



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



GP Connect – Easy to confuse its many parts!

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 machinereadable 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







Optum GP Connect Update Record: **Receiving Pharmacy Consultation Messages**

GP Connect Update Record (Optum Help Centre)



EMIS is now Optum and EMIS Now is now Optum Help Centre **Optum** Service Status Knowledge ▼ Release News Products **▼** Support **▼** Community **▼** Clinical Safety **▼** Search Home > Knowledge > EMIS Web (Knowledge Base) > Interoperability - GP Connect > **GP Connect Update Record** KB5001632 Subscribe **GP Connect Update Record** 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.

Organisation details	Organisation details		
Location Details	Restrict users to patients on their service?	● No	
Email Configuration	Shared practice	○ No ○ Yes	
MS Configuration	Dispensing organisation?	○ No ○ Yes	
tNote Configuration	Registration organisation	own NHS Hillingdon CCG	
DA Configuration	Allow Mobile access?	○ No • Yes	
SCR Configuration	Display EMIS codes in the	○ No • Yes	
Oocman Share Viewer	code picker?	O No. O Yes	
Patients Know Best	Default to the SNOMED CT preferred term in the code picker	○ No O Yes ⑧	
Portal Cerner New HI	Display middle names	○ No ○ Yes	
Coming Soon	(Patient Find, Banner)?		
Social Prescribing	Allow Alliance Surgical private referrals?	○ No • Yes	
Service Details	Allow users to edit their profile information?	○ No ○ Yes	
GP Connect Configuration		O Full O Partial Programme Management are set to	
GP Connect Messaging Configuration	Document Management functionality	Full Partial Document Management can only be configured by EMIS Health	
/accine Filing Configuration	Accept GP Connect Update Record via MESH?	○ No O Yes (a)	
GP2GP Configuration			
. 25. Samgaratan	Auto-update patient details with PDS (mobile and/or email) changes?	○ No ○ Yes ⑥	



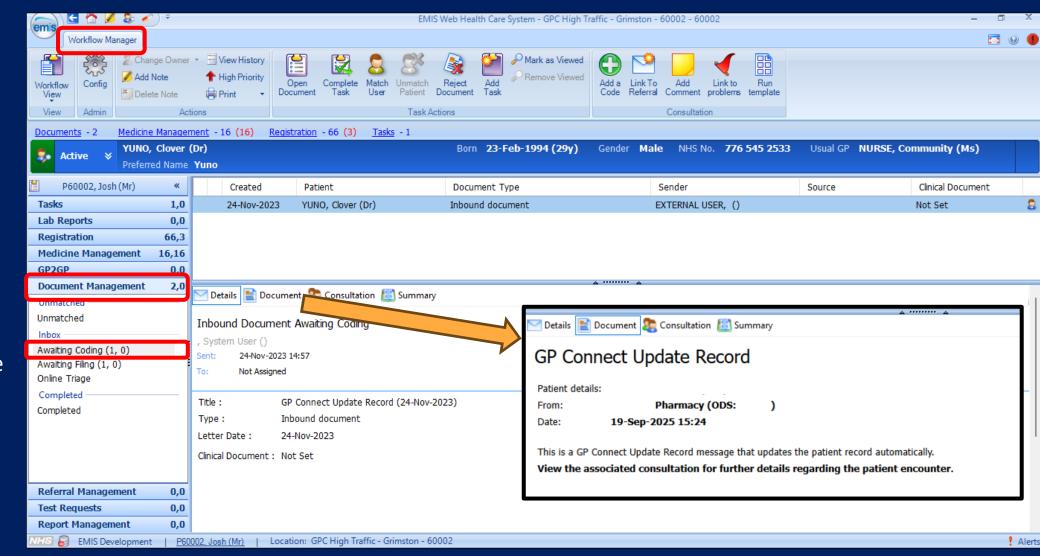
Optum GP Connect Update Record: **Receiving Pharmacy Consultation Messages**



How received within EMIS Web:

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

Sender will always be 'EXTERNAL, USER'.



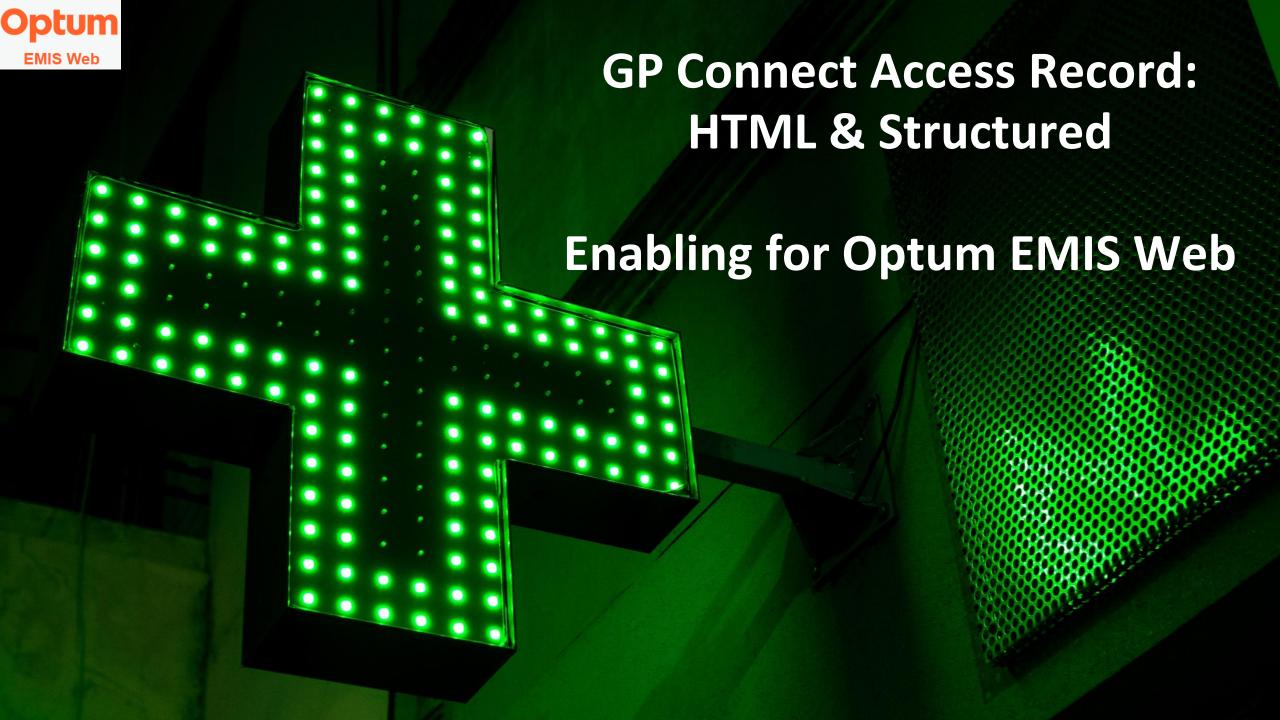


Optum GP Connect Update Record: **Receiving Pharmacy Consultation Messages**



Clover (Dr) ed Name Yuno	Born 23-Feb-1994 (29y) Gender NHS No. Usual GP NURSE, Community (N	Ms)				
Date	Consultation Text	Status				
▶ 24-Nov-2023 14:57	Community Pharmacy Contraception Service HOLDEN, GREG (Dr)	9				
Additional	[Provisional] Uses contraceptive sponge and spermicide (12-May-2023) [Procedures and therapies] [Provisional] (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	[Provisional] 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	[Provisional] 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

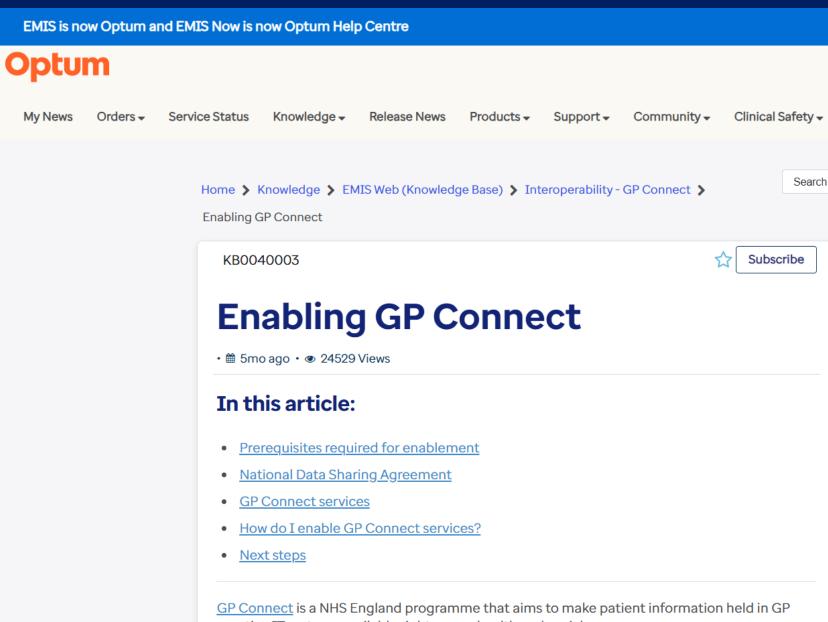




Optum GP Connect Access Record: HTML & Structured **Sharing Patient Records**

GP Connect Access Record (Optum Help Centre)







Optum ENABLE - GP Connect Access Record: HTML & Structured

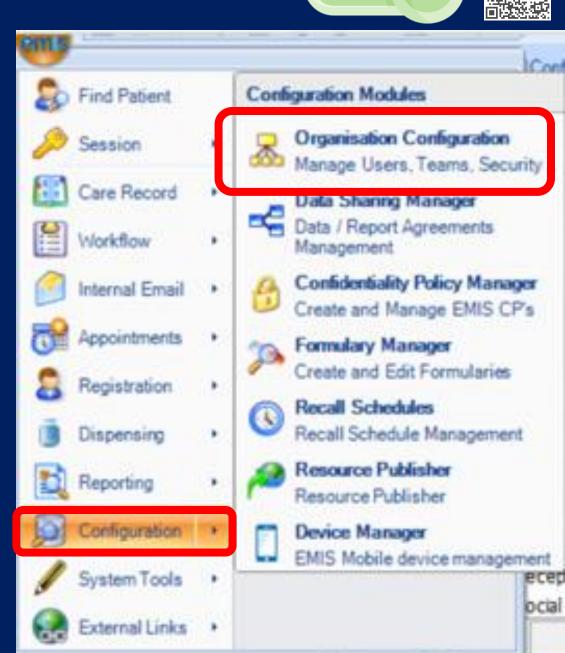




From EMIS Ball,

Select: Configuration

Click: Organisation Configuration





ENABLE - GP Connect Access Record: HTML & Structured





From **Organisation Configuration** tab:

Click Organisation (bottom left corner)

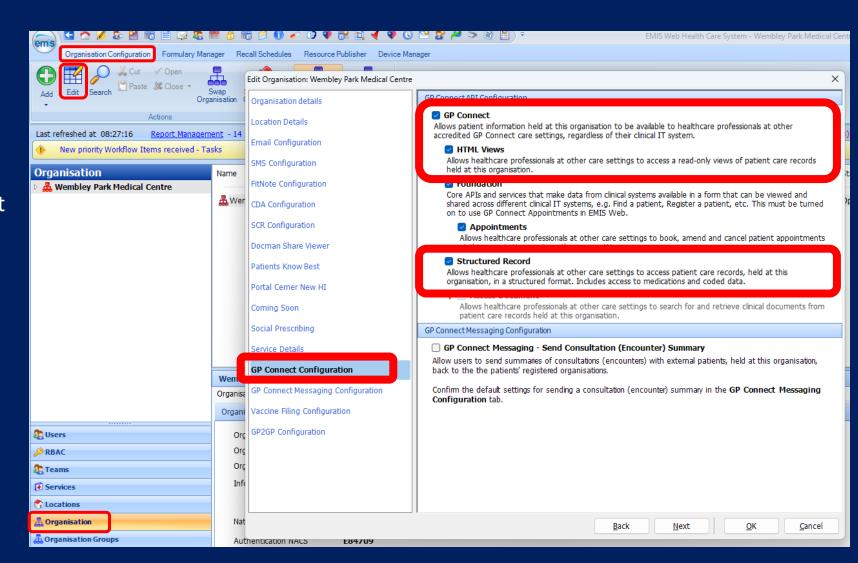
Sharing Patient Records

- 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







Pharmacy First

Pharmacy First – TPP (tpp-uk.com)

(includes demo video of GP Connect Update Record)





ABOUT US PRODUCTS - N

VIDEO & DEMONSTRATIONS

NTACTUS CAREERS 中

HOME > 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





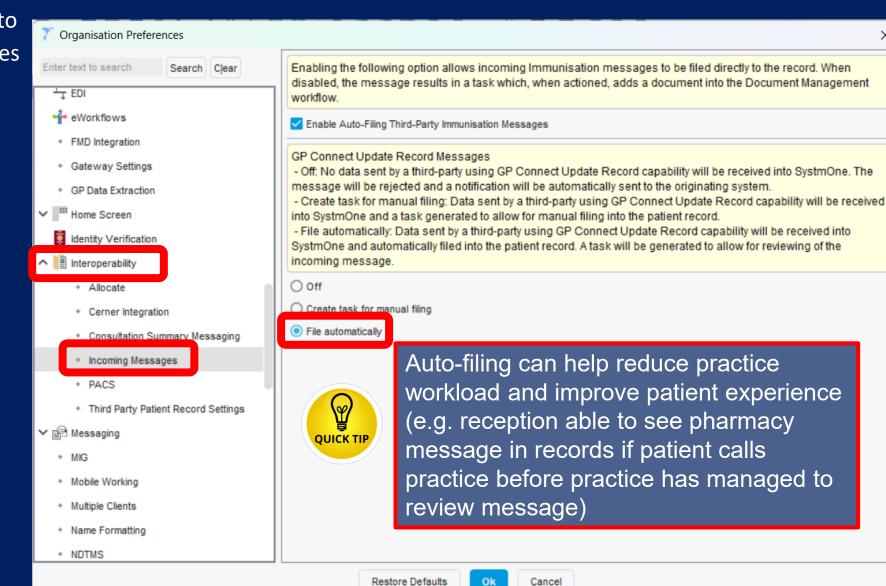
- S1 GP Practices can choose how to file Third-party incoming messages
- Organisation Preferences
 - → Interoperability
 - → Incoming Messages
- Default is

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.



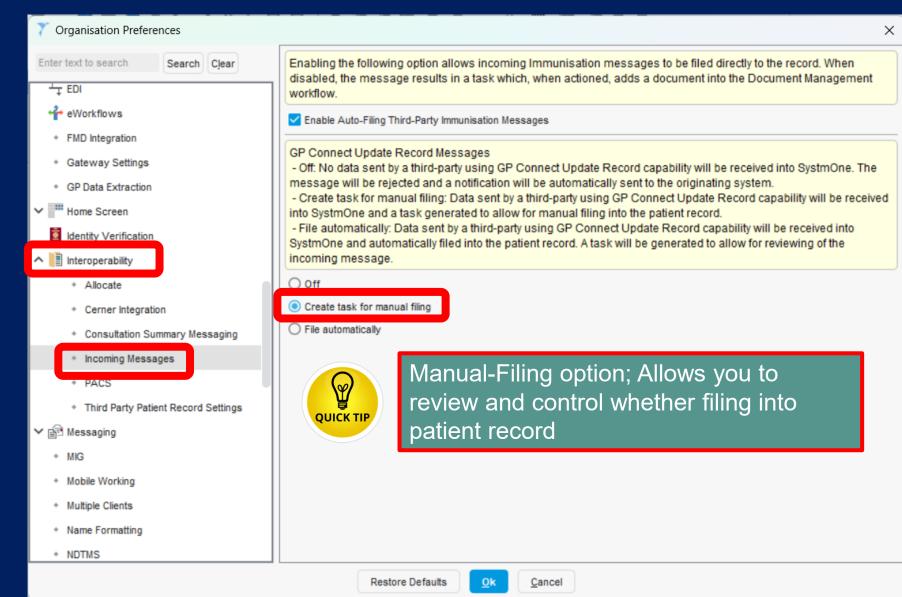


ENABLE - GP Connect Update Record: Receiving Pharmacy Consultation Messages





- 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





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



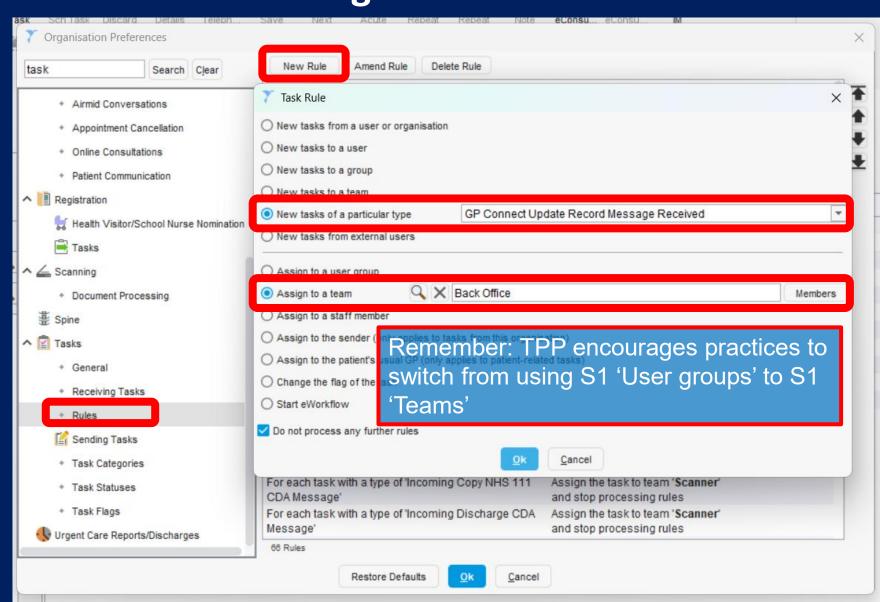
- Organisational
 Preferences → Tasks →
 Rules → New Rule
- New tasks of a particular type:

GP Connect Update Record Message Received

Assign to a team

 (ideally, otherwise

 Assign to a user group)

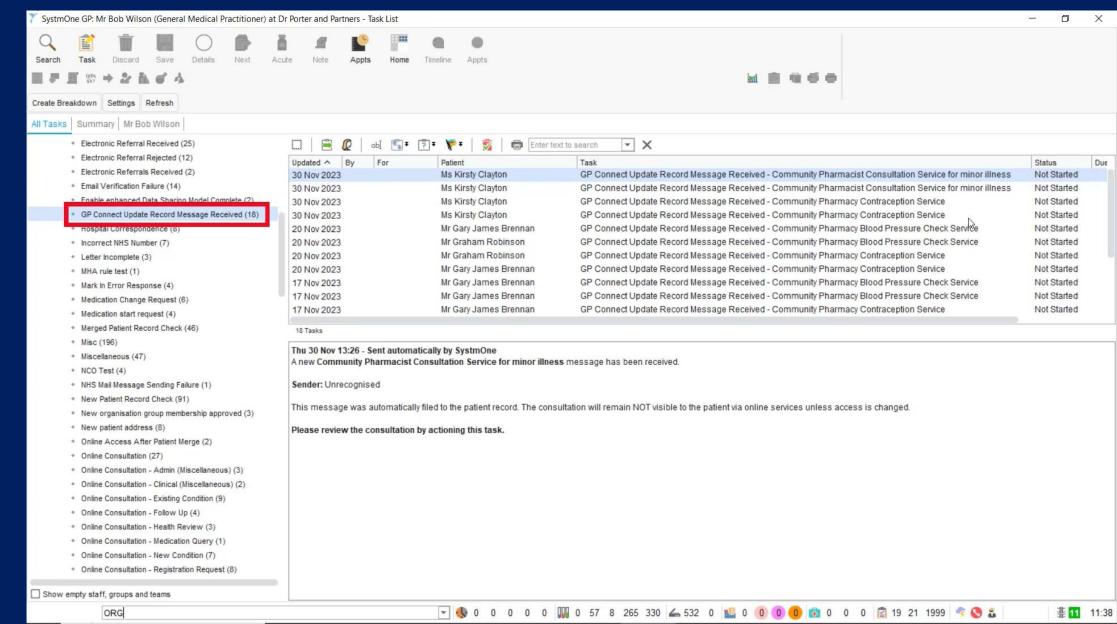




GP Connect Update Record:Receiving Pharmacy Consultation Messages



Arrive as incoming Tasks with different Task Types

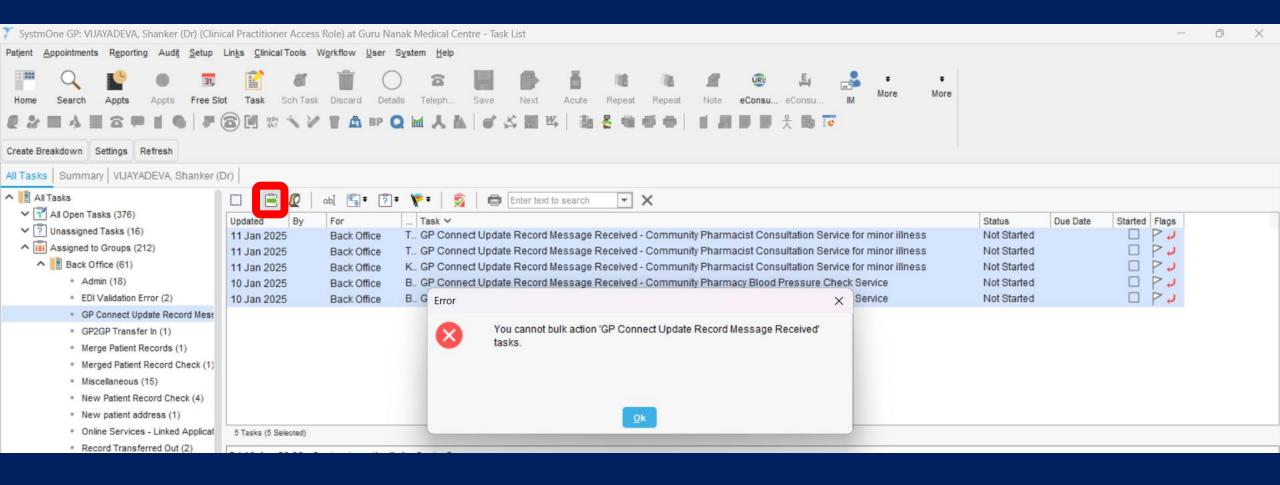




GP Connect Update Record:Receiving Pharmacy Consultation Messages



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

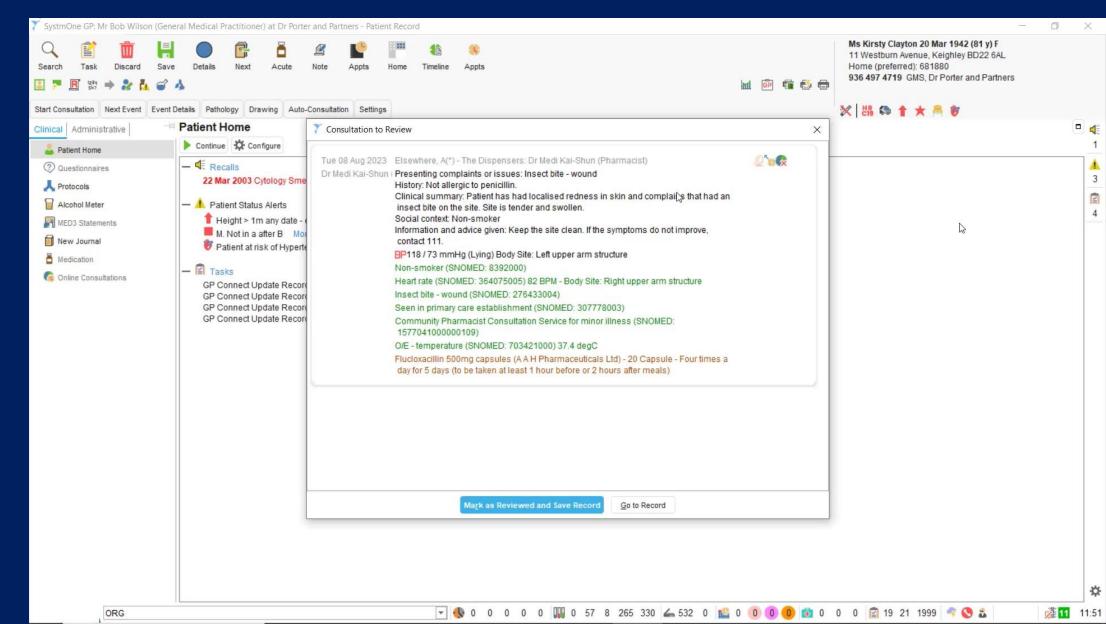


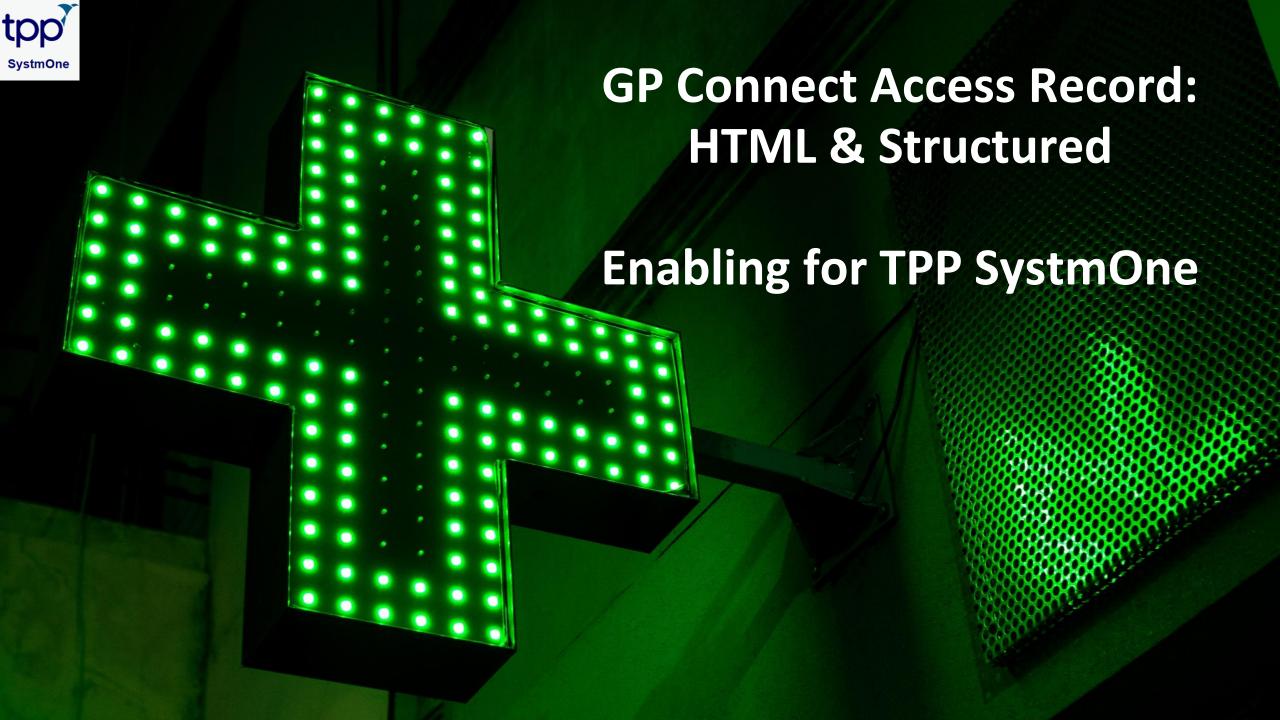


GP Connect Update Record:Receiving Pharmacy Consultation Messages



Structured with Coded Information







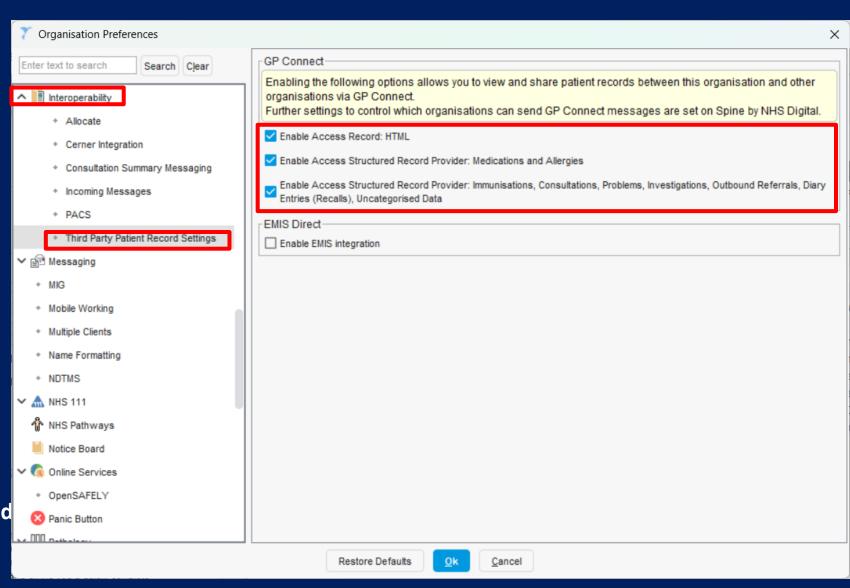
ENABLE: GP Connect Access Record: HTML & Structured



Organisation Preferences →
 Interoperability →
 Third Party Patient Record Settings

Sharing Patient Records

- Select: Enable Access Record: HTML
- Select: Enable Access Structured Record Provider: medications and allergies
- Select: Enable Access Structured
 Record Provider: Immunisations,
 Consultations, Problems,
 investigations, Outbound referrals,
 Diary entries (Recalls), Uncategorised
 data



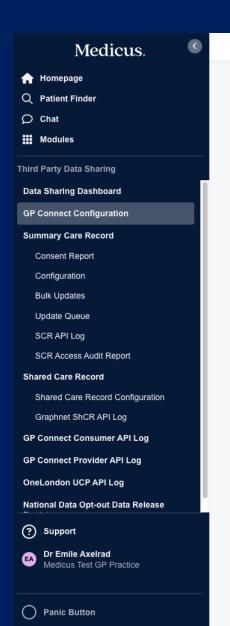


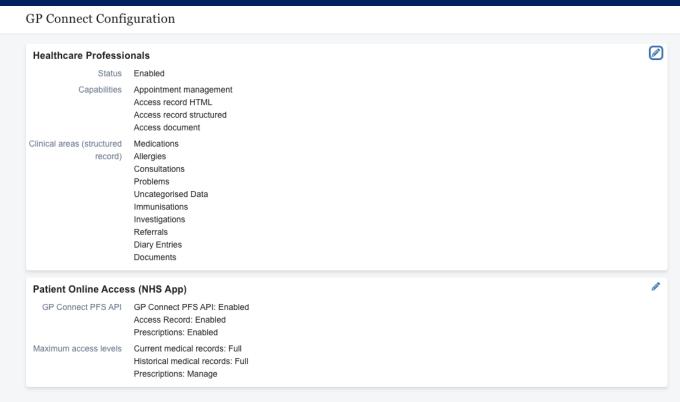


Medicus. GP Connect Update Record **Receiving Pharmacy Consultation Messages**



- 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'**

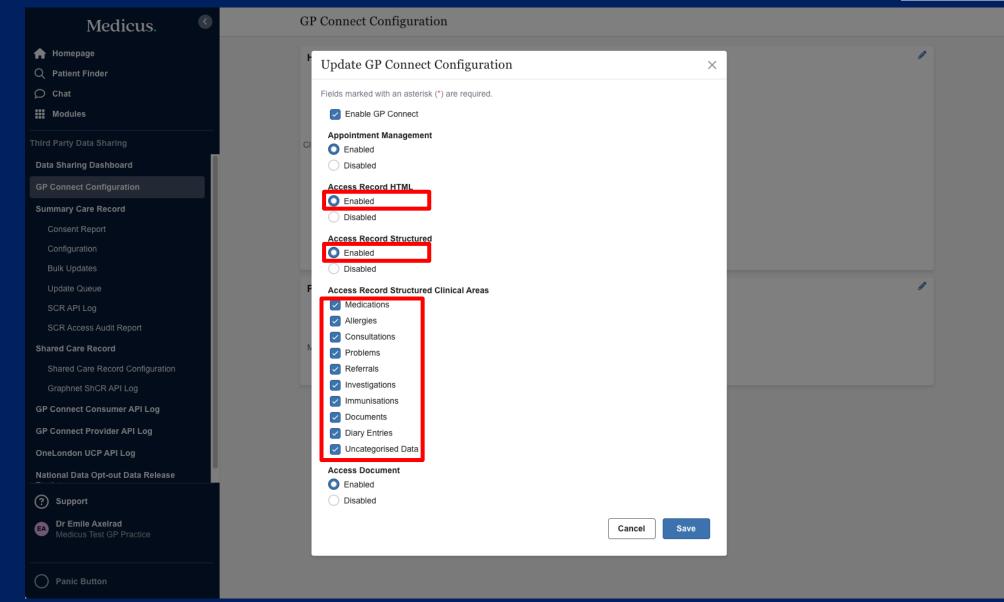




Medicus. ENABLE - GP Connect Access Record: HTML & Structured **Sharing Patient Data**



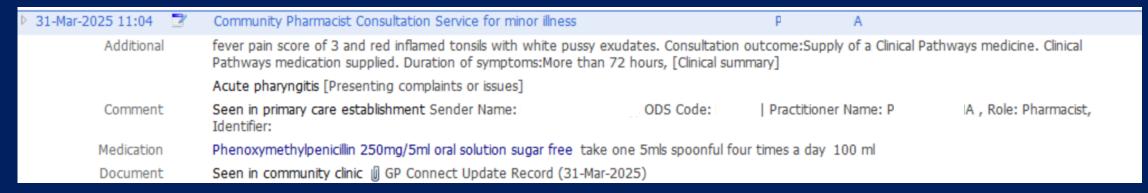
- Third Party Data Sharing → **GP Connect** Configuration screen
- **Enable: Access Record** HTML
- Enable: **Access Record** Structured
- Select all **Clinical Areas**





Pharmacy First: Minor Illness

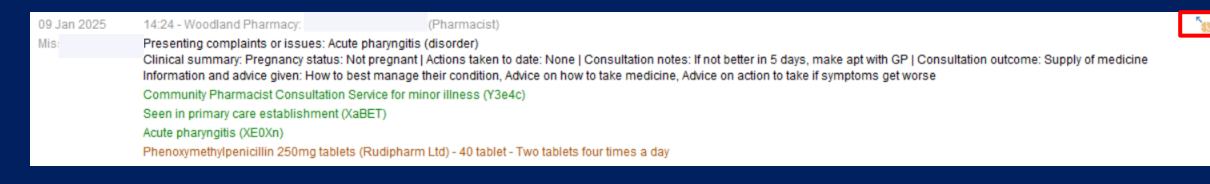




Some suboptimal codes – e.g. 'Seen in primary care establishment' rather than 'Seen in pharmacy' Uses legacy 'CPCS code' rather than any new 'Pharmacy First: Clinical Pathways / Minor Illness' codes



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



Community Pharmacy Blood Pressure Check Service



		<u> </u>						
19-Sep-2025		Wembley Park Medical Centre	EXTERNAL USER, ()					
	Comments	Sender Name: O Pharmacy, ODS Code: Practitioner Name: Al R , Role: Pharmacist						
	Observations	ions 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



```
12:42 - O: __1 Pharmacy: Ms G i (Pharmacist)

Ms G

(Pt 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
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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 (Ge	edeon Richter (UK) Ltd)	1mdu with 7day pill free interval	63 tablet		



Pharmacy: A (Pharmacist) (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



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



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
 - 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)
 - 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
 - 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
 - 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





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.

4

Dr Imran Khan

Co-Chair Joint GP IT Committee

Royal College of General Practitioners

Mark Coley

Dr Mark Coley

Co-Chair Joint GP IT Committee

GPC England Policy Lead for Digital, IT &

Dr Tom Nichols

Co-Vice Chair Joint GP IT Committee

Royal College of General Practitioners

Josephan Cox

Co-Vice Chair Joint GP IT Committee

GPC England Deputy Policy Lead for Digital, IT & Data

Melshel.

Dr Michael Mulholland

Honorary Secretary

Royal College of General Practitioners

M

Dr David Wrigley

Deputy Chair GPC England

Officer Lead for Digital, IT & Data

PReduced 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



