Procedure for the Electronic and Manual Transfer of Patient Data

JENNER HOUSE SURGERY

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This policy should be read in conjunction with the Privacy, Information and Data Security Policy.

Introduction

There is a statutory and contractual obligation on practices, under the GMS contract, to have in place a written procedure for the electronic transfer of patient data. The purpose of this protocol is to define circumstances in which this takes place within the practice and the administrative and security procedures that will apply.

It is vital that only records between health users be released in this manner and that the normal checks and authorities needed are still adhered too. For example, releasing patients' notes for a legal report must be accompanied by the patient's authorisation.

For the purposes of this document, electronic transmission is defined as:

- Email
- Fax (via Fax to Email)
- Pathology Test Results
- Out of Hours transmissions (OOH)
- Electronic Prescription Requesting (EPS)
- GP2GP
- The overriding standard is the Data Protection Act 2018 and the General Data Protection Regulations 2018 (see **Resources**)

Email

- Patient identifiable information may be sent by email for the purposes of direct patient care only.
- It is acceptable for patient identifiable information to be sent by e mail providing it is wholly within the NHSmail system.
- If the recipient does not have an NHS.net email address, consent has been obtained by the patient to share the record an encrypted email can be sent by following the steps below:
    1. Ensure the patient or named person responsible for the patients care has been fully informed of the request and has provided their consent (written wherever possible). Ensure the patient is aware of the extent of the request. Where full copy records have been requested, this must be addressed through the process of a subject access request and the patient should be provided with their medical record directly.
    2. Once consent has been obtained, telephone the requestor **via a switchboard where possible** and ask to speak to the requestor directly.
    3. Ask the requestor to send you an email directly so you have their exact email address accurately.

4. Inform the requestor you will be sending the email encrypted and they will need to register with the encryption service before they are able to open the files.
5. Follow the further guidance from https://bit.ly/2EWca8J to send the encrypted email.

- Care will be taken to ensure that minor errors in the email address used do not result in an inappropriately or incorrectly addressed email.

Fax

Jenner House Surgery utilises Fax to Email; which replaced our fax machine in September 2018. It is acceptable for personal data to be transmitted by fax through this mechanism.

When faxing patient identifiable data to an individual or a department for the first time, the sender will determine whether the recipient has a traditional fax machine or a PC-based fax system.
When sending patient identifiable data to a traditional fax machine, the sender will ensure that the intended recipient is available to receive the data.

When sending information to a PC-based system, the sender will telephone the recipient to ensure that the person is logged on and available to receive the fax. This will avoid essential information being stored while the recipient is not present/on leave etc. If in doubt, the recipient will be telephoned to ensure that the fax has been received.

Pathology/Test Results

- All (most) results are transmitted to the practice via the clinical system pathology link.
- All GPs are be responsible for viewing results on a daily basis. In his / her absence, results are allocated to attending clinicians on the day to view the results. The reviewing clinician will identify any patient-related action required.
- The nominated clinicians, with the support of the Administration Team Leader will be responsible for the re-allocation of results to alternative GPs in the event of named GP absences.
- The nominated clinician with the support of the Administration Team Leader will check for any unmatched patients or unmatched doctors daily. If the result cannot be matched manually they will print off the result and return it to the pathology department, advising that the practice is unable to trace the patient.
- The pathology department will be contacted regarding any missing results or interchanges.
- The Administration Team Leader will check that the admin results action queue created by the GPs is actioned daily and that all appropriate actions have been taken. Results will not be removed from this queue until all actions are complete.
- All patient-related reports will be dealt with on the day of receipt.
- Individual clinicians will append comments to the results and file as a consultation into the clinical patient record.
- The nominated clinician will notify reception by means of a patient task, of any additional action required.
- Receptionists will check patient tasks at regular intervals throughout the day.
- Occasionally, GPs will need to use the "forward to" facility to forward a result to another GP (or nurse) in the practice that has specialist knowledge of the patient.

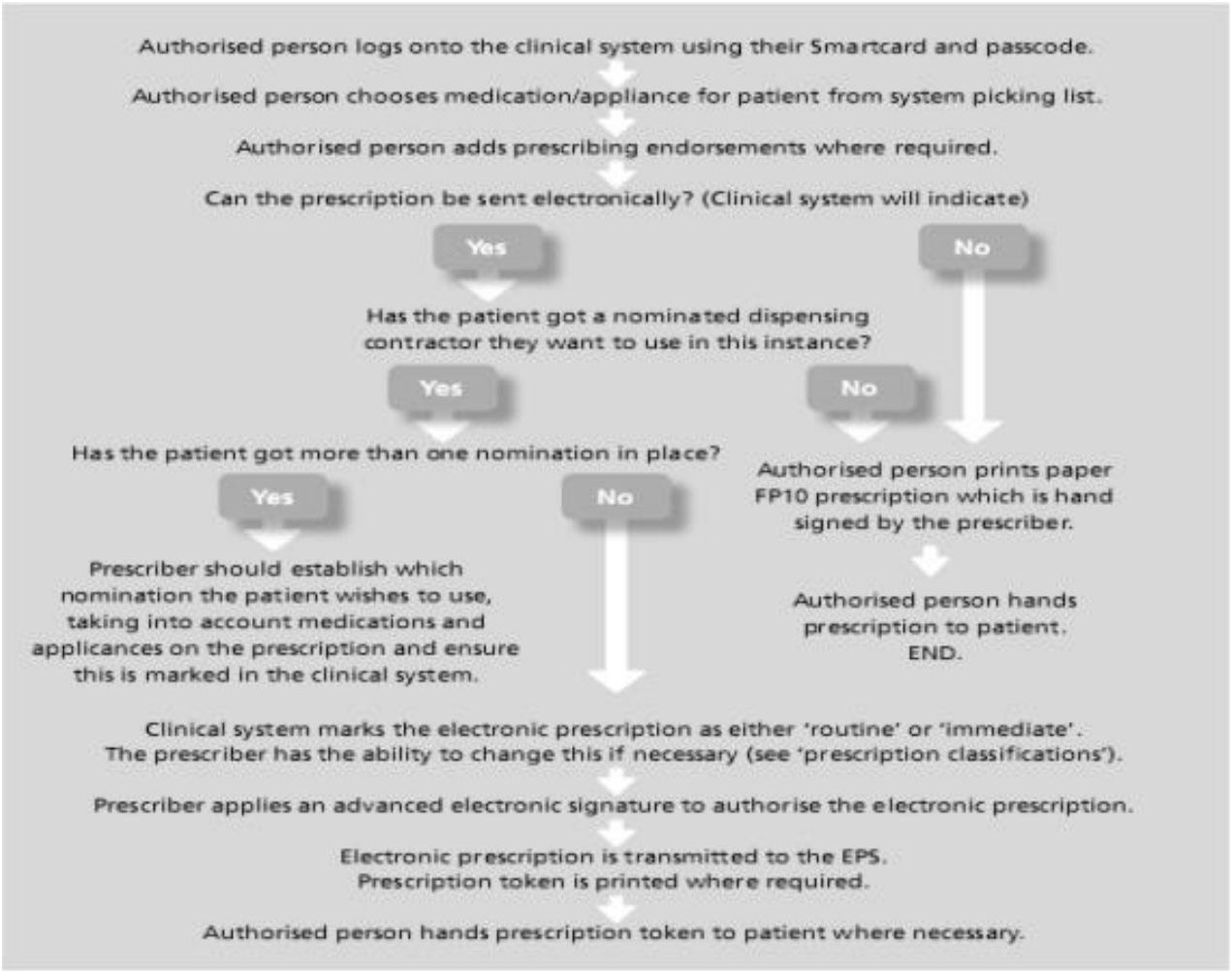
Out of Hours Transmissions (OOH)

- Information relating to OOH consultations is transmitted directly into the clinical system each morning.
- A member of the Administrative Team is responsible for viewing the transmissions first thing in the morning. In the event of absence, the nominated person will arrange for the role to be deputised.
- The transmissions are allocated via the workflow to the appropriate GP for viewing each morning.
- The GP will action the information and arrange any follow-up action.
- The nominated person will create a consultation record, and file the electronic transmission within the patient record on the clinical system.

Electronic Prescription Requesting (EPS)

The Electronic Prescription Service (EPS) is a service that offers patients the chance to change how their GP sends prescriptions to the place they choose to collect their medicines and appliances from. This means patients will not have to travel to their GP practice to pick up a paper prescription, but rather the GP will send it electronically to a place of the patient's nomination.

A protocol for managing EPS within a practice could be as follows:



GP2GP

GP2GP is a web-based service that makes it possible to send and receive medical records immediately through the clinical system. This will mean that upon registering a new patient, it is possible to electronically request their records and receive them quickly.

This protocol provides a brief record of the procedure which will apply within the practice for GP2GP transfers, however it is not a technical guide to the system, and technical queries should be addressed to the system supplier.

Process

- View the received patient record
- Verify patient identity
- Merge the received record into the record currently held (recently created at the new practice) for the patient
- Pass to a GP for a medication review, if appropriate
- Summarise the record using the normal summarising protocols ensuring that the existing entries on the merged clinical record meet the practice data quality standards, are correspondingly coded, and also check for duplicate codes and diagnoses, and accuracy of recording and coding, initiating corrections as necessary.

General Patient Records

This Policy is guidance to everyone working with Health Records who records, handles, stores or otherwise deals with patient records.

This policy is a general procedural guide and is to be read in conjunction with the additional policy documents referred to in the Resources section below.

General Provisions

All staff are responsible for the accuracy of any records, which they create or use. There is a specific contractual duty of confidentiality which continues after the death of the patient and after an employee or contractor has left the practice.

This policy is intended to be a comprehensive guide to all staff involved in handling patient health records and any queries regarding a particular issue or anything not documented within this policy should be referred to the Practice Manager.

Storage for current records on site will be in a fire-resistant lockable cabinet which is to be secured at night or out of hours. Access to records is by authorised staff only, and non-authorised visitors will only be permitted in the records area when accompanied by an authorised individual.

Records in Transit

If health records are being delivered to another location they should be enclosed in sealed envelopes or courier bags to ensure confidentiality. Any records that may be damaged in transit should be enclosed in suitable padding or containers. Large quantities of health records should be packed in suitable boxes or containers which give adequate protection.

The relevant bag or envelope should be addressed clearly and marked confidential. When using any envelope the senders name should be on the reverse of the envelope.

Postal options most suited to the circumstances should be considered if health records are to be sent in external mail, such as Recorded Delivery or Special Delivery, however there is no requirement to use other than ordinary post for routine matters.

The Records Authority has its own collection and delivery service between sites and this will be the preferred option for local deliveries using this system.

When choosing options staff should consider the following:
- Will the records be protected from damage, unauthorised access or theft?
- Is the level of security offered appropriate to the degree of importance, sensitivity or confidentiality of the records?
- Does the mail provider offer 'track and trace' options and is a signature required upon delivery?

Records should only ever be taken off site in exceptional circumstances e.g. where the clinician is performing a home visit. Records must never be left unattended e.g. in the car.

Care must be taken in order that members of the family or visitors to the patient's home cannot gain unauthorised access to the records. If the health records cannot be returned to the practice on the same day following a home visit then the clinician must ensure that they are kept securely and confidentially, not left in a car or lying around where there is a risk of unauthorised access.

The responsibility for maintaining health records in a secure place rests with the person who has use of the documents at any one time.

Resources
Gov.uk – Data Protection Act
Department of Health – Electronic Transmission of Prescriptions