



The National General Practice Information Technology (GPIT) Group

General Practice Software Management System Requirements for
Accreditation 2018

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2. Document History

Date	Version	Author(s)	Change History
17/01/2017	0.1	Brian O'Mahony	First draft
21/02/2017	0.2	Brian O'Mahony	Editing of sections 5, 6.1 and 8.2
01/03/2017	0.3	Brian O'Mahony	Editing of section 5, removal of sections on MedLIS electronic ordering and Dot Matrix printers
21/03/2017	0.4	Brian O'Mahony	Changes to sections 8.1, 8.3
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13/12/2017	0.6	Brian O'Mahony	Changes to sections 8.1, 8.3 and 8.4 following feedback from GP Software Vendor
14/12/2017	0.7	Brian O'Mahony	Changes to section 8.3,
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3. Document Review

Date	Version	Reviewer(s)
14/02/2017	0.1	National GPIT Group
22/02/2017	0.2	Niall Sinnott, Gemma Garvan
13/03/2017	0.3	Róisín Doherty, Stephen Jones, Frank Hill, Ivan McConkey, Karen Wynne, Keith Perdue, John Cox, Brian Meade, Jack MacCarthy,
30/01/2018	0.8	National GPIT Group

4. Acknowledgements

Thanks to Healthlink for providing specification documents.

5. Introduction

The establishment of eHealth Ireland in 2015 has driven changes in GP practice software management systems to support a digital health service. These changes include:

- Support for eReferrals;
- Support for discharge summaries from MN-CMS (Maternity and Newborn Clinical Management System);
- Support for Individual Health Identifiers (IHI);

A voluntary accreditation process, managed by the National General Practice Information Technology (GPIT) Group, will confirm that these functions are available in GP Practice Software Systems that have previously attained basic certification under the Requirements for Certification 2007 standard. The intention is to carry out this accreditation of eHealth Ireland initiated changes in quarter one of 2018.

A comprehensive review of the basic certification standard (RFC_2007_v1_3.pdf) will take place during 2018, with the intention of putting in place a full accreditation process for 2019. New entrants to the market can choose to be accredited in either of two ways:

1. Satisfy the existing basic certification requirements from 2007 and the additional accreditation for eHealth Ireland initiated changes in 2018;
2. Wait for the updated standard and satisfy the new 2019 accreditation standard in quarter one of 2019;

6. Process of Accreditation

6.1 Testing

Testing will be carried out in the vendor's premises by a person appointed by the GPIT Group. The vendor will provide three networked computers and a laser printer. The practice management software will be preloaded with at least two hundred test patients.

In order to pass accreditation the practice management software must pass all mandatory (SHALL) functions. Four possible outcomes are possible following conformance testing:

- Pass;
- Complete retest;
- Partial retest;
- Withdrawal from testing by vendor;

Following conformance testing, a report will be prepared for the GPIT Group and this Group will make the decision to accredit or not to accredit a software product. GP software vendors have a right of appeal to an Independent Appeals Committee made up of an IT expert, a GP and an independent chairperson. The make-up of the appeals committee will be agreed with the vendor and the findings will be binding on both parties. Access to the Healthlink messaging service is a decision for eHealth Ireland and not for the National GPIT Group.

The accreditation testing only ensures that the software product is compliant with the specification being tested. It is up to the software vendor to ensure that their software product is fit for purpose and clinically safe for use in a general practice environment.

6.2 Revocation of Accreditation

During the period between this and the next RFA, the GPIT Group reserve the right to revoke accreditation status should there be a major degradation of the system or supplier performance that would result in the system no longer meeting the RFC standard. Examples of this would include: where the GP software vendor no longer supports the system or ceases trading, where critical system failures related to patient safety are documented or where core requirements such as access control and audit are shown to be inadequate.

6.3 Right of Appeal

If accreditation is revoked, the GP software vendor has a right of appeal to an Independent Appeals Committee made up of an IT expert, a GP and an independent chairperson. The make-up of the appeals committee will be agreed with the vendor and the findings will be binding on both parties.

7. Scope

This accreditation document relates only to general practice software management systems. It does not include the functionality required for a multi-professional primary care team.

8. eHealth Ireland Initiatives

8.1 GP Data Returns for Under 6s and Diabetes and Asthma Cycles of Care

Statement

Support the return of electronic data for Under 6s periodic assessments, and cycles of care for diabetes and asthma.

Description

There is significant data collection at the general practice level for contracts and agreements related to Under 6s and Cycles of Care. It is important that this data can be generated as part of the assessment of children and patients with chronic diseases and returned electronically from the GP systems via Healthlink to the Primary Care Reimbursement Service (PCRS). The format used is HL7 version 2.4 with XML encoding. The aim is to ensure data quality and avoid double entry of data.

Specification Reference

"Diabetes_Data_Returns_v2_5.pdf" & "Under6s_Message_Construction_v1_2.pdf" or later versions, available from Healthlink.

Conformance Criteria

The GP (practice software management) system SHALL interface, via web services, with PCRS to check the registration status of a patient prior to data return.

The GP system SHALL provide an efficient and user friendly method for the GP or practice staff to input the full dataset as part of periodic assessments or cycle of care consultations. In particular, there SHALL NOT be a need for double entry or transcribing of data by staff.

The GP system SHALL only allow data returns to the schedule agreed in the contract.

The GP system SHALL NOT allow partial returns of data to PCRS.

The GP system SHALL implement validation of data for height and weight entries, to prevent data input errors by the GP or practice nurse.

The GP system SHALL automatically include relevant laboratory results in the data returns for diabetes cycle of care.

The GP system SHALL support real time and batch returns of data for periodic assessments and cycles of care.

The GP system SHALL receive and process an ACK message for each patient data return submitted.

The GP system SHALL display error messages from ACK messages and support the system user in interpreting and resolving these errors.

The GP system SHALL support the identification and recall of patients who are due periodic assessments or cycle of care reviews.

8.2 Discharge Summaries for Maternity and Newborn Clinical Management System (MN-CMS)

Statement

Support the display of discharge summaries from MN-CMS

Description

The MN-CMS Project is the design and implementation of an electronic health record (EHR) for all women and babies in maternity services in Ireland. The first electronic sharing of information between MN-CMS and GP systems will be by enabling the receipt and display of a discharge summary message.

Specification Reference

"Discharge_Spec_Messaging-v0_4.pdf" or later versions, available from Healthlink

Conformance Criteria

The GP (practice software management) system SHALL display discharge summary messages from MN-CMS using the Healthlink style sheet.

The GP system SHALL support the HIQA 'National Standard for Patient Discharge Summary Information' (03/07/2013).

The GP system SHALL display the patient identifiers contained in the discharge summary messages from MN-CMS.

The GP system SHALL display, in a readable format, the free text comments contained in the discharge summary messages from MN-CMS

The GP system SHOULD use the Baby discharge summary message to generate a new record in the GP system.

The GP system SHOULD use the mother's identifier in the Baby discharge summary to link the mother and baby records.

8.3 Individual Health Identifiers (IHI)

Statement

Support the pre-seeding of the Individual Health Identifier (IHI) for GMS patients in General Practice.

Description

eHealth Ireland is implementing an Individual Health Identifier (IHI) Register at a national level. A facility will be provided to allow GPs to seed IHIs for GMS patients via a monthly extract provided by PCRS and accessible via the existing PCRS GP portal. This project is a collaboration between the IHI project team, the Primary Care Reimbursement Service (PCRS) and GP practice software system vendors. It should be noted that this facility is purely for the purposes of allowing pre-seeding for GMS clients and does not relate to the full functionality that will be required for IHI.

Specification Reference

"IHI GP GMS Seeding Process V0.1" available from the IHI Project Team.

Conformance Criteria

The GP (practice software management) system SHALL import the modified GMS panel list extract file from PCRS.

The GP system SHALL decrypt the IHI number.

The GP system SHALL validate the IHI number (position 17 modulus 11 check digit and position 18 GS1 check digit).

The complete decrypted IHI number (18 digits) SHALL be stored in a single field in the GP practice software management system database. The previous IHI number should also be stored where an existing IHI number is replaced as part of the GMS seeding process. This is to facilitate identification of replaced IHI numbers and assist subsequent business processes.

When sending electronically to other information systems, for example in an eReferral or barcode, the GP system SHOULD transmit the complete decrypted IHI number, that is the full 18 digits.

When displaying the IHI on screen or printing a document, the GP system SHALL show the decrypted core number, i.e. 9 digits plus modulus 11 check digit in positions 8 to 17 of the complete IHI number in the format 3-3-4.

The IHI number, where it is available, SHALL be displayed at all times in a consistent manner with the GP system.

The GP system SHALL have the capacity to purge or clear out all IHI numbers seeded to GPs in a practice.

Advisory Note

While the provision of a dedicated field for displaying the IHI number in a consistent manner, whether it contains a value or is blank, is not part of the GPIT RFA_2018, it will be required for accreditation by the Health Identifiers Programme (HIDs).

8.4 eReferrals

Statement

Support the use of eReferrals.

Description

Electronic referrals (eReferrals) allow GPs to generate detailed referrals from within their practice software system and transmit these electronically to all public hospitals via the Healthlink messaging broker. The initial implementation was for cancer referrals, followed by electronic general referrals and specialist referrals using integrated browser technology.

Specification Reference

“General_Referral_Message_Construction_v1_10.pdf” or later version, available from Healthlink.

Conformance Criteria

The GP (practice software management) system SHALL support electronic cancer referrals for breast, lung and prostate cancer.

The GP system SHALL support electronic general referrals.

The GP system SHALL support specialist referrals using the integrated browser technology. These include pigmented skin lesions, endoscopy and ophthalmology referrals.

The GP system SHALL integrate eReferrals and associated structured messages into the individual patient electronic record.

The GP system SHALL conform to the Healthlink message specifications for Cancer, General and Specialist referrals.