



Enabling GP Connect Update Record & GP Connect Access Record: (HTML & Structured)



Agenda: GP Connect Update Record & GP Connect Access Record (HTML & Structured)



Webinar



- 1 What is it?
- 2 How to Enable in EMIS, SystmOne & Medicus
- 3 What to Expect
- 4 Discussion & Questions



GP Connect – Easy to confuse its many parts!

1 GP Connect: Update Record

- Receive structured/coded consultation summaries direct into GP Clinical IT System
- Limited to just pharmacies & no expansion without agreement



2 GP Connect: Access Record - HTML

- Access a patient's GP record as 'unstructured' document that can be viewed in its entirety



3 GP Connect: Access Record - Structured

- Access a patient's GP record as 'structured', coded and machine-readable data record which can be viewed in individual sections

- Different from:
- GP Connect: Send Document
 - GP Connect: Access Record – Access Document
 - GP Connect: Appointment Management
 - GP Connect: Messaging (Send Consultation)



Practices due to enable GP Connect Update Record & Access Record (HTML & Structured) by 1st October 2025 as required by GP Contract 2025/26



Webinar



GP Connect Update Record: Enabling for Optum EMIS Web



GP Connect Update Record: Receiving Pharmacy Consultation Messages

[GP Connect Update
Record \(Optum Help
Centre\)](#)



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GP Connect Update Record

KB5001632



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GP Connect Update Record

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In this article:

- [Activation](#)
- [Actioning a pharmacy consultation message](#)

GP Connect Update Record is being used to support [NHS England's Pharmacy First](#) project, encouraging patients to use community pharmacies for minor ailment advice and medication.

GP Connect Update Record updates a patient's GP record with details of a consultation held at a community pharmacy. GP Connect Messaging is used to transfer the data in a structured format, informing the GP of the consultation, such as the patient has been prescribed

ENABLE - GP Connect Update Record: Receiving Pharmacy Consultation Messages



GP Connect Update Record functionality arrived '**switched on**' by default.

You can control the functionality from the EMIS ball by

- **Select: Configuration → Organisation Configuration**
- **Select: Organisation → Edit**
- Scroll down to the option:
Accept GP Connect Update Record via MESH?
- **Select: Yes - Click OK to save.**

You will be prompted to restart Optum EMIS Web to complete any change.

Edit Organisation: The Oakland Medical Centre

Organisation details

Location Details

Email Configuration

SMS Configuration

FitNote Configuration

CDA Configuration

SCR Configuration

Docman Share Viewer

Patients Know Best

Portal Cerner New HI

Coming Soon

Social Prescribing

Service Details

GP Connect Configuration

GP Connect Messaging Configuration

Vaccine Filing Configuration

GP2GP Configuration

Organisation details

Restrict users to patients on their service? ☒ No ☐ Yes

Shared practice ☒ No ☐ Yes

Dispensing organisation? ☒ No ☐ Yes

Registration organisation ☒ own ☐ NHS Hillingdon CCG

Allow Mobile access? ☐ No ☒ Yes

Display EMIS codes in the code picker? ☐ No ☒ Yes

Default to the SNOMED CT preferred term in the code picker ☐ No ☒ Yes ?

Display middle names (Patient Find, Banner)? ☒ No ☐ Yes

Allow Alliance Surgical private referrals? ☐ No ☒ Yes

Allow users to edit their profile information? ☒ No ☐ Yes

Document Management functionality ☒ Full ☐ Partial Document Management can only be configured by EMIS Health

Accept GP Connect Update Record via MESH? ☐ No ☒ Yes ?

Auto-update patient details with PDS (mobile and/or email) changes? ☒ No ☐ Yes ?

Back

Next

OK

Cancel



GP Connect Update Record: Receiving Pharmacy Consultation Messages

How received within EMIS Web:

- Workflow then select **Workflow Manager**
- Click **Document Management**
- Click **Awaiting Coding**

Sender will always be 'EXTERNAL, USER'.

The screenshot shows the EMIS Web Health Care System interface. The top navigation bar includes 'Workflow Manager' (highlighted with a red box), 'Config', 'View History', 'Add Note', 'Delete Note', 'High Priority', 'Print', 'Open Document', 'Complete Task', 'Match User', 'Unmatch Patient', 'Reject Document', 'Add Task', 'Mark as Viewed', 'Remove Viewed', 'Add a Code', 'Link To Referral', 'Add Comment', 'Link to problems', and 'Run template'.

The main content area displays a patient record for 'YUNO, Clover (Dr)' with details: Born 23-Feb-1994 (29y), Gender Male, NHS No. 776 545 2533, Usual GP NURSE, Community (Ms). Below this is a table of documents:

	Created	Patient	Document Type	Sender	Source	Clinical Document
P60002, Josh (Mr)	24-Nov-2023	YUNO, Clover (Dr)	Inbound document	EXTERNAL USER, ()		Not Set

The left sidebar shows a list of document management options: 'Document Management' (highlighted with a red box) and 'Awaiting Coding (1, 0)' (also highlighted with a red box). An orange arrow points from 'Awaiting Coding (1, 0)' to a pop-up window titled 'GP Connect Update Record'.

The pop-up window displays the following information:

GP Connect Update Record

Patient details:
 From: Pharmacy (ODS:)
 Date: 19-Sep-2025 15:24

This is a GP Connect Update Record message that updates the patient record automatically.
View the associated consultation for further details regarding the patient encounter.

The bottom status bar shows 'NHS EMIS Development | P60002, Josh (Mr) | Location: GPC High Traffic - Grimston - 60002'.



GP Connect Update Record: Receiving Pharmacy Consultation Messages

Clover (Dr)		Born	23-Feb-1994 (29y)	Gender		NHS No.		Usual GP	NURSE, Community (Ms)
ed Name Yuno									
Date		Consultation Text							Status
▶ 24-Nov-2023 14:57		Community Pharmacy Contraception Service							HOLDEN, GREG (Dr)
Additional		<i>[Provisional]</i> Uses contraceptive sponge and spermicide (12-May-2023) [Procedures and therapies] <i>[Provisional]</i> (12-May-2023) A description detailing a patient's reason for attendance, any red flags, results from the diagnostic and treatment process., [Clinical Summary]							
Comment		<i>[Provisional]</i> Face-to-face encounter Sender Name: Automation Organisation, ODS Code: E8K1F Practitioner Name: HOLDEN, GREG (Dr)							
Medication		Amoxicillin 250mg capsules (15-Aug-2021) As previously advised 9 capsule							
Document		<i>[Provisional]</i> Inbound document 📎 GP Connect Update Record (24-Nov-2023)							

- Pharmacy consultation is **FILED AUTOMATICALLY** but marked as '**Provisional**' until GP Practice has reviewed it (appears in Workflow Manager)
- Structured with **CODED** information

GP Connect Access Record: HTML & Structured

Enabling for Optum EMIS Web



GP Connect Access Record: HTML & Structured Sharing Patient Records

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KB0040003



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In this article:

- [Prerequisites required for enablement](#)
- [National Data Sharing Agreement](#)
- [GP Connect services](#)
- [How do I enable GP Connect services?](#)
- [Next steps](#)

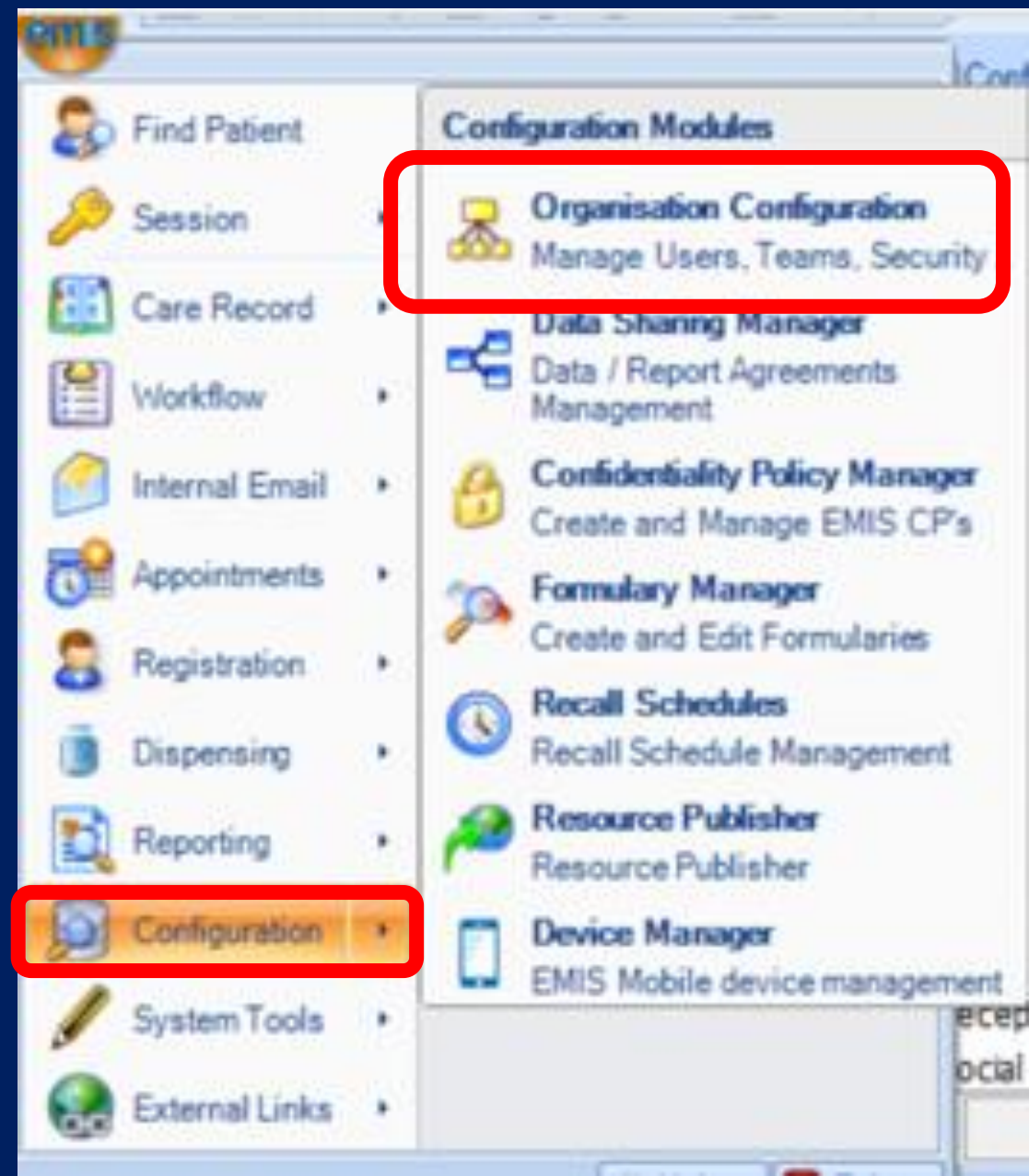
[GP Connect](#) is a NHS England programme that aims to make patient information held in GP

ENABLE - GP Connect Access Record: HTML & Structured Sharing Patient Records

ON



- From EMIS Ball,
 - Select: **Configuration**
 - Click: **Organisation Configuration**



ENABLE - GP Connect Access Record: HTML & Structured Sharing Patient Records

ON



From **Organisation Configuration** tab:

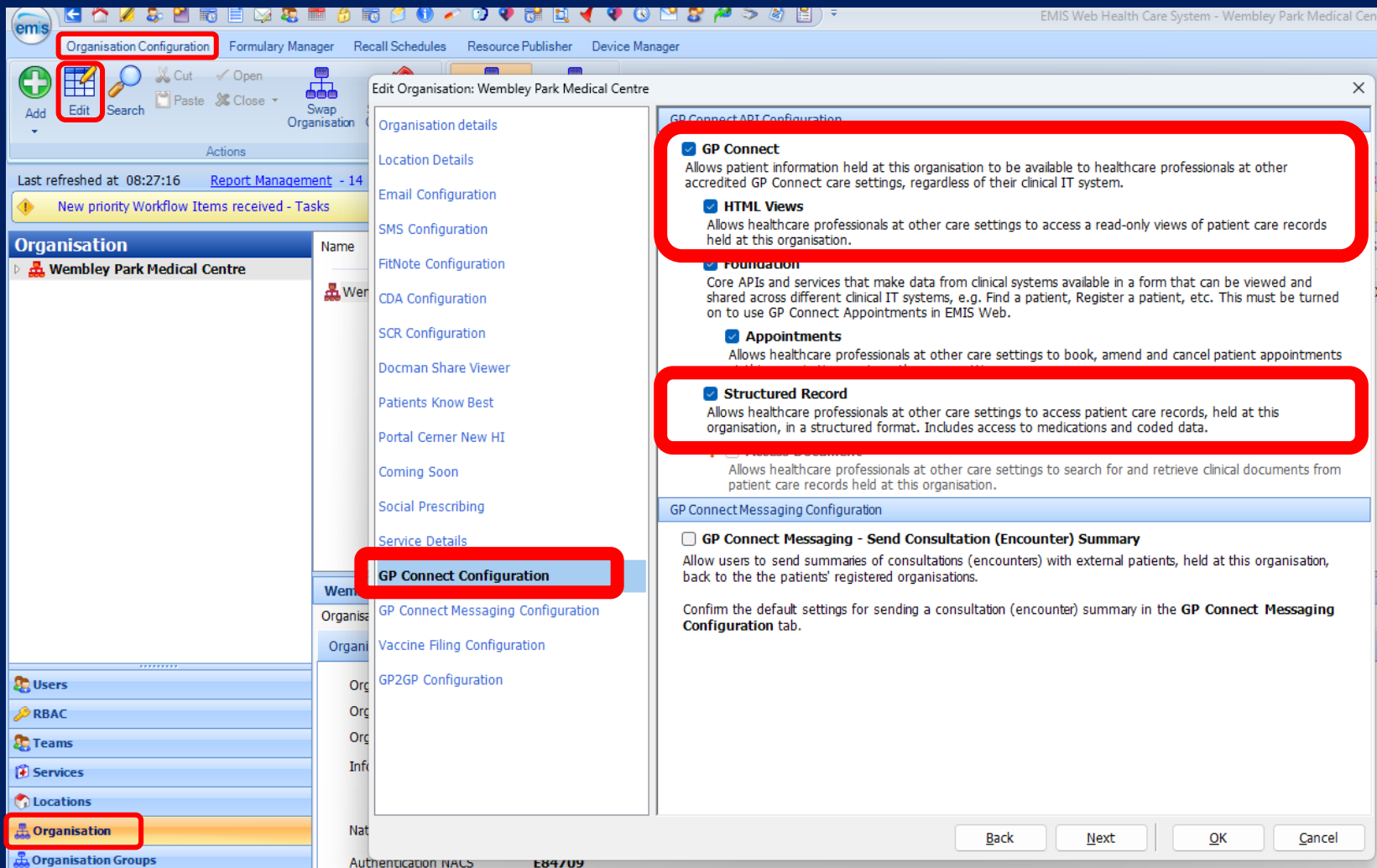
- Click **Organisation** (bottom left corner)
- Click **Edit**
- Select **GP Connect Configuration** in **Edit Organisation** pop-up screen that appears.

You then need to enable (tick) the highlighted sections in the screenshot:

GP Connect

1 HTML Views

2 Structured Record



GP Connect Update Record: Enabling for TPP SystemOne



Pharmacy First

[Pharmacy First – TPP \(tpp-uk.com\)](http://tpp-uk.com)

(includes demo video of
GP Connect Update Record)





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Pharmacy First

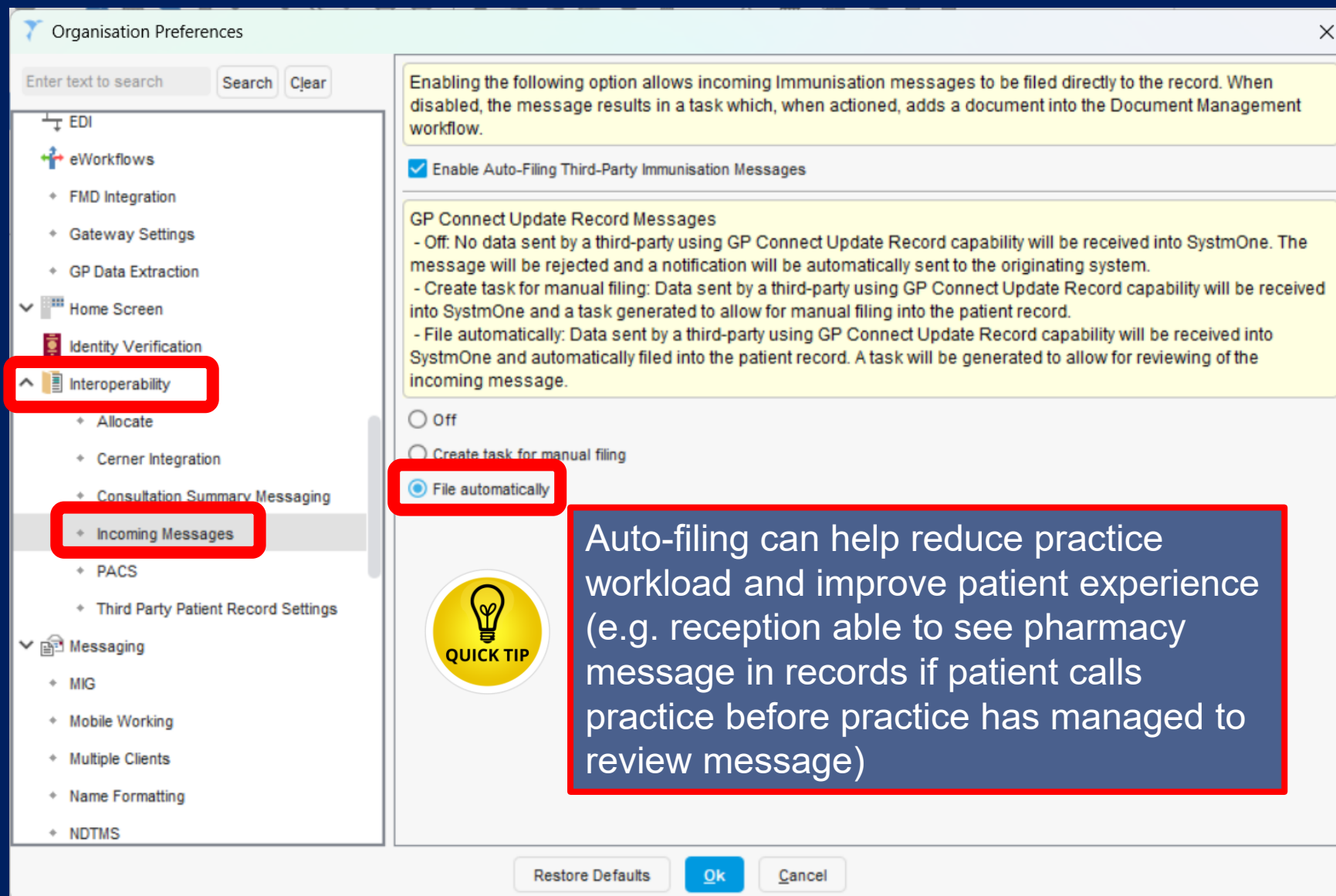
Pharmacy First

The 'Pharmacy First' service, currently undergoing a pilot phase with the NHS, represents a transformative initiative poised to replace the existing Community Pharmacist Consultation Service (CPCS). This pioneering service aims to provide an enhanced and streamlined approach to healthcare accessibility, positioning community pharmacies as pivotal hubs for front-line care. 'Pharmacy First' expands the scope of services offered by pharmacies, allowing individuals to seek professional advice and treatment directly from trained pharmacists for a range of minor health concerns. Through this service, patients can efficiently access necessary healthcare interventions without the need for a general practitioner's appointment, relieving pressure on primary care services. The pilot phase marks a critical step toward integrating community pharmacies more comprehensively into the healthcare ecosystem, reinforcing their role as accessible and essential healthcare providers.

ENABLE - GP Connect Update Record: Receiving Pharmacy Consultation Messages



- S1 GP Practices can choose how to file Third-party incoming messages
- **Organisation Preferences**
→ **Interoperability**
→ **Incoming Messages**
- Default is **FILE AUTOMATICALLY** –
Message automatically filled patient record, automatically marked as 'Hidden from Online Services'
- Task will be generated to allow users to review the incoming message and amend the online visibility where appropriate.



The screenshot shows the 'Organisation Preferences' window. On the left sidebar, the 'Interoperability' section is expanded, and 'Incoming Messages' is selected. The main content area shows the 'Enable Auto-Filing Third-Party Immunisation Messages' checkbox checked. Below this, the 'GP Connect Update Record Messages' section is visible, with the 'File automatically' radio button selected. A 'QUICK TIP' icon is also present.

Enabling the following option allows incoming Immunisation messages to be filed directly to the record. When disabled, the message results in a task which, when actioned, adds a document into the Document Management workflow.

☒ Enable Auto-Filing Third-Party Immunisation Messages

GP Connect Update Record Messages

- Off: No data sent by a third-party using GP Connect Update Record capability will be received into SystemOne. The message will be rejected and a notification will be automatically sent to the originating system.
- Create task for manual filing: Data sent by a third-party using GP Connect Update Record capability will be received into SystemOne and a task generated to allow for manual filing into the patient record.
- File automatically: Data sent by a third-party using GP Connect Update Record capability will be received into SystemOne and automatically filed into the patient record. A task will be generated to allow for reviewing of the incoming message.

☐ Off

☐ Create task for manual filing

☒ File automatically

QUICK TIP

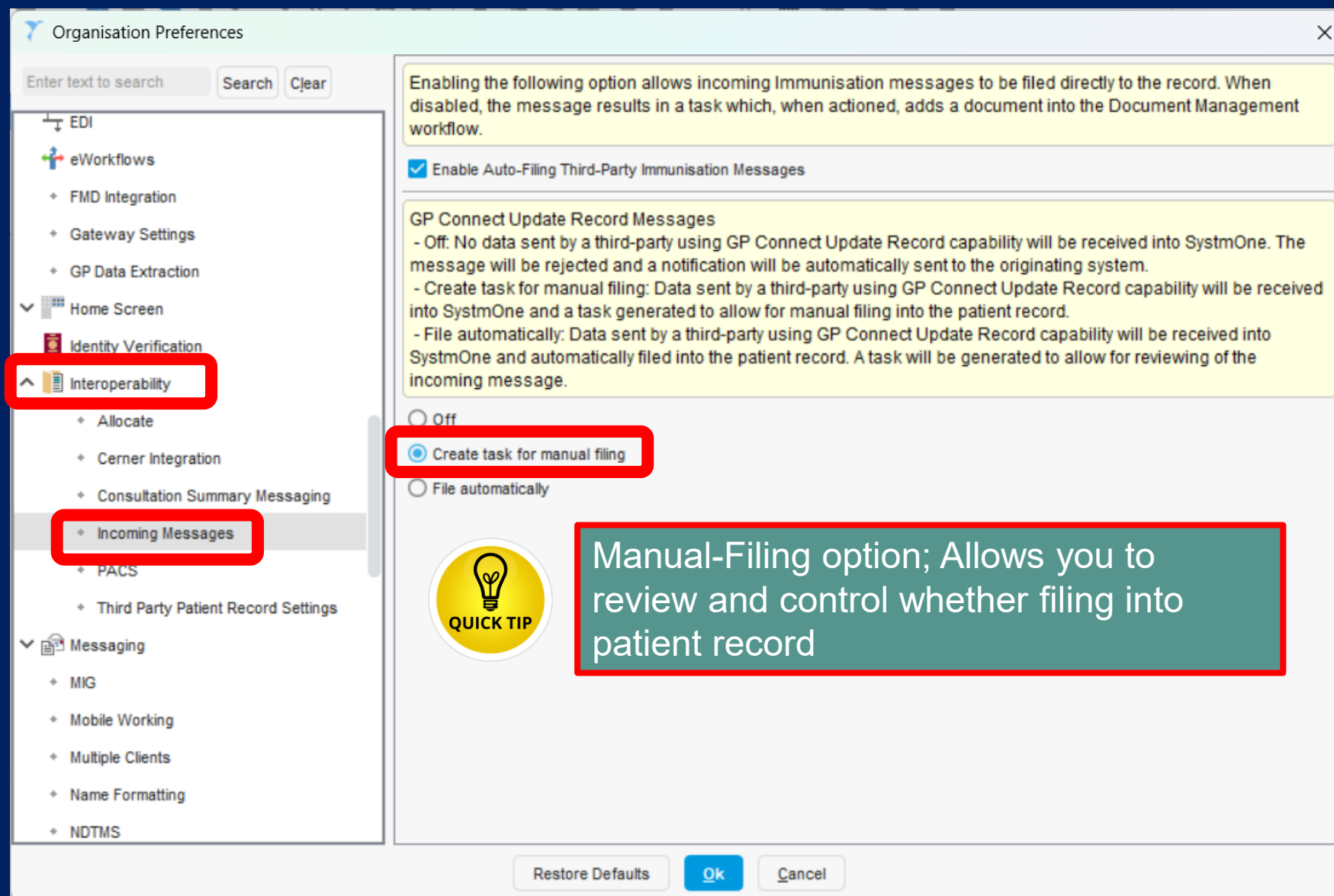
Auto-filing can help reduce practice workload and improve patient experience (e.g. reception able to see pharmacy message in records if patient calls practice before practice has managed to review message)

Restore Defaults Ok Cancel

ENABLE - GP Connect Update Record: Receiving Pharmacy Consultation Messages



- S1 GP Practice can choose how to file Third-party incoming messages
- **Organisation Preferences → Interoperability → Incoming Messages**
- **MANUAL FILING** option:
- Message received by GP Connect Update record and task generated to allow manual filing into the patient record



The screenshot shows the 'Organisation Preferences' window. On the left sidebar, the 'Interoperability' section is expanded, and 'Incoming Messages' is selected. The main content area shows the 'Enable Auto-Filing Third-Party Immunisation Messages' checkbox checked. Below this, the 'GP Connect Update Record Messages' section is visible, with the 'Create task for manual filing' radio button selected. A yellow callout box explains the manual filing option, and a green callout box provides a 'QUICK TIP' about the manual-filing option.

Organisation Preferences

Enter text to search Search Clear

EDI

eWorkflows

FMD Integration

Gateway Settings

GP Data Extraction

Home Screen

Identity Verification

Interoperability

Allocate

Cerner Integration

Consultation Summary Messaging

Incoming Messages

PACS

Third Party Patient Record Settings

Messaging

MIG

Mobile Working

Multiple Clients

Name Formatting

NDTMS

Enabling the following option allows incoming Immunisation messages to be filed directly to the record. When disabled, the message results in a task which, when actioned, adds a document into the Document Management workflow.

☒ Enable Auto-Filing Third-Party Immunisation Messages

GP Connect Update Record Messages

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- File automatically: Data sent by a third-party using GP Connect Update Record capability will be received into SystemOne and automatically filed into the patient record. A task will be generated to allow for reviewing of the incoming message.

☐ Off

☒ **Create task for manual filing**

☐ File automatically

QUICK TIP

Manual-Filing option; Allows you to review and control whether filing into patient record

Restore Defaults Ok Cancel



Consider creating 'Task rule' for 'GP Connect Update Record Message Received'

- Organisational Preferences → Tasks → Rules → New Rule
- New tasks of a particular type:
- GP Connect Update Record Message Received
- Assign to a team (ideally, otherwise Assign to a user group)

Organisation Preferences

task Search Clear

New Rule Amend Rule Delete Rule

Task Rule

☐ New tasks from a user or organisation

☐ New tasks to a user

☐ New tasks to a group

☐ New tasks to a team

☒ New tasks of a particular type GP Connect Update Record Message Received

☐ New tasks from external users

☐ Assign to a user group

☒ Assign to a team Back Office Members

☐ Assign to a staff member

☐ Assign to the sender (only applies to tasks from this organisation)

☐ Assign to the patient's usual GP (only applies to patient-related tasks)

☐ Change the flag of the task

☐ Start eWorkflow

☒ Do not process any further rules

Ok Cancel

For each task with a type of 'Incoming Copy NHS 111 CDA Message' Assign the task to team 'Scanner' and stop processing rules

For each task with a type of 'Incoming Discharge CDA Message' Assign the task to team 'Scanner' and stop processing rules

66 Rules

Restore Defaults Ok Cancel

GP Connect Update Record: Receiving Pharmacy Consultation Messages



- Arrive as incoming Tasks with different Task Types

SystmOne GP: Mr Bob Wilson (General Medical Practitioner) at Dr Porter and Partners - Task List

Search Task Discard Save Details Next Acute Note Appts Home Timeline Appts

Create Breakdown Settings Refresh

All Tasks Summary Mr Bob Wilson

- Electronic Referral Received (25)
- Electronic Referral Rejected (12)
- Electronic Referrals Received (2)
- Email Verification Failure (14)
- Enable enhanced Data Sharing Model Complete (2)
- GP Connect Update Record Message Received (18)**
- Hospital Correspondence (8)
- Incorrect NHS Number (7)
- Letter Incomplete (3)
- MHA rule test (1)
- Mark In Error Response (4)
- Medication Change Request (6)
- Medication start request (4)
- Merged Patient Record Check (46)
- Misc (196)
- Miscellaneous (47)
- NCO Test (4)
- NHS Mail Message Sending Failure (1)
- New Patient Record Check (91)
- New organisation group membership approved (3)
- New patient address (8)
- Online Access After Patient Merge (2)
- Online Consultation (27)
- Online Consultation - Admin (Miscellaneous) (3)
- Online Consultation - Clinical (Miscellaneous) (2)
- Online Consultation - Existing Condition (9)
- Online Consultation - Follow Up (4)
- Online Consultation - Health Review (3)
- Online Consultation - Medication Query (1)
- Online Consultation - New Condition (7)
- Online Consultation - Registration Request (8)

Updated	By	For	Patient	Task	Status	Due
30 Nov 2023			Ms Kirsty Clayton	GP Connect Update Record Message Received - Community Pharmacist Consultation Service for minor illness	Not Started	
30 Nov 2023			Ms Kirsty Clayton	GP Connect Update Record Message Received - Community Pharmacist Consultation Service for minor illness	Not Started	
30 Nov 2023			Ms Kirsty Clayton	GP Connect Update Record Message Received - Community Pharmacy Contraception Service	Not Started	
30 Nov 2023			Ms Kirsty Clayton	GP Connect Update Record Message Received - Community Pharmacy Contraception Service	Not Started	
20 Nov 2023			Mr Gary James Brennan	GP Connect Update Record Message Received - Community Pharmacy Blood Pressure Check Service	Not Started	
20 Nov 2023			Mr Graham Robinson	GP Connect Update Record Message Received - Community Pharmacy Blood Pressure Check Service	Not Started	
20 Nov 2023			Mr Graham Robinson	GP Connect Update Record Message Received - Community Pharmacy Contraception Service	Not Started	
20 Nov 2023			Mr Gary James Brennan	GP Connect Update Record Message Received - Community Pharmacy Contraception Service	Not Started	
17 Nov 2023			Mr Gary James Brennan	GP Connect Update Record Message Received - Community Pharmacy Blood Pressure Check Service	Not Started	
17 Nov 2023			Mr Gary James Brennan	GP Connect Update Record Message Received - Community Pharmacy Blood Pressure Check Service	Not Started	
17 Nov 2023			Mr Gary James Brennan	GP Connect Update Record Message Received - Community Pharmacy Contraception Service	Not Started	

18 Tasks

Thu 30 Nov 13:26 - Sent automatically by SystmOne
A new **Community Pharmacist Consultation Service for minor illness** message has been received.

Sender: Unrecognised

This message was automatically filed to the patient record. The consultation will remain NOT visible to the patient via online services unless access is changed.

Please review the consultation by actioning this task.

ORG

0 0 0 0 0 0 0 0 57 8 265 330 532 0 0 0 0 0 0 0 0 0 0 0 0 19 21 1999 11 11:38

GP Connect Update Record: Receiving Pharmacy Consultation Messages



- You **cannot bulk action** 'GP Connect Update Record Message Received' tasks;
- Need to Action each task **individually**

SystmOne GP: VIJAYADEVA, Shanker (Dr) (Clinical Practitioner Access Role) at Guru Nanak Medical Centre - Task List

[Patient](#)
[Appointments](#)
[Reporting](#)
[Audit](#)
[Setup](#)
[Links](#)
[Clinical Tools](#)
[Workflow](#)
[User](#)
[System](#)
[Help](#)

[Home](#)
[Search](#)
[Appts](#)
[Appts](#)
[Free Slot](#)
[Task](#)
[Sch Task](#)
[Discard](#)
[Details](#)
[Teleph...](#)
[Save](#)
[Next](#)
[Acute](#)
[Repeat](#)
[Repeat](#)
[Note](#)
[eConsu...](#)
[eConsu...](#)
[IM](#)
[More](#)
[More](#)

[Create Breakdown](#)
[Settings](#)
[Refresh](#)

[All Tasks](#)
[Summary](#)
[VIJAYADEVA, Shanker \(Dr\)](#)

[All Tasks](#)
[All Open Tasks \(376\)](#)
[Unassigned Tasks \(16\)](#)
[Assigned to Groups \(212\)](#)
[Back Office \(61\)](#)
[Admin \(18\)](#)
[EDI Validation Error \(2\)](#)
[GP Connect Update Record Message Received \(5\)](#)
[GP2GP Transfer In \(1\)](#)
[Merge Patient Records \(1\)](#)
[Merged Patient Record Check \(1\)](#)
[Miscellaneous \(15\)](#)
[New Patient Record Check \(4\)](#)
[New patient address \(1\)](#)
[Online Services - Linked Application \(1\)](#)
[Record Transferred Out \(2\)](#)

Updated	By	For	Task	Status	Due Date	Started	Flags
11 Jan 2025	Back Office	T..	GP Connect Update Record Message Received - Community Pharmacist Consultation Service for minor illness	Not Started		☐	
11 Jan 2025	Back Office	T..	GP Connect Update Record Message Received - Community Pharmacist Consultation Service for minor illness	Not Started		☐	
11 Jan 2025	Back Office	K..	GP Connect Update Record Message Received - Community Pharmacist Consultation Service for minor illness	Not Started		☐	
10 Jan 2025	Back Office	B..	GP Connect Update Record Message Received - Community Pharmacy Blood Pressure Check Service	Not Started		☐	
10 Jan 2025	Back Office	B..	GP Connect Update Record Message Received - Community Pharmacy Blood Pressure Check Service	Not Started		☐	

5 Tasks (5 Selected)

Error

You cannot bulk action 'GP Connect Update Record Message Received' tasks.

[Ok](#)

GP Connect Update Record: Receiving Pharmacy Consultation Messages



Structured
with Coded
Information

SystmOne GP: Mr Bob Wilson (General Medical Practitioner) at Dr Porter and Partners - Patient Record

Search Task Discard Save Details Next Acute Note Appts Home Timeline Appts

Start Consultation Next Event Event Details Pathology Drawing Auto-Consultation Settings

Clinical Administrative Patient Home

Patient Home

- Questionnaires
- Protocols
- Alcohol Meter
- MED3 Statements
- New Journal
- Medication
- Online Consultations

22 Mar 2003 Cytology Sme

Patient Status Alerts

- Height > 1m any date -
- M. Not in a after B Mo
- Patient at risk of Hyperte

Tasks

- GP Connect Update Record
- GP Connect Update Record
- GP Connect Update Record
- GP Connect Update Record

Consultation to Review

Tue 08 Aug 2023 Elsewhere, A(*) - The Dispensers: Dr Medi Kai-Shun (Pharmacist)

Dr Medi Kai-Shun

Presenting complaints or issues: Insect bite - wound

History: Not allergic to penicillin.

Clinical summary: Patient has had localised redness in skin and complain that had an insect bite on the site. Site is tender and swollen.

Social context: Non-smoker

Information and advice given: Keep the site clean. If the symptoms do not improve, contact 111.

BP 118 / 73 mmHg (Lying) Body Site: Left upper arm structure

Non-smoker (SNOMED: 8392000)

Heart rate (SNOMED: 364075005) 82 BPM - Body Site: Right upper arm structure

Insect bite - wound (SNOMED: 276433004)

Seen in primary care establishment (SNOMED: 307778003)

Community Pharmacist Consultation Service for minor illness (SNOMED: 1577041000000109)

O/E - temperature (SNOMED: 703421000) 37.4 degC

Flucloxacillin 500mg capsules (A H Pharmaceuticals Ltd) - 20 Capsule - Four times a day for 5 days (to be taken at least 1 hour before or 2 hours after meals)

Mark as Reviewed and Save Record Go to Record

Ms Kirsty Clayton 20 Mar 1942 (81 y) F
11 Westburn Avenue, Keighley BD22 6AL
Home (preferred): 681880
936 497 4719 GMS, Dr Porter and Partners

11:51

GP Connect Access Record: HTML & Structured

Enabling for TPP SystmOne



ENABLE: GP Connect Access Record: HTML & Structured Sharing Patient Records

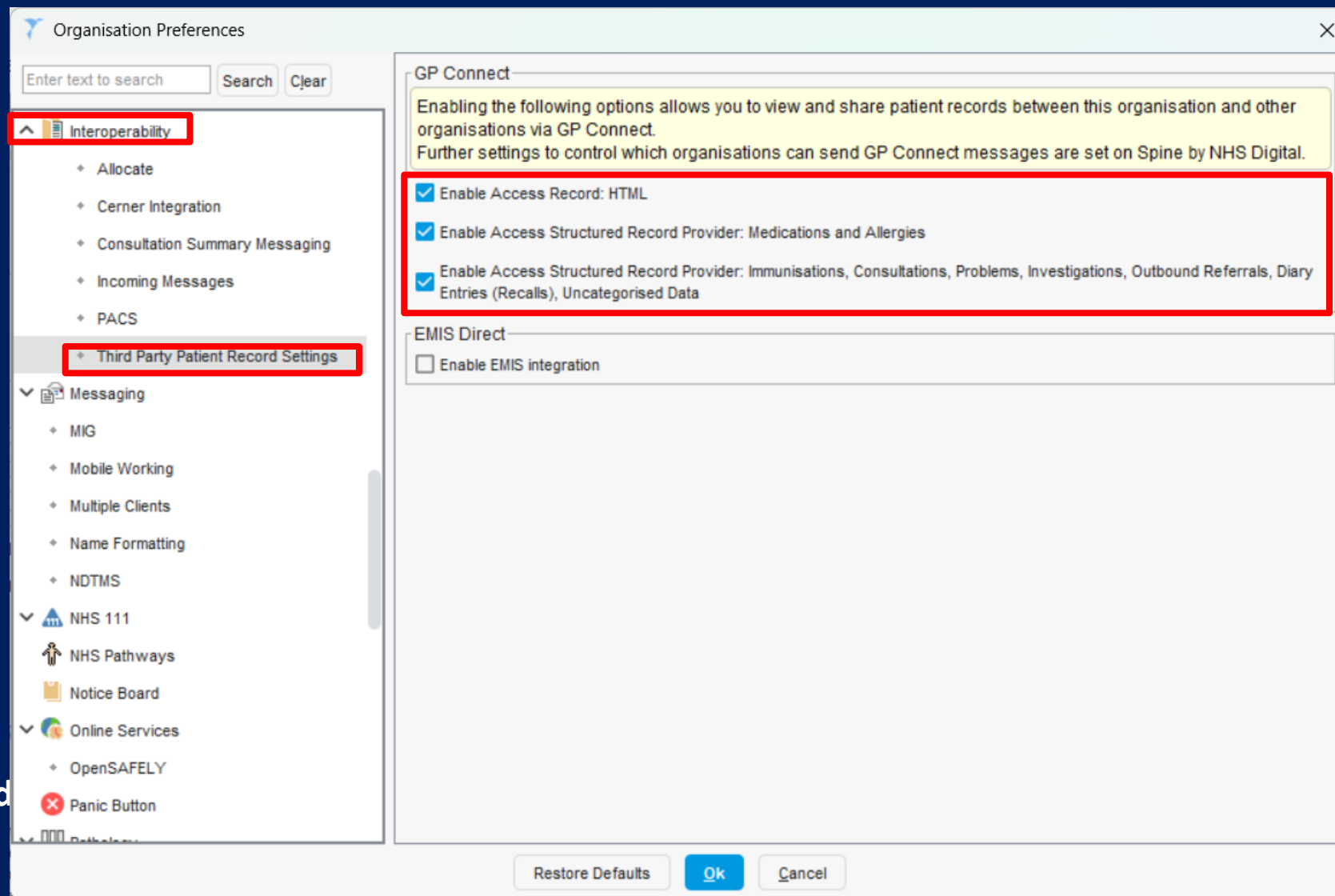


- Organisation Preferences →
Interoperability →
Third Party Patient Record Settings

1 Select: Enable Access Record: HTML

2 Select: Enable Access Structured Record Provider: medications and allergies

3 Select: Enable Access Structured Record Provider: Immunisations, Consultations, Problems, Investigations, Outbound referrals, Diary entries (Recalls), Uncategorised data



GP Connect Update Record & GP Connect Access Record: HTML & Structured

Enabling for Medicus



GP Connect Update Record

Receiving Pharmacy Consultation Messages



- Not yet live with GP Connect Update Record
- Automatically enabled to receive Pharmacy reports via MESH
- Reports appear in the workflow module as 'Inbound Documents'

Medicus.

- Homepage
- Patient Finder
- Chat
- Modules

Third Party Data Sharing

- Data Sharing Dashboard
- GP Connect Configuration**
- Summary Care Record
 - Consent Report
 - Configuration
 - Bulk Updates
 - Update Queue
 - SCR API Log
 - SCR Access Audit Report
- Shared Care Record
 - Shared Care Record Configuration
 - Graphnet ShCR API Log
- GP Connect Consumer API Log
- GP Connect Provider API Log
- OneLondon UCP API Log
- National Data Opt-out Data Release

Support

Dr Emile Axelrad
Medicus Test GP Practice

Panic Button

GP Connect Configuration

Healthcare Professionals

Status	Enabled
Capabilities	Appointment management Access record HTML Access record structured Access document
Clinical areas (structured record)	Medications Allergies Consultations Problems Uncategorised Data Immunisations Investigations Referrals Diary Entries Documents

Patient Online Access (NHS App)

GP Connect PFS API	GP Connect PFS API: Enabled Access Record: Enabled Prescriptions: Enabled
Maximum access levels	Current medical records: Full Historical medical records: Full Prescriptions: Manage

ENABLE - GP Connect Access Record: HTML & Structured Sharing Patient Data



- Third Party Data Sharing → **GP Connect Configuration** screen

1 Enable: Access Record HTML

2 Enable: Access Record Structured

3 Select all Clinical Areas

The screenshot shows the Medicus interface with a sidebar on the left containing navigation links: Homepage, Patient Finder, Chat, Modules, Third Party Data Sharing, Data Sharing Dashboard, GP Connect Configuration (highlighted), Summary Care Record, Consent Report, Configuration, Bulk Updates, Update Queue, SCR API Log, SCR Access Audit Report, Shared Care Record, Shared Care Record Configuration, Graphnet ShCR API Log, GP Connect Consumer API Log, GP Connect Provider API Log, OneLondon UCP API Log, National Data Opt-out Data Release, Support, Dr Emile Axelrad (Medicus Test GP Practice), and Panic Button.

The main content area displays the 'GP Connect Configuration' dialog box titled 'Update GP Connect Configuration'. The dialog contains the following settings:

- Enable GP Connect:** ☒ (checked)
- Appointment Management:** ☒ Enabled, ☐ Disabled
- Access Record HTML:** ☒ Enabled, ☐ Disabled (highlighted with a red box)
- Access Record Structured:** ☒ Enabled, ☐ Disabled (highlighted with a red box)
- Access Record Structured Clinical Areas:**
 - ☒ Medications
 - ☒ Allergies
 - ☒ Consultations
 - ☒ Problems
 - ☒ Referrals
 - ☒ Investigations
 - ☒ Immunisations
 - ☒ Documents
 - ☒ Diary Entries
 - ☒ Uncategorised Data
- Access Document:** ☒ Enabled, ☐ Disabled

At the bottom right of the dialog are 'Cancel' and 'Save' buttons.



What to Expect?

Pharmacy First: Minor Illness



31-Mar-2025 11:04	Community Pharmacist Consultation Service for minor illness	P	A
Additional	fever pain score of 3 and red inflamed tonsils with white pussy exudates. Consultation outcome:Supply of a Clinical Pathways medicine. Clinical Pathways medication supplied. Duration of symptoms:More than 72 hours, [Clinical summary]		
	Acute pharyngitis [Presenting complaints or issues]		
Comment	Seen in primary care establishment Sender Name: Identifier:	ODS Code:	Practitioner Name: P A , Role: Pharmacist,
Medication	Phenoxymethylpenicillin 250mg/5ml oral solution sugar free take one 5mls spoonful four times a day 100 ml		
Document	Seen in community clinic GP Connect Update Record (31-Mar-2025)		

Some suboptimal codes – e.g. ‘Seen in primary care establishment’ rather than ‘Seen in pharmacy’
Uses legacy ‘CPCS code’ rather than any new ‘Pharmacy First: Clinical Pathways / Minor Illness’ codes



Hidden online from patient by default – even after reviewed
No prompt to consider if you wish to make visible online

09 Jan 2025	14:24 - Woodland Pharmacy:	(Pharmacist)	
Mis:	Presenting complaints or issues: Acute pharyngitis (disorder)		
	Clinical summary: Pregnancy status: Not pregnant Actions taken to date: None Consultation notes: If not better in 5 days, make apt with GP Consultation outcome: Supply of medicine		
	Information and advice given: How to best manage their condition, Advice on how to take medicine, Advice on action to take if symptoms get worse		
	Community Pharmacist Consultation Service for minor illness (Y3e4c)		
	Seen in primary care establishment (XaBET)		
	Acute pharyngitis (XE0Xn)		
	Phenoxymethylpenicillin 250mg tablets (Rudipharm Ltd) - 40 tablet - Two tablets four times a day		

Community Pharmacy Blood Pressure Check Service



19-Sep-2025 Wembley Park Medical Centre EXTERNAL USER, ()

Comments Sender Name: Q | Pharmacy, ODS Code: | Practitioner Name: Al | R, Role: Pharmacist

Observations Pulse rate (79 beats/minute)

O/E - blood pressure reading (138/99 mmHg)

Patient presented for blood pressure measurement. Measurement could not be completed because ABPM was not undertaken. Patient was not offered Ambulatory Blood Pressure Monitoring. because no abpm mac...

Healthy diet;Regular physical activity;Reduced alcohol intake;Smoking cessation;Reduced consumption of caffeine;Reduced dietary sodium intake. diet and lifestyle advice given to patient -including regular exercise, re...

Signposted to GP Practice

Tasks/Actions for GP Practice are not meant to be communicated within GP Update Record report but via another modality (e.g. phone/email to the practice), yet might still happen



08 Jan 2025 12:42 - O | Pharmacy: Ms G | (Pharmacist)

Ms G (P) BP108 / 73 mmHg O/E - blood pressure reading

Body Site: Right upper arm structure

History: Patient has family history of hypertension.

Clinical summary: Clinical narrative: n/a

Information and advice given: Caffeine, Physical activity

Community Pharmacy Blood Pressure Check Service (Ya11C)

Seen in primary care establishment (XaBET)

O/E - pulse rate (242..) 72 bpm

Community Pharmacy Contraception Service



19-Sep-2025	The Oakland Medical Centre
Comments	Sender Name: L Pharmacy, ODS Code: F Practitioner Name: H N , Role:
Observations	Ongoing Supply - no new symptoms and no gap in treatment O/E - blood pressure reading (110/77 mmHg) (Laterality : Right upper arm structure) Body mass index (22.2 kilogram per square meter)
Medications	Rigevidon tablets (Gedeon Richter (UK) Ltd) 1mdu with 7day pill free interval 63 tablet



07 Jan 2025	V	Pharmacy: A	(Pharmacist)
A	(Phai	BP119 / 74 mmHg	O/E - blood pressure reading
Clinical summary: Patient presented for initiation of oral contraception. Patient had no established pregnancy. Patient reported no contraindications and was supplied with 3 months of Combined Pill			
Information and advice given: A patient information leaflet (PIL) was provided with the original pack. Individual was informed about the superior effectiveness of LARC. Individual was provided with written information or a link to a trusted online resource to support safe, effective COC use. An explanation of the mode of action, side effects and benefits of the medicine. Advice was given about the risks of the medication including failure rates and serious side effects and the actions to be taken noting that the risks of using COC could outweigh the benefits. Individual was advised when, in the event of serious side-effects, they should stop taking the COC and seek medical help urgently if they experience calf swelling, heat or pain in the calf, shortness of breath, chest pain or haemoptysis. The individual should seek advice if they experience their first ever migraine or develops aura with existing migraine. Individual was advised that current use of COC is associated with a small increased risk of breast cancer which reduces with time after stopping COC. Individual was advised that current use of COC is associated with an increased risk of VTE/ATE. Individual was should be advised that current use of COC for more than 5 years is associated with a small increased risk of cervical cancer; risk which reduces over time after stopping COC and is no longer increased by about 10 years after stopping. Individual was advised about reducing periods of immobility during travel. Individual was advised that trekking to high altitudes (above 4500m or 14500 feet) for periods of more than 1 week may be advised to consider switching to a safer alternative contraceptive method. Individual was advised to stop CHC and to switch to an alternative contraceptive method at least 4 weeks prior to planned major surgery or expected period of limited mobility. Individual was provided with contact details of local service/sexual health services, where necessary. Individual was provided with actions to take if vomiting or severe diarrhoea occurs and with missed pill advice, in line with FSRH guidance. Individual was advised that non-enzyme-inducing antibiotics do not interact with COC and if these are prescribed COC should be continued as normal with no additional precautions required. Individual was offered condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs)			
Community Pharmacy Contraception Service (Ya11D)			
Seen in primary care establishment (XaBET)			
Body mass index - observation (22K..) 21.1 Kg/m²			
Gedarel 20microgram/150microgram tablets (Gedeon Richter (UK) Ltd) - 63 tablet - One tablet daily for 21 days, subsequent courses repeated after 7-day tablet free interval			

Discussion & Questions



GP Connect Update Record (Not GP Connect Access Record!)



Royal College of
General Practitioners



England



Joint GP IT Committee: Position Statement GP Connect Update Record 15th Sept 2025



Joint GP IT Committee position statement on GP Connect: Update Record

15th September 2025

In recent months the Joint GP IT Committee (JGPITC) has tried to engage NHS England over *GP Connect: Update Record*. The ability for care providers to send coded healthcare information which can be easily incorporated into the GP record offers potential time savings and improved coding accuracy. The ensuing digital record needs to be clear on its provenance, be easily readable, and coded data needs to be identifiable as coming from an external source. The obligations of GPs as the data controllers of the patient record need to be respected. Problems came to light earlier this year, in what NHS England categorises a “major incident”, when pregnancy codes were sent to practices following Pharmacy First and contraception consultations that may have been incorrect (i.e. the patients may not have been pregnant). NHS England had been warned by JGPITC prior to the rollout about unresolved risks of including certain codes, pregnancy being specifically identified as high risk and warranting reconsideration.

As of September 2025 we understand pharmacies are still reviewing the almost 15000 records that may have been incorrectly coded, with some of those incorrect codes now being part of the GP record, particularly for patients in practices who didn't turn off *GP Connect: Update Record* as part of collective action last year. With any new system there will be teething troubles (technical or governance) and *GP Connect: Update Record* is no exception. Having taken stock of the current position at its meeting on 3rd September 2025, JGPITC does not yet feel *GP Connect: Update Record* as implemented with the Pharmacy First information model can command the confidence of the profession. JGPITC committed to working with NHS England to put in place the final requirements so that we can assure the profession that it is fit for purpose. Pharmacy First is the first of many services to use this new technology, so it is essential that the profession has confidence in the product before mass rollout.

The Committee is aware of the contractual requirement for practices to turn on *GP Connect: Update Record* by 1st October 2025. Our advice would be that this date be put on hold until the concerns have been resolved. Other aspects of *GP Connect* associated with accessing records also require work in the view of the Committee, particularly around an understanding of data protection liabilities, the extent of the data flows, security, the ability to surface audit trails, and opt outs. The Committee looks forward to fulfilling its role in ensuring that all new GP IT systems are fit for purpose, as



was contractually agreed in 2003 between the Department of Health and General Practice.

The following are likely to be minimum necessary steps for JGPITC to advise the RCGP and BMA that the Pharmacy First use of *Update Record* is ready for general acceptance:

1. frank **acknowledgement from NHS England**
 - a. **that the information model is NHS England's**, and it is accountable for it and its clinical safety
 - b. **that JGPITC has not yet been enabled to fulfil its role**, and recognition that the role is a contractual requirement with no further dispute
2. a clear, written **editorial policy for the information model**, that sets out
 - a. a clear strategic case for sending data in coded form for each component (the benefits of coding)
 - b. a clear hazard assessment of what policy decisions made in the information model contribute to the underlying causes and effects of the choice of which codes are used, to include
 - i. ownership of model and its dependent code lists
 - ii. description of the maintenance cycle
 - c. policy decisions such as
 - i. adherence to SNOMED policy and exceptions
 - ii. use of non-selectable codes
 - iii. Intention to use accurate codes only, and only using 'best fit' codes with documented risk assessment including documented decision making on why a new code will not be requested
 - d. A description of the assurance of the information model
 - i. including documented details of the person-specification for the skills and experience necessary to provide that assurance
 - ii. a mechanism to record the assurance process
 - iii. incorporation of a data quality analysis framework e.g. using CARAT to ensure that decisions to include / exclude data are done with the intention of providing good quality information to primary care. This is particularly important where an issue is not immediately clear

3. Either involvement of JGPITC in the root-cause analysis of the pregnancy coding issue, or a detailed report setting out why it went wrong, and what the lessons learned are.

NHS England must demonstrate that it can respond to JGPITC's concerns within a timely manner, so that the Committee can advise the houses that progress is being demonstrated.

Dr Imran Khan

Co-Chair Joint GP IT Committee

Royal College of General Practitioners

Dr Mark Coley

Co-Chair Joint GP IT Committee

GPC England Policy Lead for Digital, IT & Data

Dr Tom Nichols

Co-Vice Chair Joint GP IT Committee

Royal College of General Practitioners

Dr Jonathan Cox

Co-Vice Chair Joint GP IT Committee

GPC England Deputy Policy Lead for Digital, IT & Data

Dr Michael Mulholland

Honorary Secretary

Royal College of General Practitioners

Dr David Wrigley

Deputy Chair GPC England

Officer Lead for Digital, IT & Data

BMA: GP Connect Update Record 26th Sept 2025



England

GP Connect: Update Record

GPC England (GPCE) voted to accept the 2025/26 contract with the agreement that GP Connect: Update Record development would be safe and fit for purpose before roll out. Given deep seated concerns around the functionality of this system, for the past six months GPCE has engaged in robust and regular rounds of meetings with DHSC, NHSE and Government to press hard for sufficient safeguards and functionality improvements to be put in place prior to October 1st switch on of GP Connect: Update Record functionality.

What is it?

GP Connect: Update Record is a functionality built into your clinical platform that allows third parties to send coded and free-text information for direct incorporation into the GP record. Under the planned contractual changes in place, after 1st October, practices will be required to allow other healthcare providers (beginning with community pharmacists) to make use of this provision.

As with any information submitted, GPs will be required to check and accept this information before it becomes part of the record, ensuring, in particular, the coded entries are appropriate and do not leave the clinical system flagging concerns about the patient, for example, a blood pressure out of target, without addressing these.

GP practices are data controllers for the information they hold about their patients, and as the data controller GPs have overall control of the data and decide how and why data is to be processed. These are legal obligations and that is why we take these developments over data, and in particular, coded data, being injected into the patient record so seriously.

GP Connect: Access Record Structured

Another aspect of GP Connect is the functionality that allows third parties to read the GP record for the purposes of direct care. The HTML view option has been in operation for a number of years but the contract now requires practices to enable the Structured view which will allow coded data (and hence a more information-rich resource) to flow out from the GP record to be ingested and interpreted by third-party clinical systems to guide treatment pathways. Many practices already have this turned on but there has been no drive to increase the numbers due to a lack of third-party clinical systems able to use the structured flow. In principle, the outgoing flow of data for direct care, be it in human-readable form (rendered HTML) or coded form, can help with appropriate care, but it leaves the GP as data controller exposed to risk of data breaches (eg from accidentally misfiled data being exposed) or from causing patient harm from the inadvertent release of clinical information in an inappropriate setting (eg results given out by a third party before the GP



has been able to speak to the patient). As more and more third parties come online with GP Connect clients the risk of a breach, or harm, occurring increases. There is also the very real issue of inappropriate access from rogue operators, which, given the lack of patient-accessible audit trails, will likely go unnoticed and damage patient trust should it occur and be later discovered. GPCE remains concerned about the extent of the flows and how they fit with Caldicott principles, given all records from birth onwards are accessible via GP Connect: Access Record.

Engagement

GPCE have, both independently and via the Joint GP IT Committee (representing both GPCE and RCGP), met with NHSE on multiple occasions over the past 6 months to discuss the implementation of these requirements and have written to them to express ongoing concerns with the information model in use, the technical implementation, and the data protection risks, emphasising that the software does not command the confidence of the profession in its current form. The committee has reached an impasse with NHSE. Although it has urged for the implementation date to be paused until the current concerns can be addressed NHSE has stated that its position is that they already have a minimum viable product and further work is not necessary. GPCE met with NHSE and DHSC on 25th September and was told the software must be switched on by 1st October.

Separately, GPCE has raised concerns with the ICO and NHS Resolution about the possibility of data breaches resulting from the widening use of GP Connect – both in terms of data submitted into the record and data made available for third parties to access. Discussions are ongoing as to what, if any, enhanced national cover may be provided to mitigate this additional risk.

Next steps

As a result of the position we find ourselves in and reflecting that GPCE has voted to enter into dispute on this issue, we are now considering how to proceed.

For the time being, practices are required to adhere to their contractual obligations – meaning this functionality must be enabled by 1st October. Any incoming GP Connect: Update Record messages will need review by practices as part of their normal workflow reviews and great care will be needed before accepting any of the suggested coded entries into the medical record as there may be implications for ongoing care. Practices are reminded that pharmacies potentially miscoded around 15000 pregnancy statuses in the first half of this year, which are still being worked through and checked by pharmacies, and many of these flowed into GP records via GP Connect: Update Record.

Regarding further work GPCE will be continuing to push hard for the software to be made fit for purpose, as the Joint GP IT Committee has stated, and will meet with NHSE, DHSC and others to ensure our voice is heard and that the concerns of the JGPITC are acted on.

26th September 2025

- 1 Reduced workload vs 'cutting & pasting & coding' pharmacy emails into records
- 2 Auto filing – Helps reception when patient contacts practice before checked emails!
- 3 Coded information → More searchable & provides 'fail-safes'
- 4 Easier to spot medication supplied by pharmacies
- 5 Helps pharmacists see patient encounters with other pharmacies



NHS
England

THINK HEALTH
Think Pharmacist



fip WORLD 25 SEPTEMBER
PHARMACISTS DAY



**Journey of collaboration between
GP Practices & Pharmacies**

**Improving communication,
Evolving IT, Ongoing learning &
Improving Patient Safety and Experience**