, and MUST be the same for all practices.

This MUST also include items which are recorded on the system as a prescription but were prescribed elsewhere (e.g. hospitals or special clinics) or OTC (Over The Counter) drugs taken by the patient and recorded on the system as a prescription.

**Note:** Refer to the GP Summary Presentation Text Specification, which is part of the GP Summary Sending Baseline, for the specification of how the configurable time period which applied at the time of GP summary creation is conveyed to users viewing a GP summary.

##### GPS.137 Handling Contra-Indicated Drugs

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

**Overview**

General Practitioners have been increasingly using contra-indication codes in their records, driven by the use of QOF templates that encourages them to think about and use these codes as part of their exception reporting. However, their use is on the whole confined to those areas where exception reporting prompts their deployment. Contra-indications vary and are very often specifically situation and temporal related issues. For example: a patient is taking a drug, and another drug is contra-indicated. Or at a certain time it was contra-indicated for patients with heart failure to be given beta blockers, but now it is not contra-indicated.

It is not possible from the bald entry as it is transferred to Summary Care Record to interpret the context in which it was written. Some systems currently file the contra-indication codes with the allergies and adverse reactions which form part of the GP summary core data set.

**Requirement**

The GP summary core data set MUST not enable the contra-indication codes to populate the allergies and adverse reactions field within the GP message. The contra-indication data SHOULD be included in GP summary updates within the significant medical history with any associated free text, but only if it is marked as "included" (see GPS.272) and the patient's SCR Consent Preference is Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) (see GPS.226).

##### GPS.140 Reason for Medication

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

Initial GP summaries contain only core data items, therefore "Reason for Medication" MUST **not** be included in a patient's initial GP summary.

Where a "Reason for Medication" exists, it MUST be sent with the medication as part of a patient's GP summary update, but only if the source code for the reason for medication is marked as "included" in the patient's GP summary updates (see GPS.272) and the patient's SCR Consent Preference is Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) or Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***)(see GPS.226).

**For example:** A GP records "A78A: Chlamydia Infection" in a patient's record. The GP prescribes "Doxycycline", for which the "Reason for Medication" is recorded as "Chlamydia Infection". In this scenario:

- "A78A: Chlamydia Infection" MUST not be included in the patient's initial GP summary since it is not a core data item.

- If the GP provides "A78A" as the source code for the "Reason for Medication", and "A78A: Chlamydia Infection" is marked as **"included"** in GP summary updates, then the "Reason for Medication" MUST be included in the GP summary update if the patient's SCR Consent Preference is Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) or Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***)***.***

- If the GP provides "A78A" as the source code for the "Reason for Medication", and "A78A: Chlamydia Infection" is **not marked as "included"** in GP summary updates, then the "Reason for Medication" MUST **not** be included in the GP summary update.

##### GPS.215 Reason for Discontinuation

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

A free-text or other uncoded "reason for discontinuation" for discontinued repeat medications MUST not be sent as part of a patient's initial GP summary or GP summary update.

If the "reason for discontinuation" is recorded as a separate coded core data item, then it MUST be sent as part of a patient's initial GP summary and GP summary update.

If the "reason for discontinuation" is recorded as a separate coded non-core data item then it MUST be sent as part of a patient's GP summary update, but only if it is marked as "included" (see GPS.272) and the patient's SCR Consent Preference is Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) or Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***)(see GPS.226).

##### GPS.216 Reason for Cancellation

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

A free-text or other uncoded "reason for cancellation" for acute medications MUST not be sent as part of a patient's initial GP summary or GP summary update.

If the "reason for cancellation" is recorded as a separate coded core data item, then it MUST be sent as part of a patient's initial GP summary and GP summary update.

If the "reason for cancellation" is recorded as a separate coded non-core data item then it MUST be sent as part of a patient's GP summary update, but only if it is marked as "included" (see GPS.272) and the patient's SCR Consent Preference is Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) or Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***)(see GPS.226).

#### 3.2 Content of Initial GP Summaries

##### GPS.18 Non-Core Data Items Excluded

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Initial GP summaries MUST only contain core data items (medications, allergies, and adverse reactions, as defined in the "Core Data Items" sub-section). Non-core data items (i.e. any other data items in addition to core data items) MUST not be included in initial GP summaries.

##### GPS.16 Presentation Text Block Only

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST populate the presentation text block in the initial GP summary message.

The system MUST not code the clinical content into clinical statements in the initial GP summary message.

The presentation text block of the message MUST be populated with a human-readable rendering of the local code phrase and its associated context only.

##### GPS.17 Presentation Text Headings

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Within the presentation text block, the information MUST be presented under the headings of the Care Record Elements and in the order stated in the GP Summary Presentation Text Specification, which is part of the GP Summary Sending Baseline.

#### 3.3 Switching on the Solution

##### GPS.221 GP Summary Switch

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST use a per-practice software configuration setting acting as a GP summary switch which can be set to "ON" or "OFF", which controls whether GP summary updates can be sent from a practice.

The system MUST only allow the GP summary switch to be set to "ON" or "OFF" by system administrators with appropriate permissions.

When the system is installed at a practice, the switch MUST be set to "OFF".

##### GPS.222 GP Summary Switch Behaviour

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

When the GP summary switch is set to "OFF", the system MUST not allow initial GP summaries or GP summary updates to be sent from the practice, with only two exceptions: The initial upload of GP summaries for test patients during system commissioning (see GPS.77), and GP summary updates sent for every patient when a GP practice decides to no longer contribute to the SCR (see GPS.198). If an initial upload of GP summaries for live patients is running (see GPS.225), then the initial upload MUST stop.

When the GP summary switch is set to "ON", the system MUST send initial GP summaries and GP summary updates when required.

Regardless of the GP summary switch setting, the system MUST allow the content of GP summary updates to be configured as defined in the following requirements:

- "GPS.226 Recording the SCR Consent Preference"

- "GPS.272 Marking Non-Core Data Items for Inclusion"

- "GPS.273 Marking Non-Core Data Items for Exclusion"

##### GPS.223 Changing the GP Summary Switch

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

When a system administrator attempts to set the switch to "ON", the system MUST display a warning to the system administrator that this will allow all GP summary updates to be sent from the practice to patient Summary Care Records.

When a system administrator attempts to set the switch to "OFF", the system MUST display a warning to the system administrator that this will stop all GP summary updates being sent from the practice to patient Summary Care Records. The warning must also inform the user that if the switch is to be set to "OFF" for a significant period, then the user must use the functionality in "GPS.198 Practice No Longer Contributing to SCR". The action of changing the GP summary switch to "OFF" MUST not automatically trigger the functionality in GPS.198.

The system MUST prompt the system administrator to confirm their action before setting the GP summary switch to the requested value. If the system administrator does not confirm, the switch MUST remain at the present value.

#### 3.4 Patient Eligibility Criteria

The requirements in this sub-section describe the eligibility criteria that a patient must meet in order to have a GP summary sent to their Summary Care Record. A patient's eligibility criteria can change at any time.

##### GPS.244 Check Whether GP Summary Exists

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

**For Initial Uploads:**

The system MUST send an initial GP summary for patients who do not already have an initial GP summary or GP summary update.

For patients who already have an initial GP summary or GP summary update, but not from the practice performing the initial upload, the system MUST send a GP summary update to replace the existing GP summary update or initial GP summary during the initial upload, but not for patients who registered at the practice within the last 14 days. The number of days MUST be configurable by each practice, between a value of 0 (ie. all patients are overwritten) and an upper limit to be agreed with NHS CFH.

For patients who already have an initial GP summary or GP Summary update from the practice performing the initial upload, the system MUST not send an initial GP summary or  GP summary update during the initial upload. This is to allow the initial upload to be restarted without resending GP summaries.

The system MUST check these eligibility criteria at the time of sending.

When a GP summary is not sent in the above circumstances, the reason for failure must be accurately reported in "GPS.118 Logging Messages Sent During the Initial Upload" as *"Patient registered at the practice within the last 14 days"* (or number of days as chosen by the practice).

The system MUST check by requesting details of all initial GP summaries with the status "normal" and all GP summary updates with the status "normal" held on PSIS for a patient by sending a Document List Query to PSIS.

When attempting to send an initial GP summary for a patient, if an error condition is received or in the absence of a response, then before retrying, the system MUST check whether a GP summary exists to prevent the patient from having multiple initial GP summaries with the status "normal" in their Summary Care Record.

**For GP summary updates:**

The system MUST send GP summary updates for patients who already have an initial GP summary or GP Summary update.

The system MUST check this eligibility criterion at the time of sending.

##### GPS.12 Fully Registered Patients at a Practice

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

**For Initial GP summaries and GP summary updates:**

The system at a practice MUST only send an initial GP summary or GP summary update for patients who are fully GMS (General Medical Services) registered at the practice. This does not include patients registered as temporary residents, registered for certain services only, and patients who have been accepted at the practice but not yet approved under the GP-NHAIS registration links scheme.

The system MUST either check this eligibility criterion at the time of sending, or at the point when a patient's record is opened.

**Note:** The only exception to this is when a patient's registration at a practice has ended, and the system needs to send a GP summary update with text appended, but only when the patient's new practice has not yet sent a GP summary update (see GPS.40).

##### GPS.13 Patients Without an FP69 Status

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

**For Initial GP summaries:**

The system MUST not send initial GP summaries for patients who have an FP69 status.

The system MUST check this eligibility criterion at the time of sending.

**For GP summary updates:**

The system MUST send GP summary updates for patients who have an FP69 status.

The system MUST check this eligibility criterion at the time of sending.

##### GPS.177 Patients With Verified Demographic Details

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

**For Initial GP summaries and GP summary updates:**

Before sending each initial GP summary or GP summary update for a patient, the system MUST check the patient's identity by verifying the patient's demographic details held on the local system with the patient's demographic details held on the Personal Demographics Service (PDS) by checking that one of the following rules applies:

Either:

- The locally-held Serial Change Number (SCN) matches the SCN on PDS.

Or:

- There is an exact match of all of the following: NHS Number, GP Practice Code, Surname, Gender, Date of Birth, and Date of Death, and an exact match of at least one of: Forename or Postcode. This is irrespective of any locally-held SCN values.

For the initial upload of initial GP summaries (see GPS.164), the system MUST check this eligibility criterion at the time of sending.

For GP summary updates, the system MUST check this eligibility criterion at the point when a patient's record is opened.

If a patient fails this eligibility check, then the user MUST have the opportunity to resolve the patient's demographic record as described in the PDS Foundation Module. If the key differences cannot immediately be resolved then the GP Summary update MUST be queued and an item placed on a worklist for users at the practice to investigate and resolve. Once the patient passes this eligibility check, the queued GP summary update MUST be sent by the system.

##### GPS.187 Patient Confidentiality Code Not Sensitive

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

**For Initial GP summaries and GP summary updates:**

The system MUST not send initial GP summaries or GP summary updates for patients who have a confidentiality code of 'S' (Sensitive) in their demographic record on PDS.

The system MUST either check this eligibility criterion at the time of sending, or at the point when a patient's record is opened.

**Note 1:** There is no associated system behaviour for patients who have a 'B' (Under Data Quality Investigation) flag in their demographic record on PDS.

**Note 2:** For patients who have an 'I' (Invalid) flag in their demographic record on PDS, their demographic record on PDS will not be accessible, and the eligibility check in "GPS.177 Patients With Verified Demographic Details" will fail. This is intended behaviour.

##### GPS.208 Patients Consenting to a Summary Care Record

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

**For Initial GP summaries and GP summary updates:**

The system MUST only send initial GP summaries and GP summary updates for patients where the following two conditions apply:

**(1)** The patient's SCR Consent Preference held locally is one of the following:

- Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

- Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***).

- The patient does not have an SCR Consent Preference or legacy SCR consent code held locally (see GPS.240).

**(2)** And the patient's SCR Consent Preference held on ACS on the Spine is one of the following:

*- "The patient must be asked every time for permission to view their Summary Care Record"*

*- "The patient need not be asked again for permission to view their Summary Care Record"*

The system MUST not send initial GP summaries or GP summary updates for patients where one of the following two conditions apply:

**(1)** The patient's SCR Consent Preference held locally is one of the following:

- Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***).

- Read code 93C3., CTV3 code XaKRy, or SNOMED code 416308001 (***"The patient does not want to have a Summary Care Record"***)

**(2)** Or the patient's SCR Consent Preference held on ACS on the Spine is:

*"The patient does not have a Summary Care Record (has opted out)".*

For initial GP summaries, the system MUST check this eligibility criterion at the time of sending.

For GP summary updates, the system MUST check this eligibility criterion at the point when a patient's record is opened.

#### 3.5 Viewing and Printing GP Summaries

##### GPS.47 Previewing and Printing GP Summaries

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST allow a user to preview and print a GP summary before sending, for both initial GP summaries and GP summary updates. The system MUST support this even when the GP summary switch (see GPS.221) is set to "OFF".

##### GPS.169 Compare Preview With GP Summary on Spine

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST allow a user to visually compare the preview of a GP summary update with the patient's current initial GP summary or GP summary update on the Spine with the status "normal". For example: Display both GP summaries side-by-side.

##### GPS.209 Viewing and Printing GP Summaries

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST be able to view and print the most recent GP summary of any patient who is fully GMS registered at the practice and has not dissented to having a SCR.

The system MUST be able to view and print the most recent GP summary of any patient who is not fully GMS registered at the practice and has not dissented to having a SCR. Refer to the SCR Viewing Requirements in the GP Summary Sending baseline.

Viewing and printing MUST be limited to initial GP summaries with the status "normal" and GP summary updates with the status "normal". The system MUST not allow viewing and printing of initial GP summaries with the status "replaced" or "withdrawn" or GP summary updates with the status "replaced" or "withdrawn".

#### 3.6 Initial Upload of GP Summaries

##### GPS.224 Initial Upload of GP Summaries

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST send an initial upload of initial GP summaries for a practice, but only for eligible patients.

The practice's initial upload is complete when all eligible patients at the practice have an initial GP summary in their Summary Care Record (see GPS.144). The initial upload process can be in single or multiple parts (see GPS.171).

Once completed, the system MUST allow the initial upload to be run again from the start for the whole practice, at any time.

For eligible patients at a practice who do not have any core data items, the system MUST send a blank initial GP summary during the initial upload process (see GPS.213).

The system MUST use the GP practice code within the author segments of the initial GP summaries sent during the initial upload, as the messages are automatically generated and the author is not a user.

**Note 1:** For a definition of "eligible", see the requirements in the "Patient Eligibility Criteria" sub-section.

**Note 2:** The initial upload is to take place at a time and date agreed with the NHS CFH SCR Implementation Team, the practice(s), or the Primary Care Trust(s).

##### GPS.240 Setting Consent at Initial Upload

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

For eligible patients who do not have an SCR Consent Preference held locally at the time of the initial upload, the system MUST set their SCR Consent Preference held locally to Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***) immediately after the patient's initial upload has successfully completed.

**Note:** For a definition of "eligible", see the requirements in the "Patient Eligibility Criteria" sub-section.

##### GPS.225 Starting the Initial Upload

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST provide functionality for system administrators with appropriate permissions to:

- Start the initial upload process immediately.

- Schedule a start time and date for the initial upload process to start.

This functionality MUST not be triggered by setting the GP summary switch (see GPS.221). This functionality MUST not be available to users unless the GP summary switch is set to "ON".

##### GPS.171 Stopping and Restarting the Initial Upload

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST allow the initial upload process to be stopped and restarted at a later time without loss of, duplication of, or corruption of, any GP summaries.

The system MUST provide functionality for system administrators with appropriate permissions to:

- Stop the initial upload process immediately.

- Restart the initial upload process immediately from the point at which it stopped.

- Schedule a start time and date for the initial upload process to restart from the point at which it stopped.

This functionality MUST not be triggered by setting the GP summary switch (see GPS.221). This functionality MUST not be available to users unless the GP summary switch is set to "ON".

##### GPS.77 Initial Upload of GP Summaries for Test Patients

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

To support system commissioning, the system MUST provide functionality to send an upload of initial GP summaries for a defined set of test patients.

The test patients will be fictitious patients on PDS. The majority of the test patients MUST be eligible to receive initial GP summaries as defined in the requirements in the "Patient Eligibility Criteria" sub-section. To confirm that the eligibility criteria are being correctly applied, a proportion of the test patients will need to be ineligible to receive initial GP summaries.

The system MUST allow the upload to be run for these test patients only, independently of the upload of initial GP summaries for live patients. The two uploads MUST not be linked or be dependent on each other in any way.

The system MUST allow the upload of initial GP summaries for test patients to be run whether the GP summary switch is set to "OFF" or "ON" (see GPS.221).

##### GPS.78 Withdrawing GP Summaries for Test Patients

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

To support system commissioning, the system MUST provide functionality to bulk withdraw initial GP summaries and GP summary updates for test patients.

##### GPS.134 Initial Upload Rate

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

During the initial upload process, the system MUST generate and successfully send initial GP summaries to the Spine at a minimum rate of 1000 (one thousand) per hour.

The supplier MUST provide evidence (e.g. from system testing and integration testing) that this upload rate is achieved and maintained.

**Note:** The minimum upload rate is to ensure that the largest GP practices (45,000+ patients) can upload their initial GP summaries within an acceptably short period of time.

##### GPS.172 Performance During the Initial Upload

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

Suppliers MUST undertake performance testing to ensure that system performance during a practice's initial upload process will be no worse than during peak hour usage.

##### GPS.245 PSIS Response and Error Codes During Initial Upload

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If, during the initial upload process, PSIS responds with a QueryAck (Query Response Code) containing "ID" (Issue Detected) with an "AE" Acknowledgement Type and a Detected Issue Event code of "210" ('No Data Found'), then an initial GP summary MUST be sent.

If, during the initial upload process, PSIS responds with a QueryAck (Query Response Code) containing "ID" (Issue Detected) and any other Detected Issue Event code, then an initial GP summary MUST NOT be sent.

If, during the initial upload process, PSIS responds with a QueryAck (Query Response Code) containing "OK" and no Detected Issue Event code, and data is returned from PSIS (i.e. a normal response), then the system MUST check the list of documents for an initial GP summary and GP summary updates and then follow the eligibility criteria in GPS.244.

**Note:** The document "NPFIT-FNT-TO-TIN-1228.04 PSIS Compliance Specification Clinical Message Handling Addendum v1.1", which was part of the previous Summary Care Record Baseline, incorrectly states that 'No Data Found' ('210') is an "AA" Acknowledgement Type. This has been corrected in the latest version, which is part of the GP Summary Sending Baseline V2 (NPFIT-FNT-TO-TIN-1516.02).

##### GPS.144 Retrying Failed GP Summaries From Initial Upload

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST provide functionality for system administrators with appropriate permissions to retry in bulk all failed initial GP summaries from the initial upload until all eligible patients at a practice have an initial GP summary in their Summary Care Record.

A patient's eligibility MUST be checked before each retry. If a patient's eligibility has changed since the previous attempt and the patient is no longer eligible for an initial GP summary, then the system MUST not retry the initial upload for the patient. Since the patient is no longer eligible, the patient is no longer considered to have failed the initial upload, but to have been properly excluded.

**Note 1:** For a definition of "eligible", see the requirements in the "Patient Eligibility Criteria" sub-section.

**Note 2:** This requirement covers initial GP summaries that failed for either business reasons (such as invalid NHS number) or technical reasons (such as system time-outs or system downtime). In the case of failures for business reasons, it is assumed that the practice will correct the error(s) before retrying.

##### GPS.118 Logging Messages Sent During the Initial Upload

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Messages can be uploaded in multiple groups/batches per practice or as a single group/batch per practice.

The system MUST log the following information during the initial upload and make it easily available for a system administrator at the practice with appropriate permissions to view and to export to a spreadsheet:

- The number (quantity) of patients eligible for an initial GP summary at a practice at the time the group/batch is generated.

- The NHS numbers of patients eligible for an initial GP summary at a practice at the time the group/batch is generated.

- The number (quantity) of patients ineligible for an initial GP summary at a practice at the time the group/batch is generated, sorted by reason for ineligibility.

- The NHS numbers of patients ineligible for an initial GP summary at a practice at the time the group/batch is generated, sorted by reason for ineligibility. For patients who are ineligible because of a lack of NHS number, the local identifier should be used instead.

- The number (quantity) of initial GP summary messages that failed to be created.

- The NHS numbers of initial GP summary messages that failed to be created, together with the reason for failure.

- The number (quantity) of initial GP summary messages that failed to be sent to the Spine.

- The NHS numbers of initial GP summary messages that failed to be sent to the Spine, together with the reason for failure.

- The number (quantity) of initial GP summary messages sent in each group/batch.

- The NHS numbers of initial GP summary messages sent in each group/batch.

- Start time of the upload of each group/batch.

- End time of the upload of each group/batch.

- The number (quantity) of positive Application Acknowledgements received from the Spine.

- The number (quantity) of negative Acknowledgements received from the Spine.

- The number of unique NHS numbers for which negative Acknowledgements have been received from the Spine for each reason code.

- The NHS numbers of negative Acknowledgements received from the Spine for each reason code, including any supporting text.

- The number (quantity) of messages for which ebxml Acknowledgements have not been received.

- The number of unique NHS numbers for which ebxml Acknowledgements have not been received.

- The NHS numbers for which ebxml acknowledgements have not been received.

- The number (quantity) of messages for which Application Acknowledgements have not been received.

- The number of unique NHS numbers for which Application Acknowledgements have not been received.

- The NHS numbers for which Application acknowledgements have not been received.

If multiple groups/batches are sent, then individual totals and cumulative totals of the above for each group/batch MUST be logged.

The system MUST also log the above information during each retry (see GPS.144) and make it easily available for a system administrator to view.

**Note 1:** For a definition of "eligible", see the requirements in the "Patient Eligibility Criteria" sub-section.

**Note 2:** The term "group" is used in this requirement to describe batches of messages that the system has prepared and queued for sending. The Spine cannot batch process clinical messages.

##### GPS.175 Errors During Initial Upload

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If, during the initial upload process, an error occurs on the local system or an error response is received from the Spine, the error MUST be logged and the initial upload process MUST move onto the next patient record.

The initial upload process SHOULD end if a significant number of consecutive errors occur. For instance: 50 consecutive errors.

The initial upload process SHOULD not end if a small number of errors occur.

#### 3.7 Content of GP Summaries

##### GPS.259 Core Data Items

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

**Overview**

A "core data item" is any coded individual data item (with any supporting text) that is a medication, allergy, or adverse reaction as defined in Section 3.1 Core Data Items.

**Requirement**

A patient's core data items MUST always be included in the patient's initial GP summaries and GP summary updates. Any optional supporting text belonging to a core data item MUST also be included.

**Note:** If a patient wishes to have one or more core data items excluded from their GP summaries, their only choice is to change their SCR consent preference to Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***).

##### GPS.275 Non-Core Data Items

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

**Overview**

A "non-core data item" is any coded individual data item (with any supporting text) that does not fall under the definition of a core data item (see GPS.259). Non-core data items are also sometimes referred to as "additional information".

**Requirement**

Unmarked non-core data items (i.e. marked as neither "included" or "excluded") MUST not be included in a patient's GP summary updates.

When a non-core data item is entered into a patient's practice record:

- The system MUST not automatically include it in a patient's GP summary updates unless it is part of the SCR Inclusion Set.

- The system MUST not automatically exclude it from a patient's GP summary updates unless it is part of the SCR Exclusion Set.

##### GPS.271 SCR Inclusion Set

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

**Overview**

The SCR Inclusion Set consists of two separate components:

- A national set of non-core data items.

- A set of headings proposed by the supplier and agreed with the NHS SCR Programme (for example: past medical history, previous procedures, immunisations, end of life care information, and anticipatory care information).

Both components are mandatory in the GP summaries of all patients who have chosen to have additional information included in their GP summaries. The SCR Inclusion Set cannot be overridden by manually excluding non-core data items within it.

The first of the two components of the SCR Inclusion Set (the national set of non-core data items) will be released via TRUD (Technology Reference Data Update Distribution) and reviewed every six months. An updated version will be released to suppliers via TRUD if there are any changes.

**Requirement**

Both components of the SCR Inclusion Set as defined above MUST be included in the GP summaries of all patients whose SCR consent preference is either Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) or Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***). Any optional supporting text belonging to a non-core data item MUST also be included. The only exception is non-core data items already marked as "excluded" which MUST not be included in a patient's GP summaries.

The system MUST implement the SCR Inclusion Set in such a way that the SCR Inclusion Set is easily updatable without the need for any new software releases or software deployment to practices.

When the SCR Inclusion Set is implemented for the first time, the SCR Inclusion Set MUST only be reflected in a patient's GP summary the next time the patient has a new GP summary sent in the usual circumstances (see GPS.255). There MUST not be an automatic bulk upload of GP summaries as a result of the system implementing the SCR Inclusion Set for the first time.

Updates to the SCR Inclusion Set MUST only be reflected in patient's GP summary the next time the patient has a new GP summary sent in the usual circumstances (see GPS.255). There MUST not be an automatic bulk upload of GP summaries as a result of an update to the SCR Inclusion Set.

##### GPS.270 SCR Exclusion Set

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

**Overview**

The SCR Exclusion Set is a national set of non-core data items that are excluded from GP summaries by default. The SCR Exclusion Set may be overridden by manually including non-core data items within it (see GPS.272).

The SCR Exclusion Set will be released via TRUD (Technology Reference Data Update Distribution) and reviewed every six months. An updated version will be released to suppliers via TRUD if there are any changes.

**Requirement**

All non-core data items in the SCR Exclusion Set MUST be excluded from a Patient's GP summaries, with the exception of any non-core data items in the SCR Exclusion Set that have manually been marked as "included" (see GPS.272).

The system MUST implement the SCR Exclusion Set in such a way that the SCR Exclusion Set is easily updatable without the need for any new software releases or software deployment to practices.

When the SCR Exclusion Set is implemented for the first time, the SCR Exclusion Set MUST only be reflected in a patient's GP summary the next time the patient has a new GP summary sent in the usual circumstances (see GPS.255). There MUST not be an automatic bulk upload of GP summaries as a result of the system implementing the SCR Exclusion Set for the first time.

Updates to the SCR Exclusion Set MUST only be reflected in a patient's GP summary the next time the patient has a new GP summary sent in the usual circumstances (see GPS.255). There MUST not be an automatic bulk upload of GP summaries as a result of an update to the SCR Exclusion Set.

##### GPS.272 Marking Non-Core Data Items for Inclusion

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST allow users to manually mark any non-core data item as "included" in a patient's GP summary updates, including non-core data items in the SCR Exclusion Set (see GPS.270).

All non-core data items manually marked as "included" MUST be included in a patient's GP summary updates, but only if the patient's SCR Consent Preference is Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) or Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***) (see GPS.226). Any optional supporting text belonging to a non-core data item MUST also be included.

The system MUST allow users to unmark non-core data items that are marked as "included" in a patient's GP summary updates.

The system MUST allow all of the above regardless of the patient's current SCR consent preference.

##### GPS.273 Marking Non-Core Data Items for Exclusion

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST not allow users to manually mark non-core data items as "excluded" from a patient's GP summary updates. However, for historical reasons, the system might encounter non-core data items already marked as "excluded", in which case the following requirements apply:

The system MUST allow users to unmark non-core data items that are marked as "excluded" from a patient's GP summary updates.

The system MUST allow all of the above regardless of the patient's current SCR consent preference.

##### GPS.274 Indicating GP Summary Content to Users

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

When a user is viewing the record of a patient whose SCR Consent Preference is Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) or Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***), the system MUST indicate to all users which of the following groups each data item belongs to, using a set of unique and distinctive markers:

- Core data items.

- Non-core data items that are not in the SCR Inclusion Set but have been marked as "included" manually.

- Non-core data items that are not in the SCR Exclusion Set but have been marked as "excluded" manually.

- Non-core data items that are in the SCR Inclusion Set.

- Non-core data items that are in the SCR Exclusion Set.

When a user is viewing the record of a patient whose SCR Consent Preference is Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***) or Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***), the system MUST display each of the above groups in a different way. For example: All markers appear as they do when the patient has consented to additional information, but they are now faded.

##### GPS.201 Do Not Prompt to Include Non-Core Data Items

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST not prompt users whether to include non-core data items in a patient's GP summary updates.

##### GPS.30 Clinical Statements and Presentation Text Block

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The GP Summary message uses clinical statements and a presentation text block, both of which MUST be fully populated by the system.

The clinical content MUST be coded into clinical statements.

The presentation text block of the message MUST be populated with a human-readable rendering of the local code phrase and its associated context only.

The clinical statements and the presentation text MUST be as equivalent to each other as the system's coding will allow.

##### GPS.31 Use of Care Record Elements

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The GP summary message requires information to comply with the Clinical Statement Messaging Pattern. This means that each statement MUST use the appropriate Care Record Element.

Within the presentation text, the information MUST be presented under the headings of the Care Record Elements and in the order stated in the GP Summary Presentation Text Specification, which is part of the GP Summary Sending Baseline.

The system MUST support the use of the full set of Care Record Element (CRE) headings.

#### 3.8 SCR Consent Preference

##### GPS.226 Recording the SCR Consent Preference

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST allow users to record a patient's SCR Consent Preference using two methods:

- Entering codes (Read, CTV3, or SNOMED) directly into the system.

- Using the SCR Consent Preference Screen as described in GPS.227.

Regardless of which of the above two methods a user chooses, the system MUST always record a locally-held code and update the patient's SCR Consent Preference on ACS on the Spine.

When a user directly enters any of the six SCR consent codes below (not by using the SCR Consent Preference Screen in GPS.227), the system MUST prompt the user with *"You are about to change the patient's Summary Care Record consent preference. You should be sure the patient understands the implications of their choice before changing it."* If the user chooses to proceed, the system MUST do the following:

**New SCR consent codes:**

When a user enters one of the following SCR Consent Preference codes:

- Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

then the system MUST record the code and change the patient's SCR Consent Preference on ACS to *"The patient must be asked every time for permission to view their Summary Care Record".*

When a user enters the following SCR Consent Preference code:

- Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***)

then the system MUST record the code and change the patient's SCR Consent Preference on ACS to *"The patient does not have a Summary Care Record (has opted out)".*

**Legacy SCR consent codes:**

If a user enters the following legacy SCR consent code:

- Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***)

then the system MUST record the code and change the patient's SCR Consent Preference on ACS to *"The patient must be asked every time for permission to view their Summary Care Record".*

If a user enters the following legacy SCR consent code:

- Read code 93C3., CTV3 code XaKRy, or SNOMED code 416308001 (***"The patient does not want to have a Summary Care Record"***)

then the system MUST record the code and change the patient's SCR Consent Preference on ACS to *"The patient does not have a Summary Care Record (has opted out)".*

##### GPS.227 SCR Consent Preference Screen

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The screen for changing and viewing a patient's SCR Consent Preference MUST not contain any other type of consent. The screen MUST be entitled *"Patient Consent Preference - Summary Care Record"* and MUST contain the following four SCR Consent Preferences, as worded below:

**(1) *"Implied consent for medication, allergies, and adverse reactions only"***

(Set Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101, and change the patient's SCR Consent Preference on ACS to *"The patient must be asked every time for permission to view their Summary Care Record")*

**(2) *"Express consent for medication, allergies, and adverse reactions only"***

(Set Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109, and change the patient's SCR Consent Preference on ACS to *"The patient must be asked every time for permission to view their Summary Care Record"*)

**(3) *"Express consent for medication, allergies, adverse reactions, AND additional information"***

(Set Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102, and change the patient's SCR Consent Preference on ACS to *"The patient must be asked every time for permission to view their Summary Care Record"*)

**(4) *"Express dissent (opted out) - Patient does not want a Summary Care Record"***

(Set Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102, and change the patient's SCR Consent Preference on ACS to *"The patient does not have a Summary Care Record (has opted out)"*)

Each time the screen is initially displayed to a user, the system MUST show the patient's current locally-held SCR Consent Preference as already selected.

If a patient does not have one of the above four SCR Consent Preferences but has a current local SCR consent value of Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***), then the system MUST show **(3)** as selected.

If a patient does not have one of the above four SCR Consent Preferences but has a current local SCR consent value of Read code 93C3., CTV3 code XaKRy, or SNOMED code 416308001 (***"The patient does not want to have a Summary Care Record"***), the system MUST show **(4)** as selected.

If the patient does not have an SCR Consent Preference or legacy SCR consent code held locally, then the system MUST not show any of the above four SCR Consent Preferences selected.

The system MUST only allow a user to select **(2)**, **(3)**, and **(4)**. The system MUST not allow a user to select **(1)**, but MUST show this as selected if it is the patient's current locally-held SCR Consent Preference. When a user changes the selection, the system MUST prompt the user to confirm their action. If the user confirms, the system MUST set the appropriate code locally and the appropriate value on ACS on the Spine.

The screen MUST contain a free-text area for recording supplementary information (e.g. the reason for changing consent). The free-text area MUST only be enabled when a user changes the selection. The system MUST store this supplementary information locally, together with the date the change was made.

##### GPS.228 Viewing SCR Consent Preference History

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST provide functionality for a user to view the following from the SCR Consent Preference screen (GPS.227):

- The locally-held history of a patient's SCR Consent Preference (including any legacy SCR consent codes where appropriate).

- Any supplementary information provided for each change of SCR Consent Preference (see GPS.227).

- The time and date that each SCR Consent Preference (or legacy SCR consent code) was recorded on the system.

##### GPS.229 Prompting for the SCR Consent Preference

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

With the exception of the prompt in GPS.239, the system MUST not prompt the user to change a patient's SCR Consent Preference in any circumstances, regardless of the current value.

**Note:** "Prompt" refers to pop-ups, screen-redirections, highlighted text, etc.

##### GPS.210 Patient Dissents to a Summary Care Record

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If a user changes a patient's locally-held SCR Consent Preference to any of the following:

- Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***)

- Read code 93C3., CTV3 code XaKRy, or SNOMED code 416308001 (***"The patient does not want to have a Summary Care Record"***)

Then, as a result of the change, the system MUST not withdraw any GP summaries and MUST not send a GP summary update.

##### GPS.211 Patient Consents to a Summary Care Record

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If a user changes a patient's locally-held SCR Consent Preference to any of the following:

- Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

- Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***)

Then, as a result of the change, the system MUST not withdraw any GP summaries (except those required in GPS.61) but MUST send a GP summary update immediately. The system MUST not automatically mark any non-core data items as either "included" or "excluded" (see GPS.230).

##### GPS.230 Patient Consents to Additional Information

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST allow non-core data items in a patient's GP summary update to be configured (see GPS.272 & GPS.273) regardless of the value of the patient's SCR Consent Preference.

When a patient's locally-held SCR Consent Preference is changed to any of the following:

- Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***)

- Read code 93C3., CTV3 code XaKRy, or SNOMED code 416308001 (***"The patient does not want to have a Summary Care Record"***)

- Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

Then the system MUST unmark any non-core data items marked as "included" or "excluded", so that all non-core data items are now marked as neither "included" nor "excluded"

The system SHOULD provide users with functionality to restore the "include" and "exclude" flags of a patient's non-core data items to their previous values immediately prior to being unmarked.

##### GPS.239 Resolving Differences Between Local System and ACS

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

When the system checks the eligibility criterion in GPS.208 for GP summary updates at the point when a patient's record is opened, the patient's locally-held SCR Consent Preference may be different to that held on the Spine:

**Consent or no value on local system, dissent on Spine:**

Where the following two conditions apply:

**(1)** Thepatient's SCR Consent Preference held locally is one of the following:

- Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

- Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***).

- The patient does not have an SCR Consent Preference or legacy SCR consent code held locally.

**(2)** And the patient's SCR Consent Preference held on ACS on the Spine is:

*- "The patient does not have a Summary Care Record (has opted out)"*

The system MUST prompt the user with *"Please confirm the patient's SCR Consent Preference with the patient as soon as possible, and record it on the system. The patient will not receive updates to their GP summary until this has been done"*. The prompt MUST contain two options for the user to select: *"Continue"* and *"Record Patient's SCR Consent Preference"*. The first option closes the prompt and allows the user to continue, the second option takes the user directly to the SCR Consent Preference Screen (see GPS.227). The prompt MUST not be used for sending initial GP summaries.

**Dissent on local system, consent on Spine:**

Where the following two conditions apply:

**(1)** Thepatient's SCR Consent Preference held locally is one of the following:

- Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***)

- Read code 93C3., CTV3 code XaKRy, or SNOMED code 416308001 (***"The patient does not want to have a Summary Care Record"***)

**(2)** And the patient's SCR Consent Preference held on ACS on the Spine is one of the following:

*- "The patient must be asked every time for permission to view their Summary Care Record"*

*- "The patient need not be asked again for permission to view their Summary Care Record"*

The system MUST prompt the user as above.

##### GPS.231 Indicate SCR Consent Preference to Users

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

When a user is viewing a patient's locally-held record, the system MUST indicate the patient's current locally-held SCR Consent Preference code, or locally-held legacy SCR consent code, or that the patient doesn't have a code, at all times.

##### GPS.237 Summary Care Record Consent Report

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST provide functionality for users to run a per-practice report which contains all of the following:

- A list of all the individual NHS numbers, surnames and forenames of patients whose current locally-held SCR Consent Preference is:

Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- A list of all the individual NHS numbers, surnames and forenames of patients whose current locally-held SCR Consent Preference is:

Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- A list of all the individual NHS numbers, surnames and forenames of patients whose current locally-held SCR Consent Preference is:

Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

- A list of all the individual NHS numbers, surnames and forenames of patients whose current locally-held SCR Consent Preference is:

Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***)

- A list of all the individual NHS numbers, surnames and forenames of patients who do not have one of the above four SCR Consent Preferences but have a current local SCR consent value of:

Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***)

- A list of all the individual NHS numbers, surnames and forenames of patients who do not have one of the above five SCR Consent Preferences but have a current local SCR consent value of:

Read code 93C3., CTV3 code XaKRy, or SNOMED code 416308001 (***"The patient does not want to have a Summary Care Record"***)

- A list of all the individual NHS numbers, surnames and forenames of patients who do not have one of the above six SCR Consent Preferences but have a current local SCR consent value of:

Read code 93C.., CTV3 code XaKRu, or SnomedCT code 417753008.

- A list of all the individual NHS numbers, surnames and forenames of patients who are not included in the seven categories above.

- A sub-total for each of the eight lists above.

- The sum of the above eight totals.

- The total number of patients fully registered at the practice (as defined in GPS.12).

The system MUST make the report easily available to users at the practice with the appropriate permission.

#### 3.9 Migrating to the SCR Consent Preference

##### GPS.232 Migration Rules

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST identify the most recent locally-held SCR Consent Preference or legacy SCR consent code for each eligible patient. The system MUST then obey the following migration rules:

1. If a patient's most recent locally-held code is one of the following:

- Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

then no action is required during migration.

2. If a patient's most recent locally-held code is the following:

- Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***).

then the system MUST change the patient's SCR Consent Preference on ACS to *"The patient does not have a Summary Care Record (has opted out)".*

3. If a patient's most recent locally-held code is the following:

- Read code 93C2., CTV3 code XaKRx, or SNOMED code 417370002 (***"The patient wants to have a Summary Care Record"***).

then the system MUST change the patient's locally-held SCR Consent Preference by adding:

- Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***).

The system MUST not change the patient's SCR Consent Preference on ACS.

4. If a patient's most recent locally-held code is the following:

- Read code 93C3., CTV3 code XaKRy, or SNOMED code 416308001 (***"The patient does not want to have a Summary Care Record"***)

then the system MUST change the patient's locally-held SCR Consent Preference by adding:

- Read code 9Ndo., CTV3 code XaXj6, or SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***).

and the system MUST change the patient's SCR Consent Preference on ACS to *"The patient does not have a Summary Care Record (has opted out)".*

5. If a patient does not have a SCR Consent Preference or a legacy SCR consent code, but the patient has an initial GP summary or GP summary update with the status "normal" in their SCR, then the system MUST set the patient's SCR Consent Preference held locally by adding:

- Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***).

The system MUST not change the patient's SCR Consent Preference on ACS.

**Note:** See "CPR.032 Migration Patient Eligibility Criteria" for a definition of eligible.

##### GPS.233 Migration Patient Eligibility Criteria

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Before migrating a patient's locally-held SCR Consent Preference to ACS (see GPS.232), the system MUST verify a patient's demographic details (see CPR.027).

Systems SHOULD not query a patient's current SCR Consent Preference value held on ACS prior to migration.

##### GPS.234 Scope of Migration

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

As a minimum, the system MUST be able to migrate a whole practice at a time.

**Note:** In agreement with the NHS CFH SCR Implementation Team, suppliers can migrate several practices at once, or even migrate the whole supplier's estate in one go if this is technically feasible.

##### GPS.235 Running Migration

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST only allow the migration to be run by system administrators with appropriate permissions. Alternatively, the migration MAY be controlled remotely by the supplier.

Users MUST be able to choose from two options: To schedule the migration, or to run it immediately.

The migration MUST be implemented in such a way that the whole migration could be run again at any time if required to do so by the NHS CFH SCR Implementation Team, the practice(s), or the Primary Care Trust(s).

**Note:** The migration is to take place at a time and date agreed with the NHS CFH SCR Implementation Team, the practice(s), or the Primary Care Trust(s).

##### GPS.236 Migration Error Handling

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

During the migration, the system MUST log any errors and the NHS number associated with each error. The log MUST be easily viewable by system administrators with appropriate permissions. If controlled remotely, the supplier MUST log any errors, and the log MUST be supplied to NHS CFH if requested.

If the migration is run again, users MUST have an option of running the migration for only those patients for whom migration failed the previous time. In other words, the migration can be run repeatedly until no failures remain, and the migration has completed successfully.

#### 3.10 Sending GP Summary Updates

##### GPS.212 When to Send a GP Summary Update

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

A user at a practice MUST be able to update a patient's local record at any time, regardless of whether there was/is patient contact or not, and regardless of whether the patient was/is present or not.

When a user has finished updating a patient's local record, such as (but not limited to) at the end of a patient session when the user saves and/or closes the patient's local record, or when a patient session times-out due to inactivity, then the system MUST send a GP summary update immediately if at least one of the following applies:

- The content of the patient's GP summary update which is about to be sent has changed compared to that currently held in the patient's SCR, including:

    - The patient's core data items have changed.

    - New non-core data items have been added and marked as "included", and the patient's SCR Consent Preference is Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) (see GPS.226).

    - The "included" status of existing non-core data items has changed, and the patient's SCR Consent Preference is Read code 9Ndn., CTV3 code XaXbZ, or SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***) (see GPS.226).

- A repeat prescription has been issued for the patient.

- The patient's FP69 status has been removed (see GPS.13).

- CERTAIN CHANGES ONLY: The value of the patient's SCR Consent Preference has changed (see GPS.211).

- CERTAIN SYSTEMS ONLY: A core data item has been excluded, or an excluded core data item is now included (see GPS.259).

For users, and types of user, that are able to carry out one or more of the above, the system MUST be capable of sending GP summary updates (subject to RBAC, see GPS.125).

When a patient registers at a practice who does not already have an initial GP summary or a GP summary update with the status "normal", then the system MUST send a GP summary update immediately after completion of registration (see GPS.257).

##### GPS.199 Local Record Restrictions

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Local access restrictions placed on local records MUST not prevent GP summary updates from being sent to patient Summary Care Records.

**Note:** Examples of local access restrictions on local records are (but not limited to): Restricting a patient's local record so that only a senior GP can view it, restricting a patient's local record so that certain individual members of staff can't view it, or restricting an individual consultation.

##### GPS.195 GP Summary Updates for Test Patients

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

To support system commissioning, the system MUST provide functionality to send GP summary updates for a defined set of test patients.

The test patients will be fictitious patients on PDS. The majority of the test patients MUST be eligible to receive GP summary updates as defined in the requirements in the "Patient Eligibility Criteria" sub-section. To confirm that the eligibility criteria are being correctly applied, a proportion of the test patients will need to be ineligible to receive GP summary updates.

The system MUST allow the sending of GP summary updates for these test patients only, independently of the sending of GP summary updates for live patients. The two MUST not be linked or be dependent on each other in any way.

The system MUST allow the sending of GP summary updates for test patients whether the GP summary switch is set to "OFF" or "ON" (see GPS.221).

##### GPS.168 Do Not Prompt Before Sending GP Summary Updates

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Unless explicitly stated in a requirement within this document:

- The system MUST not prompt users before sending a GP summary update.

- The system MUST not give users the option of preventing GP summary updates from being sent.

- The system MUST not give users the option to defer sending GP summary updates until a later time.

##### GPS.257 Sending GP Summaries for New Patients

Requirement Type: «Functional» Requirement

Requirement Priority:

**Description:**

For the purpose of this requirement, a newly-registered patient is a patient registered at a practice who has not yet had a GP summary sent from that practice.

The system MUST send the first GP summary update for an eligible patient using one of the following rules, whichever occurs first:

**1. Patient does not have a GP Summary:** If the patient's SCR does not contain a GP summary with the status "normal", then the system MUST automatically send a GP summary for the patient immediately after completion of registration, even if the patient record is not currently open by a user. The system MUST then send GP summaries for the patient as usual (see GPS.255), without performing this check again.

**2. Overwrite existing GP Summary:** If the patient's SCR already contains a GP summary with the status "normal" and at least one of the conditions in "GPS.255 When to Send a GP Summary" is met, then the system MUST automatically send a GP summary for the patient. If the patient registered at the practice less than 60 days ago, the GP summary MUST contain text in the header as described in the GP Summary Presentation Text Specification, which is part of the GP Summary Sending Baseline. Any further GP summaries that need to be sent MUST also contain the text in the header until it is more than 60 days since the patient registered at the practice. The system MUST then send GP summaries for the patient as usual (see GPS.255), without the text in the header, and without performing this check again.

The above check MUST not apply when performing an initial upload (see GPS.224).

##### GPS.213 Sending Blank GP Summary Updates

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST only send blank GP summary updates in the following circumstances:

- The patient does not have any core data items, and does not have any non-core data items marked as "included" (see GPS.272).

- The patient does not have any core data items, but has non-core data items marked as "included" (see GPS.272), and the patient's SCR Consent Preference is Read code 9Ndl., CTV3 code XaXbX, or SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***) or Read code 9Ndm., CTV3 code XaXbY, or SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***) (see GPS.226).

**Note:** The GP Summary Presentation Text Specification, which is part of the GP Summary Sending baseline, contains the wording that otherwise blank GP summary updates MUST contain.

##### GPS.132 Replacement of GP Summaries

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

When replacing either an initial GP summary or a previous GP summary update, the UUID (Universally Unique Identifier) of the patient's current GP summary on PSIS MUST be obtained by the system before sending a GP summary update for the patient, and the system MUST specify the UUID of the GP summary message that it is replacing.

##### GPS.61 Replacement of Multiple Normal GP Summaries

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

When sending a GP summary update for a patient with more than one GP summary on the Spine with the status "normal", the system MUST withdraw all but the most recent multiple normal GP summaries, and replace the most recent. The system MUST not prompt the user about which GP summary with the status "normal" to replace.

##### GPS.62 GP Summary Updated by Another System

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If the UUID (Universally Unique Identifier) of a patient's current GP summary on the Spine is not the same as the UUID of the last GP summary update sent by the system during the patient's current period of registration at that practice, then:

- If the patient is still registered at the practice (see GPS.12), the system MUST send a GP summary update as usual.

- If the patient is not still registered at the practice (see GPS.12), then the system MUST not send a GP summary update and MUST inform the user that a GP summary update could not be sent because the patient is no longer registered at the practice.

#### 3.11 Management of GP Summaries

##### GPS.207 Manual Sending of a GP Summary Update

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST allow a user to manually send a GP summary update to a patient's SCR. The functionality MUST only be available to users whose role allows GP summary updates to be sent under normal circumstances.

The system MUST determine whether the GP summary update is to replace an existing GP summary and populate the message accordingly.

To minimise incorrect use:

- The functionality MUST include a confirmation step which prompts the user with: *"GP summaries are automatically sent to a patient's Summary Care Record when the patient's local record has been updated. This action will manually send an additional GP summary update to the patient's Summary Care Record. Do you wish to proceed?"*.

- The functionality MUST be easily accessible by users, but since the functionality is intended to be used in exceptional circumstances only, it MUST be kept separate from the main GP summary functionality.

##### GPS.135 Withdrawal of a GP Summary

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

There will be occasions when an initial GP summary or GP summary update is sent in error, or contains errors, and needs to be withdrawn.

The system MUST provide the facility to manually withdraw initial GP summaries with the status "normal" and GP summary updates with the status "normal". Initial GP summaries and GP summary updates with any other status cannot be withdrawn.

Only the originating practice or the patient's current practice can withdraw a patient's GP summary.

When a user requests that the system withdraws an initial GP summary or GP summary update for a patient:

- The system MUST prompt the user with an explanation that: *"Withdrawing GP summaries should only be used in exceptional circumstances for correcting clinical errors. A withdrawn GP summary will remain in the patient's Summary Care Record for audit purposes, but will be marked as 'Withdrawn' and will therefore no longer be visible to anybody viewing the patient's Summary Care Record"*.

- The system MUST ask the user to choose a reason for withdrawal (from the "WithdrawalReason" vocabulary in the MIM), and MUST also allow the user to provide optional supplementary information pertinent to the withdrawal reason.

- The system MUST then withdraw the requested initial GP summary or GP summary update, referring to the GP summary to be withdrawn using the correct UUID, and providing the reason for withdrawal and any optional supplementary information.

- The system MUST prompt the user that the error will need correcting, otherwise the patient may no longer have a visible GP summary (i.e. a GP summary with the status "normal") in their Summary Care Record.

##### GPS.133 Patient Changes NHS Number

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Prior to a patient changing their NHS number, the clinical information associated with their previous NHS number was clinically valid and correct at the time it was sent. Therefore, the system MUST not withdraw any GP summaries sent under the previous NHS number.

After the patient moves to their new NHS number, the system MUST send GP summary updates under the new NHS number.

##### GPS.40 Update GP Summary When Patient Registration Ends

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

When a patient's Primary Medical Services registration has ended, the system MUST automatically send a GP summary update with text appended as described in the GP Summary Presentation Text Specification, which is part of the GP Summary Sending Baseline.

The system MUST use the GP practice code within the author segments of the GP summary update, as the message is automatically generated and the author is not a user.

If the system retrieves the UUID (Universally Unique Identifier) of the patient's current GP summary and it is not the UUID of the last GP summary update sent by the system, and the system confirms that the patient is no longer registered at the practice (see GPS.12), then the new practice has already updated the Patient's GP summary and therefore a GP summary update with text appended is not required and MUST not be sent (see GPS.62).

This MUST happen for both individual de-registrations and also bulk de-registrations (e.g. when a practice splits or closes).

##### GPS.198 Practice No Longer Contributing to SCR

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

To allow for potential situations where an entire practice decides to stop contributing to the Summary Care Record indefinitely, the system MUST provide functionality for a GP summary update to be sent for every eligible patient at the practice as normal, but with text in the header as described in the GP Summary Presentation Text Specification, which is part of the GP Summary Sending Baseline.

Such functionality MUST only be initiated manually, MUST not be linked to the GP Summary Switch setting (see GPS.221), and MUST only be available to system administrators with appropriate permissions.

The system MUST use the GP practice code within the author segments of the resulting GP summary update messages, as the messages are automatically generated and the author is not a user.

##### GPS.243 Bulk Sending of GP Summary Updates

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

To allow for potential situations such as when an entire practice which previously decided to stop contributing to the Summary Care Record decides to start contributing again, the system MUST provide functionality for a GP summary update to be sent for every eligible patient at the practice as normal.

Such functionality MUST only be initiated manually, MUST be independent and not linked to any other functionality, and MUST only be available to system administrators with appropriate permissions.

The system MUST determine whether the GP summary update is to replace an existing GP summary and populate the message accordingly.

The functionality MUST include a confirmation step which prompts the user with: *"This action will manually send a GP summary update to the Summary Care Records of all eligible patients at this practice. Do you wish to proceed?"*.

The system MUST use the GP practice code within the author segments of the resulting GP summary update messages, as the messages are automatically generated and the author is not a user.

##### GPS.219 Bulk Addition of Patients to a Practice and/or System

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If patients are added to a practice and/or system in bulk because one of the following has occurred:

- A practice has changed to a different GP system supplier.

- A practice has moved between different products from the same GP system supplier.

- A practice has split into two or more practices.

- Two or more practices have merged into a single practice.

then the system MUST continue to automatically send GP summary updates for all patients as usual and maintain business continuity.

##### GPS.242 Configurable System Text

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Throughout this requirements document, any quoted system wording MUST be easily and centrally configurable by suppliers to accommodate potential future changes from NHS CFH without the need to redeploy any software.

#### 3.12 Handling Error Situations

The External Interface Specification (EIS) provides details of the errors returned by TMS and Spine applications such as PSIS and PDS for a wide range of error situations. The EIS also contains remedial action to resolve the error and/or to prevent further errors.

Within the GP Summary domain, errors may occur whilst querying PSIS or as a result of sending GP summary messages (including withdraw messages). For example: a failed GP summary message may cause a further GP summary message to be rejected because PSIS did not receive the earlier summary that is being replaced, i.e. the new GP Summary refers to a UUID that PSIS does not have.

Some specific behaviour following certain error situations in the GP Summary domain is documented in this sub-section of the requirements.

##### GPS.66 Acting on PSIS Error and Response Codes

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

Systems MUST identify and act accordingly on PSIS error and response codes, as contained in the document NPFIT-FNT-TO-TIN-1228 "PSIS Compliance Specification Clinical Message Handling Addendum", which is part of the GP Summary Sending Baseline.

##### GPS.176 Spine Acknowledgement Reporting

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST provide functionality to report on the following information for a user-definable period of time, and make it easily available for a system administrator at a practice with appropriate permissions to view and to export to a spreadsheet:

- The number (quantity) of patients for whom a GP summary update could not be created because they were ineligible at the time, sorted by reason for ineligibility.

- The NHS numbers of patients for whom a GP summary update could not be created because they were ineligible at the time, sorted by reason for ineligibility. For patients who are ineligible because of a lack of NHS number, the local identifier should be used instead.

- The number (quantity) of GP summary update messages that failed to be created.

- The NHS numbers of GP summary update messages that failed to be created, together with the reason for failure.

- The number (quantity) of GP summary update messages that failed to be sent to the Spine.

- The NHS numbers of GP summary update messages that failed to be sent to the Spine, together with the reason for failure.

- The number (quantity) of positive Application Acknowledgements received from the Spine.

- The number (quantity) of negative Acknowledgements received from the Spine  .

- The number of unique NHS numbers for which negative Acknowledgements have been received from the Spine for each reason code.

- The NHS numbers of negative Acknowledgements received from the spine for each reason code, including any supporting text.

- The number (quantity) of messages for which ebxml Acknowledgements have not been received.

- The number of unique NHS numbers for which ebxml Acknowledgements have not been received.

- The NHS numbers for which ebxml acknowledgements have not been received.

- The number (quantity) of messages for which Application Acknowledgements have not been received.

- The number of unique NHS numbers for which Application Acknowledgements have not been received.

- The NHS numbers for which Application acknowledgements have not been received.

**Note:** For a definition of "eligible", see the requirements in the "Patient Eligibility Criteria" sub-section.

##### GPS.217 PSIS Message Rejection

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Where an initial GP summary or GP summary update message is rejected due to the message being invalid, the system MUST not attempt to send the message again.

i.e. an Application Acknowledgement error has been received (such as "AE" Acknowledgement Type and 'Invalid Update' ('430'), or "AE" Acknowledgement Type and 'Invalid Request' ('400')) as opposed to a failed delivery report (ebXML Ack).

Where an initial GP summary or GP summary update message is rejected due to the patient's SCR Consent Preference on ACS being *"The patient does not have a Summary Care Record (has opted out)"*, the system MUST not attempt to send the message again.

##### GPS.145 Previous GP Summary Message Not Acknowledged

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If an application acknowledgement for the previous initial GP summary or GP summary update sent by the system was not received from PSIS within the expected timescale, and the previously sent GP summary update does not exist on PSIS, then the system MUST send a new GP summary update message. The system MUST check for persistent failures when trying to resend the same initial GP summary or GP summary update, and report the persistent failure in line with the systems error handling functionality.

##### GPS.155 System Should Not Keep Users Waiting

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

The system MUST not keep users waiting for responses from TMS or PSIS for unreasonable times. Where responses are delayed, suppliers MUST allow the user to continue using the system.

##### GPS.146 User Interaction in Error Situations

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Unless explicitly stated otherwise in a requirement, the system MUST not prompt users with information or decisions relating to system or technical errors (For example: PSIS not being available, network failures, system time-outs, PSIS acknowledgements not received for previous messages, etc.). Such errors MUST be resolved by the system in the background without user interaction.

#### 3.13 General Messaging Requirements

##### GPS.196 Missing or Malformed Dates

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

**Overview**

Due to data quality issues or system errors on local systems, some core or non-core data items may have missing or malformed dates. For example: A repeat medication with a blank date (--/--/--) or an acute medication with a partial date (--/05/10).

**Requirement**

Data items with missing or malformed dates MUST be included in initial GP summaries and GP summary updates, but only if other dates (such as the date the data item was recorded on the system) make it possible to determine whether the data item is eligible for inclusion (e.g. within the 12 month period for acute medications) and its position in the chronological order of the GP summary.

For malformed dates, the system MUST send as much of a date as is present. For missing dates, the system MUST not include any date.

##### GPS.114 Composition of XHTML Elements in GP Summaries

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

The system MUST follow the composition rules for the XHTML elements of the GP summary message in the GP Summary Presentation Text Specification, which is part of the GP Summary Sending Baseline.

##### GPS.75 Message Size Limit

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

The system MUST not create an initial GP summary or a GP summary update that exceeds the maximum message size limit of the TMS (Transaction Messaging Service) as described by the current EIS, which is part of the GP Summary Sending Baseline.

In the extremely unlikely event that the maximum message size limit is exceeded, the system MUST inform the user that they need to configure the patient's GP summary update to contain less clinical data items otherwise the patient's GP summary updates cannot be sent to their SCR.

#### 3.14 Information Governance and Spine Compliance

##### GPS.188 Smartcard Authentication

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Users MUST be authenticated using the standard NHS smartcard and comply with Spine authentication requirements applicable to Smartcards (see Information Governance Requirements for ESP Systems) for any of the following activities to take place:

- **Sending clinical information to the Spine:** For example (but not limited to): Triggering the sending of GP summary updates to the Spine.

- **Users viewing clinical information held on the Spine:** For example (but not limited to): Viewing a patient's Summary Care Record.

- **Scheduling automated processes for sending information to the Spine:** For example (but not limited to): Scheduling a practice's initial upload of initial GP summaries, or changing a practice's GP Summary Switch to "ON".

- **Stopping and restarting scheduled automated processes for sending information to the Spine:** For example (but not limited to): Stopping and restarting a practice's initial upload of initial GP summaries, retrying failed GP summaries from a practice's initial upload, or changing a practice's GP Summary Switch to "OFF".

##### GPS.190 Non-Smartcard Authenticated Users

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If a non-smartcard authenticated user updates a patient's local clinical record which, if the user had been smartcard authenticated, would have resulted in a GP summary update being sent to the Spine, then:

- The system MUST prompt the user that: *"Following the update to the patient's record, a GP summary update needs to be sent to the patient's Summary Care Record. This action requires you to be logged in with your smartcard. Continuing without a smartcard will result in the patient's GP summary update being withheld from the patient's Summary Care Record until you log in with your smartcard or until another user logs in with their smartcard to authorise withheld GP summaries"*.

- The system MUST then allow the user to either smartcard authenticate or continue as non-smartcard authenticated.

- If the user smartcard authenticates, then the system MUST send the GP summary update as normal.

- If the user continues as non-smartcard authenticated, then the system MUST queue the patient's GP summary update.

If a user updates a patient's local record which results in a GP summary update needing to be sent, for a patient who already has a queued GP summary update, then:

- If the user is smartcard authenticated, the system MUST send the GP Summary update as usual and then delete all queued GP summary updates for that patient.

- If the user is non-smartcard authenticated, the system MUST queue the GP summary update, and delete all other queued GP summary updates for that patient.

The system MUST provide functionality for a smartcard authenticated user at a practice to authorise the sending of all the latest queued GP summary updates for all patients at that practice, and the subsequent deletion of all other queued GP summary updates for those patients. This functionality MUST only be available to users for whom the system can usually send GP summary updates. For the functionality that is provided:

- The smartcard authenticated user MUST be able to view a list of all queued GP summary updates.

- The list MUST show the following information for each queued GP summary update: patient NHS number, patient surname, patient forename, patient date of birth, user surname and forename of the non-smartcard authenticated user that triggered the GP summary update, and the time and date that the GP summary update should have been sent.

- The user MUST be able to sort the list of queued GP summary updates by NHS number, user, or time/date.

- The smartcard authenticated user MUST only be able to choose to authorise none or all of the queued GP summary updates to be sent to the Spine.

- The smartcard authenticated user MUST be asked for confirmation that they wish to authorise the queued GP summary updates.

If a user who is the author of any queued GP summary updates becomes smartcard authenticated at any time (e.g. the user has found their lost smartcard and authenticates) then, **for GP summary updates for that user only**, the system MUST immediately send the latest queued GP summary update for each patient. The system MUST then delete all other queued GP summary updates for those same patients only. The system MUST then inform the user that their queued GP summary updates have been sent. The system MUST not give the user the opportunity to prevent this from happening, because if the user had been smartcard authenticated originally, the GP summary updates would have automatically been sent to the Spine anyway.

**Note:** The user who authorises the pending GP summary updates is not accepting responsibility for the content.

##### GPS.150 Recording Information on Local System for Audit Purposes

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

For audit purposes, the system MUST record all user interactions with the system, and all user and system initiated interactions with Spine services. For each interaction, the system MUST record the interaction type, date, time, and user (if not system generated).

##### GPS.125 Role Based Access Control

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST use Role Based Access Control (RBAC) to control which Spine-authenticated users at a practice are able to (but not limited to):

- View and print initial GP summaries and GP summary updates (GPS.47 & GPS.209).

- Have a GP summary update sent by the system automatically on their behalf as a result of their actions (GPS.212).

- Manually send a GP summary update (see GPS.207).

- Schedule, manually start, manually stop, and manually restart the initial upload (GPS.171, GPS.172, and GPS.144).

- Withdraw an initial GP summary or GP summary update (GPS.135).

- Change the patient's SCR Consent Preference (GPS.226).

- Mark non-core data items for inclusion (GPS.272).

- Mark non-core data items for exclusion (GPS.273).

- Change the logical value of the GP Summary switch (GPS.221).

- View system logs and reports (GPS.118).

Refer to NPFIT-SI-SIGOV-0073 Guidance on Implementing RBAC for PSIS and PDS.