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| <br>Health & Social Care<br>Information Centre | <b>RESTRICTED</b>           |   |                               |             |
|   | <b>GP2GP Response Codes</b> |   |                               |             |
|   | Programme                   | <b>NPFIT</b>  | <b>DOCUMENT RECORD ID KEY</b> |             |
|   | Sub-Prog / Project          | <b>Programme &amp; Service Delivery</b>                               | <b>NPFIT-PC-BLD-0083.08</b>   |             |
|   | Prog. Director              | <b>Kemi Adenubi</b>   |                               |             |
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| Version Date  | <b>13-Feb-2014</b>          | Status  | <b>Final</b>                  |             |

## GP2GP Response Codes

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## 1. Document Management

### 1.1. Amendment History:

| Issue | Version | Date        | Amendment History   |
|-------|---------|-------------|---|
| 01    | 0.1     | 10-Mar-2005 | First draft for comment   |
| 02    | 0.2     | 25-Oct-2005 | Second Edition, following code review   |
| 03    | 0.3     | 6-Dec-2005  | Third Edition, inclusion of new code  |
| 04    | 1.0     | 18-Jan-2006 | Approved  |
| 05    | 1.1     | 7 Feb 2006  | Updated to provide detail surrounding the use of each code by the type of participant in the exchange (i.e. Requester or Provider).<br><br>Improved details of where to populate codes in the message |
| 06    | 1.2     | 25-Sep-2007 | Added new error required by SPINE SEF for 2008B release   |
| 06    | 1.3     | 22-Sep-2010 | Added new response code to account for GP2GP Compliance Baseline 2.2 rewrite. Includes additional codes to support management information reporting.  |
| 07    | 1.4     | 08-Nov-2010 | Typos corrected. Codes 24-31 added.   |
| 07    | 1.5     | 14-Jan-2011 | Updates inline with changes to Use Cases.   |
| 07    | 1.6     | 25-Jan-2011 | Approved  |
| 08    | 1.7     | 13-Feb-2014 | Draft for approval  |

### 1.2. Forecast Changes:

| Anticipated Change | When |
|--------------------|------|
|                    |      |
|                    |      |
|                    |      |

### 1.3. Reviewers:

This document must be reviewed by the following. Delegate as necessary.

| Name          | Title / Responsibility    | Date        | Version |
|---------------|---------------------------|-------------|---------|
| Will Nossiter | GP2GP Technical Architect | 13-Feb-2014 | 1.7     |

| Name            | Title / Responsibility                            | Date         | Version |
|-----------------|---|--------------|---------|
| Mike Curtis     | DoH Tech Office                                   | 13-Feb-2014  | 1.7     |
| Jill Hepworth   | GP2GP Programme Manager                           | 13-Feb-2014  | 1.7     |
| Pete Turnbull   | GP2GP Integration and Clinical Validation Manager | 13-Feb-2014  | 1.7     |
| Dave McAvenue   | GP2GP Integration and Clinical Validation Lead    | 14-Jan-2011  | 1.6     |
| Dave Bagnall    | GP2GP Compliance Test Manager                     | 13-Feb-2014  | 1.7     |
| Ramsey Baker    | GP2GP Deployment Manager                          | 13-Feb-2014  | 1.7     |
| John Williams   | GP2GP Clinical Lead                               | 13-Feb-2014  | 1.7     |
| Leo Fogarty     | SCR Clinical Lead                                 | 14-Jan-2011  | 1.6     |
| Pete Salisbury  | For management information content                | 13-Feb-2014  | 1.7     |
|                 | MicroTest   | 22-Sept-2010 | 1.3     |
|                 | EMIS  | 22-Sept-2010 | 1.3     |
|                 | InPractice  | 22-Sept-2010 | 1.3     |
|                 | iSoft   | 22-Sept-2010 | 1.3     |
|                 | TPP / CSC   | 22-Sept-2010 | 1.3     |
| Aled Greenhalgh | GP2GP Solutions Architect                         | 13-Feb-2014  | 1.7     |

#### 1.4. Approvals:

This document requires the following approvals:

| Name          | Signature | Title / Responsibility   | Date        | Version |
|---------------|-----------|--------------------------|-------------|---------|
| Will Nossiter |           | GP2GP Solution Architect | 13-Feb-2014 | 1.7     |

#### 1.5. Distribution:

Reviewers and approvers plus:

| Name              | Title / Responsibility     | Date         | Version |
|-------------------|----------------------------|--------------|---------|
| Alasdair Thompson | GPSoC                      |              | 1.6     |
| Alan Hassey       | GP2GP Project Board Member | 13-Feb-2014  | 1.7     |
| Paul Cundy        | GP2GP Project Board Member | 13-Feb-2014  | 1.7     |
|                   | GPSoC Release Managers     | 22-Sept-2010 | 1.7     |

## 1.6. Document Status:

This is a controlled document.

This document version is only valid at the time it is retrieved from controlled filestore, after which a new approved version will replace it.

On receipt of a new issue, please destroy all previous issues (unless a specified earlier issue is baselined for use throughout the programme).

## 2. Glossary of Terms:

List any new terms created in this document.

| Term | Acronym | Definition |
|------|---------|------------|
|      |         |            |

## 2.1. Contents

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### 3. Purpose

This document should be used as a reference for implementers of the GP2GP Solution. It informs the approved Response Codes for use within the Application Acknowledgement messages.

**Note:** This document includes negative codes only. With the introduction of the Application Acknowledgement to replace the previously defined EhrRequestAcknowledgement the need to carry a series of positive codes was removed. As such, when building and processing the Application Acknowledgement the absence of any numeric code in addition to the use of the **acknowledgement.typeCode** will be sufficient to relay a positive response.

This document should be used to supplement information provided in the MiM (Message Implementation Manual).

### 4. Use of the codes

GP2GP Response Codes are for use in the ActDetectedIssueCode vocabulary. The data contained in this document has been separated from the MiM to allow independent maintenance.

#### 4.1. Positive Responses

When constructing a positive response to a received GP2GP Message no numeric error code is used, however the typeCode is used as follows:

```
<acknowledgement typeCode = "AA">
```

In this case the ControlActEvent will not contain a 'reason' element.

#### 4.2. Negative Responses

When constructing a negative response to a received GP2GP Message the table of numeric codes in section 3 are available for use.

Here the Acknowledgement.typeCode is used as follows:

```
<acknowledgement typeCode = "AE">
```

In addition the ControlActEvent.reason should be populated as follows (using the relevant code from the table, as highlighted in [blue](#) below):

```
<reason typeCode="RSON">
```

```
<justifyingDetectedIssueEvent classCode="ALRT" moodCode="EVN">
```

```
<code code="06" codeSystem="2.16.840.1.113883.2.1.3.2.4.17.101">
```

```
<qualifier>
```

```
<value code="ER" codeSystem="2.16.840.1.113883.2.1.3.2.4.17.104" />
```

```
</qualifier>
```

```
</code>
```

```
</justifyingDetectedIssueEvent>
```

```
</reason>
```

### 4.3. Spine Safe Exchange Framework (SEF)

Where a message violates Spine SEF rules, the message sender will receive the response:

1. SEF001 - which is used for Forward reliable (GP2GP) interactions which will be raised as an hl7 error (application acknowledgement (MCCI)).
2. SEF002 - which is used for Forward express interactions which will be raised as a SOAP fault

Both codes will have the message error: "This message transfer is not permitted, for clinical safety reasons".

Suppliers are requested to indicate to users that the action triggering this message, cannot be fulfilled due to rules within the safe exchange framework.

**Example:**

```
<acknowledgement typeCode="AR">
  <acknowledgementDetail typeCode="ER">
    <code
      code="SEF001"
      codeSystem="2.16.840.1.113883.2.1.3.2.4.17.32"
      displayName="This message transfer is not
permitted, for clinical safety reasons."/>
    </acknowledgementDetail>
  <messageRef>
    <id root="11111111-65D3-EC42-BC31-62522532BC5D"/>
  </messageRef>
</acknowledgement>
```

## 5. Approved Acknowledgement Codes

| Code | Response Text  | Guidance on use   | Used by               | Status     |
|------|--|---|-----------------------|------------|
| 03   | Record available but cannot be sent                                  | This should be used in cases where the activity of sending failed for technical reasons   | N/a                   | Deprecated |
| 04   | Record unavailable   | This should be used when the record is not available for viewing by the requester. Most likely this will be as a result of the requester having no LR with the target patient, or the requester not being registered as the healthCareProvider in PDS | N/a                   | Deprecated |
| 05   | Record Lost  | This should be used when the patient is identified on the local index, but the record cannot be located on the system   | N/a                   | Deprecated |
| 06   | Patient not at surgery.  | This should be used when the patient, identified by the NHS Number in the EHR Request, cannot be located in the local index of the receiving system.  | Provider              | Active     |
| 07   | GP2GP Messaging is not enabled on this system.                       | This should be used when a GP2GP message is received whilst the system is configured in the 'Disabled' mode.  | Provider<br>Requester | Active     |
| 08   | The system's configuration prevents it from processing this message. | This should be used when a GP2GP message is received whilst the "Safe Exchange Framework" is enabled, and the received message breaks the processing rules.<br><br>Should no longer be used!  | Provider<br>Requester | Deprecated |
| 09   | EHR Extract received without corresponding request.                  | This should be used when a GP2GP EHR Extract message is received by a system that has not previously sent an EHR Request message.   | Requester             | Active     |
| 10   | Failed to successfully generate EHR Extract.                         | This should be used when a system fails to generate the EHR Extract for sending.  | Provider              | Active     |



| Code | Response Text  | Guidance on use  | Used by                    | Status                |
|------|--|--|----------------------------|-----------------------|
| 11   | Failed to successfully integrate EHR Extract.                                      | This should be used when a clinical user chooses to integrate the received EHR Extract into the clinical system <u>and the clinical system fails to integrate it correctly.</u>  | Requester                  | Active                |
| 12   | Duplicate EHR Extract received.  | This should be used when a system receives a subsequent copy of an EHR Extract after it has previously <b>integrated</b> one for the current registration or already has an EHR Extract awaiting processing by a user.                                     | Requester                  | Active                |
| 13   | The system's configuration prevents it from processing this message.               | This should be used when a GP2GP message is blocked by the SPINE "Safe Exchange Framework" ( Available in 2008B)   | Spine                      | Active                |
| 14   | Message not sent because <b>requesting</b> practice is not Large Message compliant | Should be used when the sending practice identifies that the message will exceed Spine constraints (currently >100 attachments or will be >5Mb in size or unsupported MIME types) and the <b>requesting</b> practice is NOT GP2GP Large Message compliant. | Provider (Large Messaging) | Active                |
| 15   | A-B-A EHR Extract Received and Stored As Suppressed Record                         | This should be used when an EHR extract is received in an A-B-A scenario, and stored as a <b>suppressed</b> record into the EHR because the user preferred to <b>reactivate the patient's existing record.</b>   | Requestor (A-B-A)          | Active (2.2b onwards) |
| 16   | A-B-A EHR Extract Received and rejected due to data format                         | This option has been deprecated to reduce the number of broken chains of EHR transfers.  | Requester (A-B-A)          | Deprecated            |
| 17   | A-B-A EHR Extract Received and rejected due to wrong record or wrong patient       | This should be used when an EHR extract is received in an Returning Patient scenario, and not integrated into the EHR because the wrong record was received or the wrong patient was requested e.g. John Smith   | Requester (A-B-A)          | Active                |

| Code | Response Text  | Guidance on use  | Used by                       | Status   |
|------|--|--|-------------------------------|----------|
| 18   | Request message not well-formed or not able to be processed                            | This shall be used in circumstances where the contacted Provider cannot read the received EHR request. It is either corrupt, badly formed or using an incompatible message version.  | Provider                      | Active   |
| 19   | Sender check indicates that Requester is not the patient's current healthcare provider | This shall be used where an EHR Request is received, but checks on PDS indicate that the Requesting practice is not the current primary healthcare provider  | Provider                      | Active   |
| 20   | Spine system responded with an error   | This shall be used in circumstances where a Spine subsystem such as PDS responds with an error. This should only be used where there isn't a more specific code.   | Requester<br>Provider         | Active   |
| 21   | EHR Extract message not well-formed or not able to be processed                        | This shall be used in circumstances where the EHR Requester cannot process the received EHR message. It is either corrupt, badly formed or using an incompatible message version.  | Requester                     | Active   |
| 22   |  |  |                               | Not used |
| 23   | Message not sent because <b>sending</b> practice is not Large Message compliant        | This shall be used when the sending practice identifies that the EHR Extract message is a Large Message and the <b>sending</b> practice is NOT large message compliant. Examples of a Large Message: <ul style="list-style-type: none"> <li>- Message too large (&gt;5MB currently)</li> <li>- Too many attachments (&gt;100 inc HL7 currently)</li> <li>- Unsupported file type attachment</li> </ul> | Provider<br>(Large Messaging) | Active   |
| 24   | SDS lookup provided zero or more than one result to the                                | This should be used if any SDS lookup fails to return a result or returns more than one result for each interaction in a   | Provider                      | Active   |

| Code | Response Text  | Guidance on use  | Used by   | Status   |
|------|--|--|---|--|
|      | query for each interaction.  | particular MIM. E.g. 2 results for RCMR_IN030000UK06   |   |  |
| 25   | Large messages rejected due to timeout duration reached of overall transfer      | This should be used if the calculated timeout of an overall large messaging transmission is reached by the receiving system. Any further elements should be rejected with this code.   | Requester (Large Messaging Common Point to Point) | Active   |
| 26   | Returning Patient EHR Extract Received and filed as an attachment                | This should be used when an EHR extract is received in an Returning Patient scenario, and not integrated because the system doesn't support A-B-A functionality (R2.2b) and therefore it is not clinically safe.<br><br>Filing as an attachment has been deprecated for New Patients and systems supported R2.2b and should be actively be removed from the Requesting system. | Requester   | Active (R2.2a or earlier Returning Patient)<br><br>Deprecated (New Patient)<br><br>Deprecated (R2.2b or later) |
| 27   | Non A-B-A EHR Extract Received and rejected due to data format                   | This option has been deprecated to reduce the number of broken chains of EHR transfers.  | Requester   | Deprecated   |
| 28   | Non A-B-A EHR Extract Received and rejected due to wrong record or wrong patient | This should be used when an EHR extract is received in a New Patient scenario, and not integrated into the EHR because the wrong record was received or the wrong patient was requested e.g. John Smith  | Requester   | Active   |
| 29   | Large Message Re-assembly failure  | This should be used when an attachment or EHR cannot be re-assembled e.g. from multiple chunks, octet stream for an Spine unsupported MIME type etc.   | Requester (Large Messaging Common Point to Point) | Active   |
| 30   | Large Message general failure  | This should be used when a Large Message fails for a reason not defined by a more specific code.   | Requester (Large Messaging Common Point to Point) | Active   |

| Code | Response Text   | Guidance on use   | Used by                                      | Status |
|------|---|---|--|--------|
|      |   |   | Point)                                       |        |
| 31   | The overall EHR Extract has been rejected because one or more attachments via Large Messages were not received. | This should be used when it is a Large Message Protocol situation and the main EHR Extract message has been received but one or more attachments has not been delivered or has been rejected for another reason such as reconstitution from multiple chunks. It does not cover situations where a placeholder was sent. | Requester (EHR Extract when Large Messaging) | Active |
| 99   | Unexpected condition.   | This is a code that should only be used in circumstances where the above codes cannot be used to accurately describe the condition.   | Provider Requester                           | Active |