

DIGITISATION OF LLOYD GEORGE RECORDS – FAQs

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PREPARATION OF RECORDS

Can un-summarised records be sent over for digitisation?
Yes but the summarisation of records was mandated in 2004 as part of the then GMS Contract. Practices and CCGs should ensure that records have and continue to be summarised. However, if records are identified as not being summarised then this should not be a barrier for the digitisation of LG records taking place.
Is there any scope to ask for the records to be summarised at the same time, or is there any software that can do this (even at additional cost to practice)?
No – this is a scanning process – EMIS will scan records as they are received – where summary records are desired this needs to happen before they are sent for scanning.
What if an incorrect letter is scanned on in the batch – is there a function to delete a page only? We don't have the capacity to filter through 8,000 patient records before they are sent off
Practices are responsible for all patient records as data controllers. The contents within the Lloyd George wallets will be scanned in the same order as received by the scanning centre. Practices are advised to summarise the patient records before the boxes are packed and collected. If a letter for a patient was in another patient's LG wallet the practice would need to use redaction software to edit the PDF file to remove the letter.
What is the process for scanning, uploading and managing confidential / sensitive sections of the Lloyd George patient record?
There may be paper LG records that practices come across during the preparation stage of the digitisation project that contain adoption information, child protection information, safeguarding and other sensitive and confidential information as well as LG records possibly being sealed. In these scenarios practices should follow current guidance, both local and national, with regards to record management, confidentiality, information security and adhere to the NHS records management code of practice when scanning and uploading sensitive information into the electronic patient record. https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016

When LG information is scanned and uploaded, the attachment is deemed part of the medical record and any third party information that is included must be easily identified and removed prior to sharing the record with the patient.

This can be actioned via the use of redaction software with a number of free solutions available on the market. Depending on the functionality of current redaction software there may still be manual processes required to redact handwritten text, unfamiliar terminology or abbreviations contained within the record.

We have a legal obligation to retain a full copy of records relating to a patient's previous identity (sensitive records), but this needs to be kept confidential and we also need a redacted version of the record. How do we manage this?

A single digital file will be uploaded to EMIS web for each patient. Practices can download the single digital file from EMIS Web (leaving the original in place in the system) and edit the PDF outside of EMIS Web to create another, redacted (or edited) version as required (as long as the practice has software installed which can edit PDFs, i.e. full version of Adobe). EMIS do not support the editing of PDFs as EMIS Web does not have this function, nor does EMIS have a generic solution which does. EMIS have not had any practices who have seen this as a problem though.

The practice can then re-upload the edited/redacted PDF so that the original is retained and an edited version (as required) then exists as well.

I have a transgender patient. How should I set their gender on the Master Manifest List?

This should be set to the gender assigned to the patient in your clinical system. A suitable note can then be added to column I on the Master Manifest List as a guide to the scanning centre operatives.

Is there a naming convention for the imported attached Lloyd George file?

Files will be delivered in the following naming convention in line with the latest national standard:

[PDFnumber]_Lloyd_George_Record_[Patient Name]_[NHS Number]_[D.O.B].PDF

E.g.

01 of 02_Lloyd_George_Record_John Smith_1234567891_01-01-1980.pdf

02 of 02_Lloyd_George_Record_John Smith_1234567891_01-01-1980.pdf

How are the Lloyd George records scanned? Separate sections or as one section?

1 PDF is provided per Lloyd George wallet. No splitting into sections takes place. A patient with two physical Lloyd George wallets would have two PDFs supplied.

What order will the scanned images be in? Also, we have had an issue opening large file with EMIS in the past and sending iGPR – both seem to crash with large documents

The records will be scanned in the manner that they are received by the scanning centre – ie. if they are in sections they will be scanned in sections and if they are a single record they will be scanned as a single record. The scanned record will be searchable.

EMIS Web is capable of opening documents with several hundred MBs ranges, although, larger documents may require time to download fully. If practices are experiencing issues with EMIS Web crashing they will need to report this to our Service Desk for investigation. Practices can get in touch via EMIS Now - <https://emisprod.service-now.com/csm/>

In regards to iGPR, we are not aware of any issues. However, this is a third party product and practices would need to raise any issue directly with them. Their contact details are 01527 570 005 or hello@igpr.co.uk.



If duplicate records are present (where they are scanned already but the paper record has been kept), will this be identified or will everything just be re-scanned?

Any hard copy files added to boxes and collected will be scanned (as long as a corresponding entry for the file is present on the practice's master manifest list). If the patient already has a scanned file against their EMIS Web record, then the process is not designed to identify any duplicates, so a further digital copy of the file will be supplied.

The Lloyd George record may contain historic information on CD, or even floppy disk in some cases. We no longer have the technology to open these formats and therefore wouldn't be able to scan the information on. What do we do in these circumstances?

If possible, please take these out before the records are sent for scanning. These are classed as non-scannable items as the digitisation service involves the scanning of paper and card items only. It is not a huge problem if these are left in the wallets during the packing stage and are then sent away. Any non-scannable items discovered during the scanning prep stage are separated and will all be returned to you later in envelopes which contain the NHS number of the patient each non-scannable item relates to. Other examples of non-scannable items include microfiches and X-rays. The process does not involve attempting to retrieve any data from legacy media such as CDs and disks.

I don't know about other practices, but we can't store all our records in neat little boxes in alphabetical order. We have over 100 'outsize' records, which we cannot fit into the usual cabinets. These could be in FP111 folders, bankers' boxes or in some cases A4 photocopier paper boxes. Not sure how we'd get these into order with the 'normal' records, or would the outsize ones just be classed as a separate batch?

This is no problem at all, we understand that folders are different sizes and cannot fit in standard boxes as long they contain NHS number, surname, forename and DOB. The supplier will provide boxes and where required will assist with packing them. Boxes do not need to be packed in alphabetical order, plus the process accommodates both Lloyd George files and A4 folder files. The only differences is that any A4 folders will be destroyed at the end of the process where the Lloyd George wallets will not.

Some records are huge. How will they be scanned and will they be able to be transferred through GP2GP?

There are no restrictions on note sizes. During the scanning prep stage, each physical page will be individually prepared. The scanners can scan all sizes of paper to be included in the completed record. We understand that GP2GP has been upgraded and there are no restrictions to file size. A PDF is produced for each LG wallet and attached to the record in EMIS Web. The uploaded digital record will be visible in EMIS Web in the Care History section as an event attachment and will be Read/SNOMED coded so it is searchable. There is an OCR facility within the PDF, but please note that this does not work effectively all the time on Lloyd George digital files as the original documents are invariably very old, in poor condition and often containing handwritten notes.

Some practices store records off-site. Will this impact on the process?

No. Records can be collected from off-site storage. There are several options regarding how these will be checked and logged for scanning. This will be discussed with the practice as part of the process. Please note that records will be scanned as received by the scanning company, so any summarisation needed should be done prior to scanning.

How much work is expected from Practices in digitising their records?

We will lighten the load as much as possible, but there will be some things only the practice can do. Notes need to be summarised prior to scanning. EMIS can send a team to pack the records but the surgery needs to be able to safely accommodate up to 4 people for up to 4 days* while they do this. The practice will also need to carry out their own quality checks post scanning, of between 40 and 80 records depending on practice size.

*this may vary depending on your practice patient list size.

PACKING AND TRANSPORTATION OF RECORDS

If practice members have concerns over security can the collection and transportation of LG records from the practice be refused i.e. records being collected by a 3rd party supplier?

Prior to LG records being collected and transported from a practice, it is the responsibility of both the practice and the supplier to arrange an appropriate date and time for the supplier to attend the practice and collect the Lloyd George records and transport them off site.

On attending the practice the supplier must present the adequate forms of identification which clearly state who they are and if practice staff are not happy to authorise the collection for whatever reason then staff have the right to refuse the collection and transportation of records taking place.

How many boxes will I need?

EMIS provide an estimate of how many boxes you'll need based on your practice's patient list size and an internal calculation from data collated on previous projects. These are estimates, so your own practice may need more or may need less than the estimated number. The table below includes a number of examples as an initial guide:

Patient List Size	Estimated Number of Boxes
3,000	100
5,000	160
7,000	220
9,000	290
11,000	350
13,000	410
15,000	480

How much space do the unassembled boxes and lids take up?

Box bundles arrive flat-packed and include lids, barcode label stickers and packets of cable ties. When stacked on top of each other, a flat-packed box bundle comprising 160 boxes is about the same height and width as an average standalone fridge freezer.

When are the boxes delivered?

Boxes will either be sent by courier ahead of the packing team's visit or the packing team may arrive with them on the first packing day. EMIS will confirm in advance which delivery option is taking place for your practice.

Can the flat-packed boxes be delivered in phases?

EMIS will discuss box ordering with you during the initial engagement, but you will be asked to accept all your flat-packed boxes in one delivery. Under extreme circumstances, the delivery of boxes can be split but approval may be required by your CCG

How big are the assembled boxes?

The internal dimensions of an assembled box are 382 x 297 x 271mm. Each box has an internal capacity of 1.4 cubic feet. The boxes are standard 'archiving boxes' you may have come across before.

How many Lloyd George wallets can fit into a box?

It is difficult to provide an accurate answer to this as understandably, it depends on a number of factors. However, using previous project data as a reference, between 28 and 45 Lloyd George wallets should fit into each box.

How long does it take to pack the boxes?

The packing team generally completes the packing of a practice's records within 4 working days. Sometimes this may be greater or lesser than 4 working days depending on your patient list size. EMIS will keep you updated with packing team progress when they're on site at your practice. Note - COVID-19 restrictions regarding social distancing may impact on this if the packing team size has to be reduced according to numbers who can be accommodated within the practice. EMIS will provide updates on this as they occur.

Do I need to add a barcode sticker to each box in barcode number sequence?



No. Each bundle of boxes comes with a set of barcode stickers whose numeric range is pre-coded to your practice's digitisation order. It does not matter what order they are stuck onto the boxes, as long as each box has one of the barcode stickers affixed to the front

Do I need to add the box barcode sticker number to the Master Manifest List?

No. These are not required on the Master Manifest List.

Do I need to manually number the boxes myself once they're assembled and we're packing them?

Yes. The first box you assemble and start to pack will be box number 1. This should be written clearly on the front of the box (for example, by using a marker pen) and then indicated in the 'Box Nr' column (Box Number) on the Master Manifest List. The box number and the barcode sticker number you affix to the box are completely separate and unrelated.

Do I need to pack the records in strict alphabetical order?

No. The Master Manifest List can be completed in any order you like. This helps with packing the patient records in the order in which they're currently stored at your practice. As long as the Master Manifest List and the contents of your boxes all agree, then there's no requirement for the order in which the physical packing is done

What do I do if I need more boxes than the estimated number?

The number of boxes your practice requires cannot be calculated precisely, so we provide an estimation. If your practice needs more boxes, these can be ordered at any time by contacting the EMIS Deployment & Implementation Team.

How long does it take to pack the boxes?

It is impossible to provide an accurate answer to this for your own practice's records as it depends on a number of variables, such as number of patients, number of staff involved in the packing, packing out of hours/weekends etc. During the initial engagement stage, EMIS will provide you with a number of packing process suggestions based on how other practices have completed the process previously.

What are the cable ties for?

The cable ties should be used to secure each lid to a box. There are holes on either side of each lid and box so that they can be secured together with two cable ties (one per side). EMIS' recommendation is to not cable tie any lids to boxes until just before your box collection date as you may need to add or remove files from some of the boxes as you're packing. Remember, if you do need to change the contents of any boxes during the packing stage, your Master Manifest List must be updated accordingly.

When are the boxes collected?

When you have received your boxes and are packing your records, EMIS will be in touch regularly to see how you're progressing which will then allow a collection date to be forecasted. You should aim to pack your boxes so that they can all be collected as one consignment. Under certain circumstances, it may be possible to have an interim collection if you are running out of space, but this should be avoided wherever possible

What if a GP wants access to one of the patient records which has been packed?

If the required record is still in the practice and hasn't yet been collected, the packing team should be told which record is required so that they can locate it and hand it over. They will ask when the record will be handed back so that it can be added back into the boxes or the Master Manifest List updated to exclude that record if it is required for a longer period than the packing team being at the practice.

Under no circumstances should the contents of any packed, uncollected boxes be disturbed when the packing team are not present, otherwise your practice's Master Manifest List will be inaccurate.

MASTER MANIFEST LIST

What do I need to do before the packing team arrives?

Ahead of the packing team's visit, you will be required to export data for your currently active patients from your clinical system into a Microsoft Excel template we provide called the Master Manifest List (or MML for short). In the search and export from the clinical system, you'll need to include the patient's first name, surname, gender, date of birth, NHS number and clinical system number. These are columns in the Master Manifest List Template and you will need to paste the exported data into the respective column on the MML. The MML must then be shared with EMIS before the packing team's arrival date.

The packing team will use the MML during the box packing stage to identify which patient's files are present and which are not. For patient files which are present, the MML allows the packing team to list how many files there are for each patient (some may have more than one Lloyd George) and which box number they've been added into.

Why is the data on the Master Manifest List so important?

Accurate completion of the Master Manifest List is absolutely imperative. As well as acting as an audit trail of the digitisation process for your practice (which can be referred back to during future audits) the data from the manifest list is also used to create the file names of the PDFs which are returned to you later. If your files are being uploaded to the EMIS Web clinical system, then the patient's NHS number and date of birth are both required and these are also taken from the manifest. If there are any NHS number or date of birth discrepancies, this will have an impact on the EMIS Web upload.

A patient's name on the clinical system export differs from that on their hard copy record. What should I do?

This may be due to things like a change in marital status or name change by deed poll. The NHS number for the patient should still be the same. The data taken from the clinical system should be left as the 'source' and any reasoning for the difference in name between the clinical system export and the physical record(s) should be noted in column I of the Master Manifest List as a guide to the scanning centre operatives

Should I print off the Master Manifest List and put a printed copy in the boxes?

No. Please supply an electronic version. EMIS will tell you how to do this. The Master Manifest List must be supplied electronically and must not deviate from the template as a practice's electronic Master Manifest List is ingested automatically into the scanning centre's check in and tracking systems when boxes have been collected

A patient has more than one Lloyd George file. How should I pack these?

Where possible, a patient who has more than one hard copy file should be packed in the same box. If a patient has 3 Lloyd George files, 3 PDFs will be provided for that patient. Leaving multiple hard copy files for one patient still bound together with tape or elastic bands is fine. These will be removed during the scanning prep stage.

I have a hard copy patient file in the practice where there's no entry for it on the Master Manifest List. What should I do?

The packing team will use the Master Manifest List to validate each patient record as they are packed. If they find a file where a valid entry for the patient is not present on the MML, they will note this as a packing exception (extra file found). Extra file found packing exceptions will be shared daily with the practice main contact at the end of each packing day.

If you want to send the record(s) away to be digitised, then you need to provide the packing team with the patient's first name, surname, gender, date of birth, NHS number and clinical system number. The packing team will then add this entry onto the Master Manifest List and add the patient's file(s) to a box.

What if the packing team find a file and the NHS number, name and date of birth don't all match that on the MML for the patient?

The packing team will use the Master Manifest List to validate each patient record as they are packed. If they find a file where all the criteria listed on the MML doesn't match the information on the physical file exactly (an example may be the NHS number being 1 digit 'out') they will note this as a packing exception (unmatched file). Unmatched file packing exceptions will be shared daily with the practice main contact at the end of each packing day.

The record can still be packed if you can provide the packing team with a reason for the unmatched criteria. The NHS number and DOB must match the patient in EMIS Web in order for the file to be uploaded to the clinical system later in the process.

What if the packing team can't find a record?

The packing team will use the Master Manifest List to validate each patient record as they are packed. If they cannot find a file for a patient who is present on the MML, they will note this as a packing exception (file not present). File not present packing exceptions will be shared with the practice main contact upon overall completion of packing.

You may be asked by the packing team to search other areas of the practice or ask colleagues if they have the file. If the file still cannot be located, then the packing team will remove that patient from the Master Manifest List as there are no records to send away for that patient.

Is a Master Manifest List required if I desperately need an interim collection of boxes?

Yes. So that the scanning centre can check in and then process any interim box collections (to avoid delays), a Master Manifest List is required per collection. Any patients on the Master Manifest List who do not have any files in the boxes being collected should be deleted from the list. Only patients in the boxes should be on the Master Manifest List with the correct box number and file counts specified.

I've had an interim collection and I've found a Lloyd George wallet for a patient whose other Lloyd George(s) have already been collected and taken away for scanning. What do I do?

A Master Manifest List must be completed per collection. In this instance you would have to include the patient on the manifest for the next collection by manually including them on the next collection's Master Manifest List. Both the 'Box Nr' and 'LG Count' columns should then be completed accordingly.

DURING SCANNING AND BEFORE UPLOAD

My boxes have been collected but there's an emergency (Safeguarding/Court type issues) and we need access to a particular patient's record. What do I do? Do I have to wait until our entire records have been scanned?

EMIS offer a 'Scan on Demand' (or 'SCOD') service to help when instances like this occur. 4 hour, 48 hour and 5 working day SLA options are available. If a request is made after 4pm, the SLA carries over to 9am the next working day. After your boxes have been collected, EMIS will provide full instructions on how to request a SCOD. In these instances, the required record is not returned as a hard copy, it is priority scanned and then securely emailed to the requestor.

The Scan on Demand service should only be used when access to a patient's record is required under critically important circumstances.

How long will it take to process and scan my practice's patient records?

After your boxes have been collected, EMIS will confirm the scanning date slot which has been allocated to your practice's order. EMIS will then provide you with an estimated return date of the digitised files based on that slot. Should this change, EMIS will contact you to advise accordingly.

How are the digital files returned?

When your practice's hard copy patient records have all been scanned, they will be made available to you via a secure, online portal. When the time comes, EMIS will provide you with the required guidance on what to do at this stage, plus the logon credentials for the secure portal. Also included on the portal is an updated version of the Master Manifest List for your collection(s) which indicate any discrepancies between your original MML and the actual contents of all your boxes. An example may be a patient who (according to your manifest and

the packing team) seemingly had 1 Lloyd George wallet, but tucked inside it and not visible there was another one, so the LG count for that patient would be 2 instead of 1.

Why black & white scanning?

Lloyd George files invariably contain a large number of pages. As one PDF per Lloyd George is delivered, the data size of the PDF can be considerable. If scanning were performed in greyscale or full colour, the data size of each image (1 page = 2 images, front + back) would be even greater. Very large files take longer to open from EMIS Web, so great care had to be taken when agreeing on a fair compromise between image quality and data size for our Lloyd George Digitisation service. During our service pilots, it was found that black & white scanning (also known as 'bitonal') was more than sufficient for Lloyd George notes whilst still maintaining an acceptable data size. **It should be noted that any instances of coloured ink on coloured pages may not scan as well as the original document due to the limitations of black & white scanning where just 2 tones are available (full black and full white).**

QUALITY CHECKING RECORDS

How do I know if records will be digitised correctly?

All suppliers who undertake the scanning and digitisation of LG records will be required to develop standard operating processes that comply with the standard 'BS10008 Evidential weight and legal admissibility of electronic information'. By suppliers adhering to these standards it assures practices that paper LG records being digitised will retain the evidential weight and legal admissibility of the record throughout all stages of the process.

Quality assurance is one of a number of important stages of the digitisation process and practices will be asked to validate the quality of their LG records once they have been digitised by a supplier. The quantity of how many records to be validated will depend on the total amount of LG records that were digitised.

To check the records for quality, practices need to consider accuracy over the burden to the practice; therefore the table below outlines the number of paper records to check in full to ensure the quality of the records.

Practice patient list size	Number of <i>patients</i> to check
<2,000	40
2,000 - 3,000	50
3,000 - 4,000	55
4,000 - 5,000	60
5,000 - 6,000	65
6,000 - 7,000	70
>7,000	80

During the packing stage, it is the responsibility of the practice to choose a packing box or boxes (known as 'QC boxes') at random that contain the required amount of LG paper records based on the table above. This can be done by selecting a packing box number(s) from the patient inventory list and informing the scanning supplier. Please note, it is the responsibility of the practice to destroy the files returned during the validation stage. These not be collected again and taken away for destruction. Records should be destroyed by the practice in accordance with their normal process for dealing with confidential waste

How long do I have to provide formal acceptance of the digitised files?

You have 10 working days to confirm acceptance of your order from the date the files are made available to you on the secure portal. EMIS will offer appropriate guidance at the acceptance stage. This means that for a practice having to check 80 patients, they would have to look at the records for 8 patients per day for 10 working days, or based on a working day being 8 hours, that would be looking at records for 1 patient per hour for 10 working days.

What do I receive to confirm destruction?

At the very end of the process, each practice receives a destruction certificate confirming destruction of their entire order. An appended manifest list details all the patient files which have been destroyed. The same certificate also confirms deletion of the associated digital files. All of this should be retained by the practice for future reference.

AFTER SCANNING

Is the scanned record available in PDF format that can be used with iGPR (a software that checks for accuracy and redacts where required)

Yes, the exact system and software for records sharing, redacting etc. will be clarified during and post tender. Different suppliers are linked with different systems.

Can records be redacted after they have been scanned?

The original record will be as scanned. It can be redacted and saved as a new version for sending out to patients on request, but this will not change the scanned record

Can I print off individual pages of a scanned document?

Yes. Pages can be printed from **Documents** or **Care History** areas in Emis. The process is as follows:

1. Access Documents. Click the Emis icon, point to **Care Record**, and then select **Documents**. The **View Documents** screen is displayed.
2. Select the required document, double click the document. The View Documents screen is displayed
3. To select which pages to print, at the top of the preview page, do one of the following
 - To print all pages, select **Check All**
 - To print selected pages, select individual pages as required
4. Click **Print**. The document(s) are printed

Is there a cut-off point to destroy electronic records?

The national team are discussing future changes to policy with PCSE. This will be added to the process and associated guidance when it is determined.

Are there any plans to dispose of the old filing cabinets/drawer units used to house the records as part of this programme?

Initial enquiries indicate that the scrap value of cabinets and metal shelves roughly equates to the cost of collection. This will vary on a practice by practice basis. The responsibility for arranging this will be with the practice – support will be provided to identify suitable contractors.

Do the physical records come back to the practice? How long do the records need to be stored for?

The LG records which have been picked up and digitised will not be sent back except for samples for validation and quality assurance; following this the records will be destroyed following all standards. Any non-scannable items will also be returned at the same time as the empty LG envelopes. Please note, it is the responsibility of the practice to destroy the files returned during the validation stage in line with normal processes for the destruction of confidential records. These not be collected again and taken away for destruction.

Can the paper LG record be destroyed once the digitised version has been validated and approved?

The contents of the paper LG record are destroyed once the practice has provided acceptance of their digital files following validation via the returned QC boxes, plus once the upload of the files to EMIS Web is complete. Destruction only takes place once a practice provides written authority to destroy.

It is the responsibility of the practice as the data controller to approve the destruction of the contents of the physical records. At the time of writing it is important to note that the Lloyd George envelope must be kept until further notice so these will be returned to the practice.

After digitisation we are told that the Lloyd George envelopes will come back to us. Does this mean empty envelopes? Surely we won't be getting back all the digitised

documents! Are practices legally obliged to keep the empty Lloyd George envelopes? If not, then do practices still need to issue new envelopes moving forward?

Yes this is correct, only the empty envelopes will be sent back to practices until they can be destroyed. Practices are legally obliged to keep them as they are Crown Property. This is being challenged nationally and we are waiting for guidance from the national team regarding this. Until national guidance is released new envelopes still need to be issued.

How are the empty Lloyd George wallets returned?

Due to the processes followed by the scanning centres when practice orders are scanned, it is not possible to return the empty Lloyd George wallets in the order presented on your practice's original Master Manifest List(s) or in strict alphabetical order. An accompanying manifest list for the empty wallets will be provided so that you know which patient's empty wallet is in which box and then in which 'bundle' it is within the box. Practices who have completed this process previously simply store the empty Lloyd George wallet boxes and do not transfer them into storage shelving. They then access the boxes and locate the relevant wallet(s) as and when required using the accompanying manifest

What do I do with paper records received after my records have been scanned?

The current digitisation programme across Lancashire and South Cumbria is for 2 years. We have been funded to digitise current patients across most of this area (limited funding received for Central Lancs). There may be scope to pick up further records from practices already scanned during this time, but this will depend on the availability of funds from the original allocation.

Digitisation is a national programme and it will be part of the GP contract from 2022 so receipt of paper records will reduce over a relatively short timescale.

Outside the programme, responsibility for scanning LG records that arrive at a practice from a patient moving to the area will be for the practice in discussion with the CCG to resource.

EMIS offer an ongoing digitisation service for new patients registering at your practice and additional paperwork being received for current patients. The service is based on an annual subscription model. Further information from your EMIS Health Account Director

ACCESS TO RECORDS FOLLOWING SCANNING

Should on-line access be given to patients once LG records have been digitised?

Once a LG record has been digitised and uploaded to the patient record it is treated as a 'document' by the clinical system. The default position is that the digitised file would be visible to patients in the same manner as any other document via patient facing services (online-access). With information contained within the LG record most likely written with a view to them not being readily accessible by patients, it is possible information may include language and comments that practices may not wish to share with patients out of context.

It is therefore advised that access to the digitised version of the LG record should only be provided via a Subject Access Request (SAR) which has been submitted to the practice by the patient or a patient representative. Digitised LG records can be made 'private' and not visible to the patient by applying a filter within the clinical system. Practices who are unsure on how to apply this filter should contact their clinical system provider for advice.

The requirement to make digitised LG records private is not necessary for practices that have chosen to upload their records to a cloud based solution due to LG records being stored outside of the clinical system

How do the digitisation files appear in EMIS Web?

When you have provided EMIS with formal acceptance of your digitisation order, the upload to EMIS Web (if applicable) can then be initiated. Once complete, each patient's digitisation PDF will appear as a Clinical Event attachment in the Care History module of the relevant patient in EMIS Web. It also has the Read Code 931Z which can be searched.

Can I search the content of the digitised files?

Yes. The digitisation image files are supplied with Optical Character Recognition (OCR) applied. This process attempts to detect text on the image files and then makes any detected text

searchable. However, OCR has limitations on patient record scanning if the original document is of poor quality. OCR also does not perform well on handwritten notes.

TRANSFERS IN AND OUT

What if we register a patient from an area that has yet to digitise their Lloyd George patient records?

There are a number of options to resolve this issue. Once the patient has been transferred via GP2GP and the receiving practice has received the Lloyd George Envelope from the sending practice, the Lloyd George record will need to be scanned and attached to the patient's clinical record. How the practice does this will depend on any business as usual processes or solution currently in place. This could be that the practice scan the Lloyd George file then manually upload to the patient record in clinical system, or they use a 3rd party supplier to conduct this transaction. If the practice is using a portal solution for their digitised Lloyd George records, they may wish to include new patients Lloyd George records to this solution. In this case the practice will need to arrange with the portal supplier to ensure the new patients Lloyd George record is managed accordingly.

What should I do if a patient leaves the practice whilst I'm packing my boxes?

If the patient's hard copy file(s) have already been packed, they should be located and then removed from the box. The Master Manifest List must then be updated accordingly. Remember; if a patient is listed on the Master Manifest List from the clinical system export and has no hard copy files being sent away, they must be deleted from the list (delete the row).

During the digitisation process patients will still be registering and leaving practices. Suppose all our records have gone for digitisation and in the meantime a patient joins another practice. When GP2GP goes (provided it works!) it will only send the electronic records to-date, so if they haven't been digitised yet the information from the Lloyd George notes won't be included. Obviously we won't be able to send them back as we won't have them, since they will be with the digitisation company. When the company gets to those records for digitisation, they will no longer be associated with our practice, so presumably they will have to find out where the patient is now registered and digitise to that practice. Will they have access to the spine in order to be able to do this?

At the point when a practice is reviewing their scan images on the online portal and provides acceptance, they will then be contacted by EMIS and asked to share a list of their patients who have become inactive in the period between their boxes being collected and acceptance being given.

We then share that report with Restore who will locate the hard copy patient records for those patients, and they'll then be sent back to the practice securely to pass on to PCSE 'manually'. This is our approach as PCSE do not currently accept electronic transmission of patient records. The inactive patients will then be excluded from the EMIS Web upload, as there's little point uploading an attachment to a practice's inactive patients. Such attachments would never transfer on retrospectively as the GP2GP transfer will already have taken place.

What should I do if a patient joins the practice whilst my records are being packed?

If you have received the patient's hard copy record(s) whilst packing is still taking place and you want to send the record(s) away to be digitised, then you need to hand it to the packing team and provide the patient's first name, surname, gender, date of birth, NHS number and clinical system number. The packing team will then add this entry onto the Master Manifest List and add the patient's file(s) to a box.

Will the digitised Lloyd George attachment transfer with the electronic patient record via GP2GP?

Most clinical systems are now capable of GP2GP transfers which allow for the secure transfer of a patient's electronic record (including attachments) from an old practice to a new practice at the point of registration. The original version of GP2GP (version 1.1) was only able to transfer files of less than 5mb in size and include less than 99 attachments which was due to the technical limitations of the spine. With the limitations of version 1.1 this prevented the service being able to effectively include Lloyd George attachments as part the GP2GP transfer.

<p>The GP2GP service has seen a number of improvements from the original version and is now currently at version 2.2. GP2GP v2.2 includes the functionality to transfer larger messages and an increased number of attachments allowing for Lloyd George patient records to be included within the attachments of the GP2GP transfer.</p> <p>Note: There are some clinical suppliers that have not updated their system to utilise the current version of GP2GP service. In this scenario practices that are not on the current version will be unable to include Lloyd George patient records as part of the GP2GP transfer and will need to continue printing out the full electronic record including Lloyd George information and send it on to a patients new practice. Additionally as part of a GP2GP transfer it is possible that coded information may be stripped from the record and must then be coded by the patient's new practice. Solutions to both scenarios are being investigated and any further guidance will be published in due course.</p>
<p>On a patient's death, all of the record is printed and send by post to PCSE who archive and keep for the record keeping standard. Will there be any move to this being a digital transfer as part of this programme?</p>
<p>The national team are discussing future changes to policy with PCSE. This will be added to the process and associated guidance when it is determined.</p>
<p>What happens when patients de-register after the practice's records have been scanned? Practices will not have the physical LG to send to the new practice?</p>
<p>The intention is that this is a GP2GP transfer.</p>
<p>What guarantees are there that records will transfer by GP2GP in the future as there are currently a myriad of reasons why they don't?</p>
<p>This is not a digitisation issue but is a separate issue which is being looked into in dialogue between the National Team and PCSE. Once we receive further information we will communicate with practices. There is a national GP2GP team which are looking into why files sometimes don't transmit correctly and they have identified that these failures aren't attributed to the actual file.</p>

FUNDING

<p>Can practices have the funding to do their own digitising?</p>
<p>No, the funding is for the programme across Lancashire and South Cumbria. Practices aren't required to be part of this programme and where they want to do something else they will need to self-fund. Any programme surplus funding per ICP will be used for other areas of L&SC that received proportionately less funding.</p>
<p>Will there be any funding for the preparation work that practices will have to do? For example, we are expected to remove information from the Lloyd George records that should not be in there (we find all sorts of stuff – misfiled letters, copy birth certificates, etc, etc) or are we relying on redaction after the event? Sorting the records into batches and getting them ready for collection will also take time, as will sorting out disposal of cabinets etc afterwards.</p>
<p>A lot of the preparation work should have been done already and the prioritisation questionnaires that practices have been asked to complete will show how ready/ how much support they may need. Summarisation and maintenance of correct filing is business as usual for practices and there will not be any additional support with this under the programme. Minimising the burden on practices was part of the tender process and EMIS/Restore offer a full packing service as part of the contract and will provide support/training materials for practices at all stages of the digitisation process. Please note that practices do not need to remove any non-scannable items (CDs etc) from the records. These will be removed by the scanning company and returned to practices in clearly marked envelopes at the end of the process</p>

OTHER QUESTIONS

What should you do if you have already digitised your Lloyd George records?

If a practice's Lloyd George records library was digitised prior to the release of national guidance, practices should check that their digitised Lloyd George records comply with the new guidance. If a practice discovers a non-compliance issue, practices will need to discuss this with their CCG in order to plan corrective action.

An example would be "all digitised Lloyd George patient records must be searchable by date, word or phrase." A practice's Lloyd George library may have been scanned in a format that is not currently searchable. If that is the scenario then one resolution would be for the CCG or practice to purchase a full version of the Adobe Acrobat software (version 7 or above) and follow instructions to enable an OCR function to be applied to the scanned records making the contents of the digitised records searchable. The Adobe Acrobat software is just one example and there are other OCR conversion tools on the market that CCGs or practices could purchase. The previously explained resolution would prevent the need for practices to re-scan their full Lloyd George records libraries which would incur large costs. Please note that OCR on Lloyd George note scans is often not 100% effective due to limitations of the originals being poor quality and/or handwritten

Once practices have received and stored their digitised Lloyd George records it will be a requirement that practices code the patient's electronic record accordingly informing that the Lloyd George record has been digitised. The National Team are currently in the process of requesting a standardised SNOMED code for this purpose and further information will be added to this document once actioned.

Once Lloyd George records have been digitised and stored within the clinical system who has the responsibility of assigning SNOMED codes to the records to notify that records have been digitised?

Suppliers whose responsibility it is to upload digitised Lloyd George records into the clinical system may have the functionality to assign SNOMED codes automatically to the patient's electronic record as part of their upload service. If however this functionality is not part of a supplier's upload service then practices will be able to bulk assign SNOMED codes to patient's electronic records themselves by using current functionality which exists within a practice's clinical system.

A read code of 931Z is assigned by EMIS during the EMIS Web upload process. This means that records are searchable by the practice. Nationally this is being changed to a snomed code, to be confirmed by the national NHSE/I team once finalised.

If you would like to learn how to bulk assign SNOMED codes to patient records within the clinical system please either access the support files of the clinical system in use or contact your clinical system provider and ask for advice

Is it mandatory to take part in the Digitisation Programme?

No, it is not mandatory; however, this is a fully funded programme that will ensure your practice's records are digitised (which the GP Contract requires by 2022/23) so all patients can have online access to their full record, including the ability to add their own information. If practices do not take part in this programme, there will be no further funding available and practices will have to resource digitisation themselves.

My practice is currently going through a merger and a clinical system change, will this affect the digitisation of the LG records in my practice?

Once plans have been put in place for a practice merger and clinical system changeover to take place, discussions will need to then focus on whether it will be best to complete the work to digitise LG records before or after a merger / clinical system change can take place. Discussions

<p>between a CCG, practices and clinical system suppliers will determine the best option to take and help to aid in the planning and agreement of timescales of when the digitisation of LG records can commence and be actioned.</p>
<p>What is the process going forward for practices to continue records to be digitised and for patients whose physical records are received after they have been sent for digitisation?</p>
<p>Our understanding at the moment is that future digitisation would be the practice's responsibility. Note that this need will reduce over time as all records should be in digital form from 2022 and transfers should be predominantly digital after this point.</p> <p>EMIS offer an ongoing service based on an annual subscription model with a minimum box volume per quarter. Practices should contact their EMIS Account Director should they require more information about this service.</p>
<p>If after digitisation we receive notes in paper format and we have to scan them on, what will we then do with the original documents?</p>
<p>Same as you do now, the original documents can be destroyed once the records have been scanned in the practice.</p>
<p>How should practices manage digitised Lloyd George patient records that have been scanned into a different format other than what has been agreed locally?</p>
<p>It is possible that practices may receive a digitised Lloyd George patient record from another practice in a format other than the format which has been agreed as part of a local approach. An example of this is when a practice has agreed to scan their Lloyd George records as one single file but receives a digitised file from another practice that has been scanned into multiple sections.</p> <p>In this scenario it is important that practice staff are aware that Lloyd George digitised files may present in the clinical system in different format other to what has been agreed locally and that the file(s) that have been received are to be kept in the format that they arrive in. This aligns with the 'BS10008 Evidential weight and legal admissibility of electronic information' standard which must be adhered to as part of the full digitisation process.</p> <p>As long as digitised Lloyd George patient records have been scanned as a searchable PDF using Optical Character Recognition (OCR) technology then there should not be an issue as to whether records are scanned into multiple sections or as one single section as the content of either format is readily searchable..</p>
<p>During lockdown we performed a full record check, which is something we do from time to time to make sure that we have all the records we should and none that we shouldn't. There are still records that we have never received from PCSE (or even from the days of LaSCA) and we are continually chasing these. What do we do about this? Some practices may find that they discover records they should no longer have (we did the first time we did a records check – mainly ladies who had changed their name and the record hadn't been re-filed to the new surname) and these need to find their way back to the correct practice.</p>
<p>This is not specifically a digitisation query and is being addressed nationally by PCSE and NHSE.</p>
<p>Has the project work currently being carried out to digitise Lloyd George (LG) records received national consultation?</p>
<p>As part of the project work to digitise LG records across general practice, national engagement has taken place with a wide and representative group of healthcare professionals, suppliers and patients. Additionally, further engagement was supported by the Professional Records Standards Body (PRSB) who was commissioned by North of England Commissioning Support Unit (NECS), NHS England (NHSE) and NHSX. The national engagement which took place was to raise awareness of plans to digitise historical LG records in general practice as part of the wider digital transformation of primary care and to gather views and recommendations for taking this programme forward.</p>

The PRSB report detailing the findings, views and recommendations gathered from the national engagement will be added to this document once it has been published

Will practices be able to get a rent reduction on space no longer needed to store records?

This is outside the programme scope. It will need to be approached on an individual practice basis as circumstances are different for each practice depending on the type of premise they occupy and current rent agreements.