

IT and digital requirements

January 2019

GPC England and NHS England have agreed a number of requirements that all practices will need to satisfy. The intention of these are to enable practices to offer greater digital access to patients and help manage workload.



IT infrastructure

The agreement between GPC England and NHS England is predicated on appropriate and functional infrastructure being in place, in line with the current arrangements for provision of IT and digital infrastructure from the Commissioner.

GPC England will work with NHS England to develop a standard specification for IT systems within primary care. This will result in further investment into infrastructure, ensuring continued improvements are made to the digital offer. This will include improvements being made to:

- GP2GP capability for the transfer of all patient records between practices when a patient registers or de-registers;
- the digitisation of paper medical records;
- cyber security;
- system standards; and
- ensure investment decisions take account of [digital maturity assurance](#) of digital primary care so that systems are not just implemented, but appropriate too.

From April 2019, practices will:

- provide new patients with full online access to prospective data from their patient record (using/referring to national NHS Login identity verification: <https://www.nhs.uk/using-the-nhs/nhs-services/nhs-login/>)
- allow access to NHS 111 to book patients into practice appointments. This will be 1 appointment per day, per 3,000 patients¹ (rounded down with a minimum of 1), which should be spread evenly through the day and may be freed for others to book if not booked within a set period before the appointment – further details will be provided before April 2019.

During 2019/20, practices will:

- Prepare to:
 - offer online consultations by April 2020, subject to further guidance
 - provide all patients with online access to their full record (using/referring to national NHS Login identity verification: <https://www.nhs.uk/using-the-nhs/nhs-services/nhs-login/>), including the ability to add their own information from April 2020
 - offer and promote electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate by April 2020
 - all patients to access online correspondence by April 2020
 - no longer use fax machines for NHS work or patient correspondence, by April 2020
 - ensure they have an up-to-date and informative online presence by April 2020
 - register a practice email address with MHRA CAS alert system and monitor the email account to act on CAS alerts where appropriate
 - register a mobile phone number(s) to MHRA CAS to be used only as an emergency back up to email for text alerts when email systems are down from October 2019
 - make at least 25% of appointments available for online booking by July 2019

How to prepare

NHS England should provide the IT infrastructure and functionality required to enable practices to achieve all the above. LMCs should discuss this with their local commissioners to ensure that there is a consistent offer made to all practices with delivers acceptable functionality. Practices can then liaise with their CCGs to draw down the support they require to meet the requirements.

¹ This means one appointment for each group of 3,000 patients, with a minimum of one appointment per day. For example, a practice with 5,000 patients will make one appointment per day available, a practice with 8,500 patients will make two appointments per day available, a practice with 9,001 patients will make three appointments per day available.

Digital providers

Practice funding will be revised to ensure fair payments for digital-first providers and avoid unwarranted redistribution to these models from other practices. Two changes will be made in 2019/20:

- amendment to rurality index so that it applies only to those within the practice boundary; and
- amendment to London adjustment so that it applies to only those who are resident in London (rather than those who are registered with a London-based practice).

We have agreed that the funding removed as a result of these amendments will not be lost and will be recycled back into global sum. No further changes will be made to the Carr-Hill formula in 2019/20.

It was also agreed that in 2019, the 46% premium for registering new patients and the out of area regulations will be reviewed. This is to recognise that the rules were not designed with digital registration in mind.

Other IT and Digital agreements

We have agreed for £20m to be invested into global sum to cover the costs of Subject Access Requests, which under GDPR are no longer chargeable (except in certain circumstances as defined under GDPR: if the SAR is either unfounded, excessive or repetitive. The ICO guidance is useful in interpreting these circumstances <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/>). This funding will remain within global sum until an IT solution is in place to allow patients to access their information without burden to the practice. Additionally, we have agreed for CCGs to offer a DPO function to practices in addition to their existing DPO support services. Further details around this function will be provided in due course.

Additionally, practices will be expected to ensure that data relating to activity, capacity and waiting times is accurately recorded so that it can be captured, and in a timely manner. This will allow NHSE, over the next few years, to develop a dataset describing access to general practice based on better and more consistent recording. NHSE will also develop a new measurement of patient reported satisfaction with access. This will result in data being published by 2021.