GP Summary Requirements

Refactored for SCR FHIR API v6.1

Document Management

Revision History

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Reference Documents

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| --- | --- | --- |
| Document Location | Title | Version |
| https://gpitbjss.atlassian.net/wiki/spaces/DCSDCS/pages/1391133699/Summary+Care+Record+SCR | GP Summary Presentation Text Specification Refactored for SCR FHIR API | 4.0 |
| https://gpitbjss.atlassian.net/wiki/spaces/DCSDCS/pages/1391133699/Summary+Care+Record+SCR | SCR FHIR API Technical Specification for the GP Summary XHTML | 1.0 |
| https://gpitbjss.atlassian.net/wiki/spaces/DCSDCS/pages/1391133699/Summary+Care+Record+SCR | SCR Viewing Requirements Refactored for SCR FHIR API | 5.0 |
| https://digital.nhs.uk/developer/api-catalogue/summary-care-record-fhir | SCR FHIR API Specification |  |
| https://gpitbjss.atlassian.net/wiki/spaces/DCSDCS/pages/1391133699/Summary+Care+Record+SCR | SCR API Error Responses document |  |
| https://gpitbjss.atlassian.net/wiki/spaces/DCSDCS/pages/1391133699/Summary+Care+Record+SCR | Guidance and special considerations | 1.1 |

Glossary of Terms

|  |  |
| --- | --- |
| Term / Abbreviation | What it stands for |
| Additional Information | The non-core data items held in the Summary Care Record. This includes significant medical history (past and present), reason for medication, anticipatory care information (such as information about the management of long-term conditions), end of life care information (from the SCCI1580 national dataset) and immunisations. |
| Consent Preferences | The patient’s expressed preferences as held on the Summary Care Record |
| SCR Consent Migration | The process of updating a patient’s SCR consent preference from a legacy SCR consent code to the appropriate current SCR consent code or where an SCR consent code doesn’t currently exist for a patient, the process of adding implied consent for SCR. |
| Core Data Items | The medications, allergies, and adverse reactions recorded in the Summary Care Record. |
| 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 authorised staff in other areas of the health and care system involved in the patient’s direct care. |
| Summary Care Record (SCR) | The Summary Care Record is an electronic record which provides authorised healthcare staff involved in a patient’s direct care with faster, easier access to essential information about a patient. |
| UUID | The Unique User Identifier (UUID) within the Spine directory consists of user's digital identity information and access rights. |
| NME | New Market Entrant |
| System Migration | When a GP Practice moves from one GPIT supplier to another |
| ACS | Access Control System |
| TRUD | Technology Reference Data Update Distribution |
| CRE | Care Record Element |
| ICS | Integrated Care Systems currently known as CCG’s. |

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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 suppliers who are including GP summary sending functionality in their products and using the SCR FHIR API.

#### 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:

- 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 provides authorised healthcare staff involved in a patient’s direct care 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 authorised staff in other areas of the health and care system involved in the patient’s direct care.

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", a GP summary may also include non-core data items, which 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**

Each practice in the country has previously performed an initial upload of initial GP summaries to the Spine, which occurred as a once-only activity for any given patient. Each eligible patient at the practice at the time of the initial upload will have received an initial GP summary. We no longer require practices to complete an initial upload; however, some initial GP summaries may still exist. Initial GP Summaries are no longer a requirement.

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.

### 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 GP summary updates, the system MUST include the complete record of patient allergies and adverse reactions (including allergies to drugs, foods and substances).

##### GPS.152 Current Repeat Medications

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

In 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 GP patient transfer mechanism 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 GP patient transfer mechanism 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 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 GP summary updates, the system MUST include all acute medication prescribed within a configurable time period to be determined by NHS England (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 Refactored for SCR FHIR API, 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 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 England (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 Refactored for SCR FHIR API 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:**

If recorded, the Reason for a Medication MUST be included in the patient’s SCR, as defined within the GP Summary Presentation Text Specification, when all of the following conditions apply:

1. The patient's SCR Consent Preference is SNOMED code 773051000000102 (**"Express consent for core and additional Summary Care Record dataset upload"**) or SNOMED code 417370002 (**"The patient wants to have a Summary Care Record"**)(see GPS.226).
2. One or more “Reasons for Medication” have been associated with a medication.
3. Reason for Medication is a coded clinical item
4. “Reason for Medication” is a clinical item that:

* Has **not** been manually excluded by the user.
* Is **not** a clinical item that forms part of the current SCR Exclusion Set (see GPS.270). If the Reason for Medication is part of the SCR Exclusion Dataset but is manually marked by the user to be included within the patient’s SCR, then the item must be included in the patient SCR as a “Reason for medication” (See GPS.270), subject to all the other inclusion conditions defined in this requirement.”
* Is **not** a non-core clinical item that has been identified as not for sharing outside of the patient’s GP Practice organisation. If the clinical item (identified as not for sharing outside of the patient’s GP Practice organisation) is manually included into the GP Summary, then the item must be included in the patient’s SCR as a “Reason for medication” (See GPS.270), subject to all the other inclusion conditions defined in this requirement.

One or more Reasons for Medication may be associated with medication. All associated Reasons for Medication must be included in the GP Summary subject to the requirements defined in this requirement.

Providing all requirements defined in this requirement are met, a clinical item recorded as a Reason for Medication must be included in a patient’s SCR regardless of whether the clinical item would be included in the SCR for other reasons. For example, past minor problems must be included as a Reason for Medication, even though past minor problem are not included in the SCRs with Additional Information by default.

##### 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 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 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 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 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 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 GP summary updates to be sent from the practice, with only two exceptions: The sending of GP Summary updates for test patients during system commissioning (see GPS.195), and GP summary updates sent for every patient when a GP practice decides to no longer contribute to the SCR (see GPS.198).

When the GP summary switch is set to "ON", the system MUST send 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.

#### 3.3 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.290 New Patients during Bulk Sending of GP Summary Updates

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

**For Bulk Sending of GP Summary Updates:**

For patients who already have an initial GP summary or GP summary update, but not from the practice performing the bulk upload, the system MUST send a GP summary update to replace the existing GP summary update or initial GP summary during the bulk upload of GP Summary Updates, 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 England.

The system MUST check this eligibility criterion 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.289 Logging Messages Sent During Bulk Upload of GP Summary Updates" 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 the clinical data store for a patient by sending a Document List Query to the clinical data store.

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

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

**For GP summary updates:**

The system at a practice MUST only send 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 mechanism for GP Patient registration.

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.177 Patients With Verified Demographic Details

Requirement Type: «Rules» Requirement

Requirement Priority: MUST

**Description:**

**For GP summary updates:**

Before sending each 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 version ID matches the version ID 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 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 GP summary updates:**

The system MUST not send 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:** 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 GP summary updates:**

The system MUST only send 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:

- SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

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

#### 3.4 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 a GP Summary Update. 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 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 Refactored for SCR FHIR API..

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

#### 3.5 Bulk Sending of GP Summary Updates

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

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

To allow for potential situations such as system migration or correcting SCR content at practice level, the system MUST provide functionality for a GP summary update to be sent for every eligible patient at the practice.

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 name within the author segments of the resulting GP summary update messages, 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.

##### GPS.280 Starting a Bulk Upload of GP Summary Updates

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

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

- Start the bulk upload process immediately.

- Schedule a start time and date for the bulk 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.281 Stopping and Restarting the Bulk Sending of GP Summary Updates

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The system MUST allow the bulk sending of GP Summary Updates 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 bulk upload process immediately.

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

- Schedule a start time and date for the bulk 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".

The bulk sending of GP Summary Updates MUST be implemented in such a way that it could be run again at any time (from the start) for the whole practice if required to do so by the NHS England SCR Implementation Team, the practice(s), or the Integrated Care System(s).

##### GPS.282 Bulk Sending of GP Summary Updates Upload Rate

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

During the bulk upload process, the system MUST generate and successfully send GP summaries to the Spine at a minimum rate of 10,000 (ten 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 (100,000+ patients) can upload their GP summaries within an acceptably short period of time.

##### GPS.283 Performance During Bulk Sending of GP Summary Updates

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

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

##### GPS.285 Sending GP Summary Updates when no GP Summary currently exists

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

When calling the GET /DocumentReference API endpoint to retrieve the UUID of the latest GP Summary held on the spine, and an empty Bundle is returned, this indicates that no GP Summary yet exists for the patient.

This is not an error condition. The SCR FHIR API client should continue to send the GP Summary (subject to consent status).

##### GPS.284 Retrying Failed GP Summaries From Bulk upload of GP Summary Updates

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 GP Summary Updates from the bulk upload until all eligible patients at a practice have an up to date 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 a GP summary, then the system MUST not retry the bulk upload for the patient. Since the patient is no longer eligible, the patient is no longer considered to have failed the bulk 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 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.289 Logging Messages Sent During Bulk Upload of GP Summary Updates

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.

A bulk upload of GP Summary Updates will result in a series of single calls to the SCR FHIR API to upload a single GP Summary Update.

The system MUST log the following information during the bulk 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 a GP summary update at a practice at the time the group/batch is generated.

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

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

- The NHS numbers of patients ineligible for a GP summary update 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 GP summary messages that failed to be created.

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

- The number (quantity) of GP summary messages that failed to be sent to the SCR FHIR API.

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

- The number (quantity) of GP summary messages that failed to be successfully processed by the Summary Care Record API.

- The NHS numbers of GP summary messages that failed to be successfully processed by the Summary Care Record API, together with the reason for failure.

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

- The NHS numbers of 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.

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.284) 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 SCR FHIR API cannot batch process clinical messages.

##### GPS.286 Errors During Bulk Upload of GP Summary Updates

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

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

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

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

#### 3.6 Content of GP Summary Updates

##### 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 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 England SCR Team (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 before each new SNOMED CT release. An updated version will be released to suppliers via TRUD.

**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 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. Where changes have occurred in a new SNOMED release, these must be implemented by suppliers within a maximum of 6 weeks from the release date.

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 before each new SNOMED CT release . An updated version will be released to suppliers via TRUD.

**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. Where changes have occurred in a new SNOMED release, these must be implemented by suppliers within a maximum of 6 weeks from the release date.

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 Update FHIR composition contains presentation text in a set of section elements. These MUST be fully populated by the system. It also uses clinical statements for a defined set of Covid-19 SNOMED CT codes which can be found in the Covid-19 SCR Additional Information requirements. The defined set of Covid-19 SNOMED CT codes is updateable if needed.

The defined set of SNOMED CT codes MUST be coded into clinical statements as defined in the SCR FHIR API specification.

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 for the defined set of Covid-19 SNOMED CT codes and the presentation text for those codes MUST be as equivalent to each other as the system's coding will allow.

##### 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 Refactored for SCR FHIR API.

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

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

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The GP Summary FHIR message must convey the clinical statements and associated FHIR composition sections as listed in GPS.30 describing the defined set of Covid-19 SNOMED CT codes.

Within the presentation text, the information MUST be presented in FHIR Composition sections as stated in the GP Summary Presentation Text Specification Refactored for SCR FHIR API.

SNOMED codes in the local patient record must be mapped to FHIR composition section headings (i.e. CRE Types) using the SNOMED to CRE Type mapping table. If a SNOMED code maps to a CRE Type that is not stated in the GP Summary Presentation Text Specification then it should be displayed under the Clinical Observations and Findings heading.

The mapping table is distributed as part of the regular UK Clinical release distribution set located on TRUD.

The system MUST support the use of the full set of FHIR composition section headings.

#### 3.7 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 SNOMED codes 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 ACS on Spine is updated via the SCR FHIR API.

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:

- SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- 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:

- 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:

- 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:

- 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 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 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 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 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 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 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 time and 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:

- SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***)

- 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:

- SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

- 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 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:

- SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***)

- SNOMED code 416308001 (***"The patient does not want to have a Summary Care Record"***)

- SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- 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:

- SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

- 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)..

**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:

- SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***)

- 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:

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:

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:

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:

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:

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:

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 are not included in the six categories above.

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

- The sum of the above seven 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.

#### 3.8 Migrating SCR Consent Preference

##### GPS.232 SCR Consent Migration Rules

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

The SCR Consent Migration rules are to be applied when bulk sending GP Summary Updates (see GPS.287) and when sending GP Summaries for New Patients (see GPS.288). 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:

- SNOMED code 773011000000101 (***"Implied consent for core Summary Care Record dataset upload"***)

- SNOMED code 773031000000109 (***"Express consent for core Summary Care Record dataset upload"***)

- SNOMED code 773051000000102 (***"Express consent for core and additional Summary Care Record dataset upload"***)

- SNOMED code 777441000000102 (***"Express dissent for Summary Care Record dataset upload"***).

then no action is required during SCR Consent migration.

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

- 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:

- 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.

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

- 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:

- 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)".*

4. If a patient does not have a SCR Consent Preference or a legacy SCR consent code, then the system MUST set the patient's SCR Consent Preference held locally by adding:

- 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:** For a definition of "eligible", see the requirements in sub-section 3.4 "Patient Eligibility Criteria".

##### GPS.287 Applying SCR Consent Migration Rules when Bulk Sending GP Summary Updates

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

For eligible patients who do not have an SCR Consent Preference held locally or who have a legacy SCR Consent Code at the time of the bulk upload, the system MUST set their SCR Consent Preference according to the SCR Consent migration rules (see GPS.232) immediately after the patient's GP Summary update has successfully completed.

**Note:** For a definition of "eligible", see the requirements in sub-section 3.4 "Patient Eligibility Criteria".

##### GPS.288 Applying SCR Consent Migration Rules when Sending GP Summaries for New Patients

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

For new patients registering at the practice who meet the eligibility criteria and either do not have an SCR Consent Preference held locally, or who have a legacy SCR Consent Code, the system MUST set their SCR Consent Preference according to the migration rules (see GPS.232) immediately after the patient's GP Summary update has successfully completed following registration.

**Note:** For a definition of "eligible", see the requirements in sub-section 3.4 "Patient Eligibility Criteria".

##### 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 Refactored for SCR FHIR API, contains the wording that otherwise blank GP summary updates MUST contain.

#### 3.9 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.

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

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: MUST

**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 Update" 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 Refactored for SCR FHIR API. 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 a bulk upload of GP Summary Updates (see GPS.243).

##### 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 the clinical data store 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. This is achieved by calling the /DocumentReference SCR FHIR API endpoint.

##### 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.

#### 3.10 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.133 Patient Changes NHS Number

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

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 Refactored for SCR FHIR API.

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 Refactored for SCR FHIR API.

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.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 England without the need to redeploy any software.

#### 3.11 Handling Error Situations

The API catalogue provides details of errors returned by the API. The SCR API Error responses document provides additional details on interpreting the OperationOutcome responses from the API calls.

Within the GP Summary domain, errors may occur whilst querying the clinical data store or as a result of sending GP summary messages . For example: a failed GP summary message may cause a further GP summary message to be rejected because the clinical data store did not receive the earlier summary that is being replaced, i.e. the new GP Summary refers to a UUID that the clinical data store 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 Clinical Data Store Error and Response Codes

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

Systems MUST identify and act accordingly on any error and response codes, as contained in the SCR FHIR API Specification and SCR API Error Responses document..

##### GPS.176 SCR FHIR API Error 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 by the local system prior to being sent to the SCR FHIR API.

- The NHS numbers of GP summary update messages that failed to be created by the local system prior to being sent to the SCR FHIR API, together with the reason for failure.

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

- The NHS numbers of GP summary update messages that failed to be sent to the SCR FHIR API, together with the reason for failure (including HTTP status code).

- The number (quantity) of HTTP status code 201 received from the SCR FHIR API upon issuing a GP Summary update request.

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

##### GPS.217 Clinical Data Store Message Rejection

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

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

##### GPS.145 Handling of Transient and Persistent Errors

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If the outcome of a GP Summary Upload request is not success (HTTP status 201), but is a transient failure, then the client MUST retry the exact same request, using the same X-Request-ID value. The following HTTP status codes are defined as transient: 429, 500, 504. An HTTP request timeout should also be retried as a transient error. Clients are advised to adopt a request back-off strategy in the event of a 429 or 504 HTTP status code outcome.

Where the outcome of the GP summary upload is a persistent error, the system SHOULD NOT retry the message, but report the persistent failure in line with the systems error handling functionality. The following HTTP status codes are defined as persistent failures: 400, 401, 403, 415.

##### 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 for an unreasonable time. 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: the clinical data store not being available, network failures, system time-outs, clinical data store acknowledgements not received for previous messages, etc.). Such errors MUST be resolved by the system in the background without user interaction.

#### 3.12 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 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 Refactored for SCR FHIR API.

##### GPS.291 Monitoring Message Size

Requirement Type: «Non Funct...» Requirement

Requirement Priority: MUST

**Description:**

The system MUST monitor the size of GP summary updates when they are sent to the SCR FHIR API. If a GP Summary update exceeds 2MB in size, then an alert MUST be generated which MUST be investigated and remedial action taken by the supplier. This is to ensure that there is not an issue with the GP Summary that SHOULD be resolved such as the source data being malformed or corrupt.

NHS England MUST be notified of any GP Summary updates that exceed the 2MB threshold and, where applicable, informed of the details of any associated issues.

The size of the GP Summary update above which an alert is generated, currently set at 2MB, must be configurable and agreed with NHS England.

#### 3.13 Information Governance and Spine Compliance

##### GPS.188 Authenticated Users

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

Users MUST be authenticated using NHSD CIS2 to an identity assurance level equivalent to the use of smartcards,) 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 bulk upload of 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 bulk upload of GP summary updates, retrying failed GP summary updates from a practice's bulk upload, or changing a practice's GP Summary Switch to "OFF".

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

Requirement Type: «Functional» Requirement

Requirement Priority: MUST

**Description:**

If a non-CIS2 authenticated user updates a patient's local clinical record which, if the user had been correctly 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 and authenticated (e.g.with your smartcard). Continuing without being authenticated will result in the patient's GP summary update being withheld from the patient's Summary Care Record until you or another user logs in as an authenticated user to authorise withheld GP summaries"*.

- The system MUST then allow the user to either authenticate with CIS2 or continue as non-authenticated.

- If the user authenticates with CIS2, then the system MUST send the GP summary update as normal.

- If the user continues as non-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 CIS2 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 not CIS2 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 CIS2 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:

- Users must be made aware of GP Summary updates in the pending queue.

- Users must be reminded of any outstanding SCRs in the queue via a prominently visible on-screen message.

- The CIS2 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- 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 CIS2 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 CIS2 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 CIS2 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 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 SCR FHIR API, and all user and system initiated interactions with the SCR FHIR API. For each request to the SCR FHIR API, the system MUST record the endpoint, 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 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 bulk sending of GP summary updates (GPS.281, GPS.283, and GPS.284).

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

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

- Unmark non-core data items that are marked as "excluded"(GPS.273).

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

- View system logs and reports (GPS.289.

Refer to the information on roles and baseline activities in the national RBAC database v27.2 (2012).