

Advice from the GPC – Allergy recording in GP clinical Systems

January 2006

Introduction

In September we published an advice note regarding the handling of allergies in preparation for the electronic transfer of GP records. This guidance supersedes and formalises that advice. It has been developed after further discussion and consultation with the GP2GP team, users groups, suppliers and the GPC's legal advisor.

The context

The context of this advice is that we are all going to be moving from an environment where we just create records for ourselves, to one where records will be routinely transferred between practices and shared with other clinicians. The consequence of this is that new responsibilities arise.

The problem

Transfers of allergy information between same GP systems generally work well but transfers between different GP systems may not always result in all the allergy information being transferred because allergies are handled in different ways in different systems. Not all systems use Read codes to record allergy information, some use other code sets and others may use bespoke codes. Qualifiers that exist in one system may not have an equivalent in another. Translation arrangements are therefore needed. The GP2GP team has developed import mechanisms designed to recognize incoming system specific allergy information that presents this information to the user and then prompts for action. If the incoming allergy codes cannot be safely mapped to the receiving system they will be degraded and may appear as text alone or as text associated with less specific codes.

Another issue is that system specific recording of allergies can be limited to prescribable items, thus omitting some extremely important non drug allergies.

Our Advice

- GPs should continue in all cases to use their system-specific mechanism for recording allergies. It is essential that allergy information is properly recorded on your own system to ensure it can be recognised and dealt with during GP2GP transfer. Receiving systems will have any incoming allergy information that has been entered using the sending system's specific mechanism presented to them as part of a receipt workflow (for detailed advice see references below). This workflow should facilitate appropriate translation into the receiving system's allergy alerting mechanism.
- For systems that use Read code(s) as part of their system specific process no additional entries are required for drug related allergies. The Read code(s) will be unequivocally recognizable by the receiving system although some system specific qualifiers may not be.
- However if your clinical system's allergy recording mechanism **does not** use Read Codes to record allergies, then you should *in addition* double enter all allergies as Read coded data, as well as via any system specific mechanism.

- This will have the effect of providing a backup to any system specific entries, adding another level of patient safety and mitigating any possible liability in respect of the clinician. We hope that most GPs will see this as a worthwhile duplication to enhance patient safety.
- All of the double entered read codes will be reliably transferred between systems via GP2GP and it will be possible to search for any such codes in the receiving system. Care will have to be taken in interpreting the context around these codes such as certainty and severity.
- Please check with your supplier or your users group for precise advice as to how this applies to the system you use. They will know whether your current system's allergy recording uses Read codes.
- The Read codes available are not exhaustive and may need expanding but where they exist they should be used. They do change from time to time and GPs should keep themselves up to date.
- GP2GP import mechanisms will evolve over time and GPs should keep themselves up to date.
- All GPs are reminded of the Good Practice Guidelines for GP electronic patient records <http://www.dh.gov.uk/assetRoot/04/11/67/07/04116707.pdf> which contain detailed guidance on the use of electronic records in General Practice. Chapter 5 and appendix 2 deal with G2GP record transfer. Updates to this guidance will be prepared and published by the GP2GP team as further supplements available from the GP2GP website <http://www.connectingforhealth.nhs.uk/delivery/programmes/gp2gp> .

Dr Paul Cundy
 Chairman
 GPC IT Committee

We have been asked which codes GPs might use. The following are examples from the 5 byte Read Codes;

Chapter title	Read codes beginning with
Drug – Adverse reaction – AR	TJ...
H/O Drug allergy	14L..
H/O Non drug allergy	14M..
Allergy unspecified	SN53.
Anaphylactic shock	SN50.
Food allergy	SN58.
Personal history of drug allergy	ZV14.

Equivalents exist in the Clinical Terms Version 3 and SNOMED code sets.