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**GP2GP Transfer Policy**

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# Introduction

## Policy statement

The purpose of this document is to explain the process used when transferring patients’ electronic healthcare records between two practices using GP2GP, thus improving patient care by ensuring the patients’ records are available for their first and later consultations at their new practice.

## Status

This document and any procedures contained within it are contractual and therefore form part of your contract of employment. Employees will be consulted on any modifications or change to the document’s status.

## Training and support

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

## Why and how it applies to them

As part of the General Medical Services Contract[[1]](#footnote-1), practices are required to transfer patient records using GP2GP; this supports the objective set out by the Department of Health, which was to ensure that the patient’s digital record is able to follow them around the health and social care organisation.

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage compared with others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

# Policy

## Process overview

GP2GP is a three-stage process as detailed by NHS Digital1. Note, the patient’s new and old GP practices both need to be in England and both need to be using the GP2GP system.

1. The first stage is to register the new patient on the clinical system and perform a Personal Demographics Service search, to see if the patient has an entry on the Spine. A successful search and match will request their electronic health record to be sent.
2. The second stage, sending, is automated and usually takes no more than a couple of minutes.
3. Once the record is received, the third stage is to integrate or file the record in the clinical system. This makes it available for use within the practice and also informs the sending practice if they need to print copies of the record or attachments, before they send the Lloyd George envelope to the new practice.

NHS Digital advises that the integration process is to be carried out promptly, while degrades and medication authorisation can be completed later by summarisers or clinicians. The GP2GP project’s message is clear: ‘Don’t wait – integrate!’ Integration should be carried out within eight days to avoid the sending practice printing a copy of the healthcare record, thereby reducing cost and workload for the sending practice.

## Benefits of GP2GP

The benefits of GP2GP are:

* Continuity of care – patient records are available for the first consultation at the new practice
* Safer prescribing as the new practice has a record of both current and previous medications
* Repeat medication information is readily available
* There is no requirement for patients to provide a detailed history as this information is already available to their new clinical team

## Reports and tools

A monthly GP2GP utilisation report, showing all English practices that use GP2GP, is provided to CCGs and CSUs.

## Roles and responsibilities

At Sheerwater Health Centre, the following roles and responsibilities regarding GP2GP apply[[2]](#footnote-2):

|  |  |
| --- | --- |
| **Responsible team** | **Role** |
| Reception | Check the correct information is provided on the GMS1 (New patient registration form)[[3]](#footnote-3) |
| Admin | * Register new patients on the EMIS, ensuring that a Personal Demographics Service (PDS) match is undertaken to trace the patient
* Regular monitoring of the GP2GP folders to manage associated tasks and report any errors
* File the received records
 |
| Summariser | * Summarise Lloyd George envelope against the e-record
* Process degrades and check the electronic health record received via GP2GP
 |
| Clinician | * Review medication/authorise current repeats
* Review allergies/adverse reactions (ensuring they are appropriately read-coded)
 |

Detailed guidance regarding the responsibilities can be found at footnote 2 and staff at Sheerwater Health Centre are to read the guidance alongside this policy.

## Printing

One of the many benefits of GP2GP is reduced printing, as the system advises users (the sender) what, if any, printing is required for the patient’s new practice.

At Sheerwater Health Centre, the administration team is to action such requests and ensure that the necessary documentation is printed and sent to the patient’s new practice as soon as possible.

## Data transfer

GP2GP version 2.2[[4]](#footnote-4) enables practices to transfer healthcare records that are greater than 5MB or have in excess of 99 attachments.

Both the sending and receiving practices must have version 2.2 to enable the transfer of large amounts of data.

## User guides

GP2GP guidelines and supplier training materials for EMIS clinical system are available at the following link:

[EMIS](https://supportcentre.emishealth.com/app/login?redirect=/) (sign-in required)

1. [NHS Digital GP2GP](https://digital.nhs.uk/gp2gp) [↑](#footnote-ref-1)
2. [GP2GP Key Activities 2017](https://digital.nhs.uk/media/805/GP2GP-Key-Activities/pdf/GP2GP_key_activities_2017_V0_4) [↑](#footnote-ref-2)
3. [GMS1 Form](http://www.nhs.uk/servicedirectories/Documents/GMS1.pdf) [↑](#footnote-ref-3)
4. [GP2GP Version 2.2](https://digital.nhs.uk/services/gp2gp/gp2gp-version-2-2) [↑](#footnote-ref-4)