

GP Connect

Introduction

NHS Digital are accelerating the roll out of GP Connect with 50% of the country already live using HTML access.

GP connect is the system of choice to support with the Covid 19 outbreak and will support the new Covid Clinical Assessment Services (CCAS).

GP Connect will give access to patient records to support working across PCN's as well access to appointment books, unlimited by organisation extended access hubs. The appointment books will be completely controlled by the GP Practice.

As a result of the regulatory notice (COPI) from the Secretary of State for Health national data sharing across GP Connect has been allowed. Previously practices would have to have set up point to point data sharing (i.e. activation at both ends). This will also support practices if one needs to close, another practice will be able to access the records now, once you have configured the HTML system.

On a temporary basis GP connect is being released without practices needing to activate electronic data sharing due to the emergency situation.

NHS Digital are working with system suppliers to set this up, if you are not already active this will happen over the weekend.

How will GP Connect be able to book into my appointment book?

Nationally the CCAS has been and is being run as a separate 111 entity and will be run by the clinicians that are returning to the NHS.

CCAS need to be able to access a list where they can add patients that have suspected COVID. As a patient now if you call 111 or you go through 111 online you will be initially assessed by the regular 111 service and at the point where you pass out of NHS pathways with a COVID 19 disposition code then you will be referred to the CCAS. This whole process is completely separate from GP connect.

Once patient arrives at the CCAS, their role is to categorise patients into one of the 4 categories and these are:

Category 1 – Sent immediately to hospital

Category 2a – Not sick enough to go to hospital but too sick to self-care – these are the people that will need a Primary Care intervention. These are the patients that will be booked in through GP connect.

Category 2b – Not quite well enough to be advised to self-care but need some active monitoring from the GP Practice because they are likely to be on the vulnerable patients list.*

***NHS E advises that guidance for 2b patients isn't clear as yet – there is no plan as yet as how these patients will be proactively managed in Primary Care.**

Category 3 – Patients who are experiencing symptoms of Covid 19 but will be advised to stay at home and self-care.

*At present information has only been released for the Category 2a patients

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The only decision that CCAS will make is which category the patient is in and at the point the patient arrives at a category 2a they will make a referral for a Primary Care intervention.

CCAS will need a list where they can add patients, this will likely be to their registered practice and these will be held in a GP connect appointment book.

The patient will be added to the list, however CCAS will not advise patients they have an appointment they will be advised that Primary Care will be in touch.

Part of the reason for the list is so Primary Care can completely control where those patients arrive within their system. For example you may end up with a patient that needs a face 2 face with Primary Care but is Covid positive and therefore practices need to make sure they can direct them to the most appropriate place and that Clinicians can deal with them safely. This is why CCAS are putting them on a list and not direct booking.

All practices need to allow the CCAS to access AM and PM sessions each day to allow them to add patients to the lists; the patients will only be added during normal practice hours.

This is a separate system to NHS 111, so even those practices that have a proprietary solution in place for direct booking for 111 will still have to use GP Connect for the CCAS.

When do I need to activate?

Clinical system suppliers will be sending out guidance over the weekend and possibly activating GP Connect centrally, however this may take longer.

Practices can activate this now using the instructions that will be circulated, however PCN's firstly need to decide on how they want their system to run i.e. do you want to set up an appointment list at your own site and triage to a hot hub as required or an escalation process

It is worthy to note that CCAS will continue to ring the practice to book patients in until your list is set up.

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FAQs

Q. Do I need to activate the GP connects data sharing agreement myself?

NHS digital are working with the clinical system suppliers to activate this centrally, however this may be slower in EMIS practices. There are instructions available on how to activate GP Connect within your system. Prior to activating you will also need to decide as a PCN how you are going to operate. An appointment list will need to be set up to allow the CCAS to book patients in.

Q. What hours will CCAS be operating and will it be taking 100% of the COVID Capacity out of 111

The CCAS will be operating over 24 hrs and yes it will be taking all of the COVID capacity, however at present they haven't switched the pathways algorithm over. At the moment the NHS pathways is still allowing COVID patients into the normal CAS services. This is likely to be switched over on Monday.

Q. Will GP practices be expected to be open for 24hrs?

Practices are not expected to be open any longer than usual. In the event that there are no GP services available the patients will be referred out to out of hours or urgent care.

Q. Will GP Connect work with a Community Service system i.e. EMIS Community

GP Connect won't work with the EMIS Community System, but will work with EMIS web and a Clinical Service system (i.e. Hub system)

Q. How many appointments do I need to make available?

Recommend 20 slots between 8 and 6, this is based on pt. population of 8 to 10k so 1 appt. per 1000 patients AM and PM, this can be flexed as necessary for example in one of the London boroughs they allow 70 slots, this will depend on whether you are in an area with higher levels of Covid 19.

Q. When do I release the appointments?

You will need to consider how you release appointments, For example if you released 20 slots and CCAS booked into them all within the first hour, you would need to flex appointments, however you may want to embargo and release throughout the am and pm sessions.

Practices can decide whether to add the sessions daily and can obviously increase or reduce sessions based on demand. Although worthy of note adastra allows the system to search for appointments within the next 24hrs, however this will be practice choice on how they release. Practices may want to disable SMS text messages or change the message to ensure patients don't think they are getting a timed appointment or a F2F.

Q. Do I need to let my patients know that I am I am sharing their records?

Practices may need to update their privacy notice, IF they have not stated direct care in the notice already.

Q. Will CCAS be able to see the Patients record?

Yes. GP Connect will effectively give access to the full patient record via HTML excluding documents and letters.