What the EPR go live means for GP Practices

On 8 November, BHRUT goes live with a new electronic patient record (EPR) system. Here's a few things that GP practices need to be aware of.

1. A short pause in data to the London Care Record (LCR)

From go live, there will be a one week pause in how patient data flows from BHRUT into the LCR to ensure information remains accurate and properly aligned. GPs will still be able to view historical records, but new updates won't appear during this period.

Contact your usual Primary Care IT support desk for any questions or support service interruptions.

2. New look discharge summaries and letters

All discharge summaries and clinical letters will now be created using the new EPR. These will be: more structured and consistent; include coded diagnoses, medications, procedures and next steps; and look slightly different to the documents you're used to.

If you receive these documents from Barts Health, they will look similar.

3) Pathology requesting update

GP Requests

- Continue to use CyberLab to request blood tests - this process remains unchanged.
- CyberLab request forms should always be used. Other forms should only be used in the event of CyberLab downtime.
- A standardised blood form to use during CyberLab downtime will be developed with GPs.
- CyberLab generates a barcode/QR code, speeding up the processing of thousands of daily requests received by the lab and reducing errors due to manual entry from non-CyberLab forms.

For support or further training in using CyberLab, contact: bhrut.pathology.helpdesk@nhs.net or bhrut.gpliaison@nhs.net

Hospital Requests

- Blood tests requested by the Trust will be processed via EPR, not CyberLab.
- The EPR may generate:
  - an orders summary form
  - sticky labels
  - in some cases, no printed form at all

Changes for patients:

- Hospital-requested blood tests can only be performed at designated BHRUT sites.
- **NELFT phlebotomy sites no longer accept hospital blood test requests.**
- If a patient attends a NELFT site or GP practice with a hospital requested blood form, they should be redirected to a BHRUT site for phlebotomy services via https://www.swiftqueue.co.uk/bhr.php

Results

- Results of blood tests requested via EPR will be visible in CyberLab for GPs, and vice versa.

Upcoming CyberLab enhancements

- Improvements will soon be introduced to make CyberLab more user-friendly.
- Test options will be grouped more logically to make them easier to locate.
- Additional order sets may be introduced to streamline the process of requesting commonly grouped tests (in addition to the pre-existing diabetic annual review, PCOS etc).

4) MESH (Message Exchange for Social Care and Health)

MESH is the nationally recognised mechanism for data sharing between health and care organisations. We are working with EMIS on enabling the transfer of clinic letters via MESH directly into EMIS. This will not be in place at go live, but we aim to implement it in the near future.

5) Radiology

The method for requesting radiology services and receiving results will remain unchanged however there is an action needed by practice managers. There are currently no plans to implement electronic radiology requesting for GPs. However, this may be considered as a future development.

Action for Practice Managers by 03 November 2025:

A “drop-in” Teams invitation for a walkthrough on adding a new trading partner to EMIS* will be sent.

Please confirm receipt by 03 November 2025 to ensure continued electronic delivery of GP-referred radiology reports after 08 November 2025.

*SystemOne will receive separate invites.

6) DNACPR

If an outpatient has a community DNACPR or an Urgent Care Plan (UCP) stored within Millennium East London Health Records, it remains valid and must be complied with during BHRUT transport, treatment, or clinic attendance. A paper copy must accompany the patient.

Currently, DNACPR/TEP (treatment escalation plan) decisions made in hospital do not automatically transfer from Millenium to the discharge letter or to and from the UCP. To ensure continuity of care, the medical team will manually type the DNACPR/TEP decision on the discharge letter and the UCP, recommending that this is reviewed in the community.

Similarly, DNACPR decisions do not automatically appear on community referral forms – such as those sent to district nurses or social services. Our nurses in charge of the clinical areas have responsibility to ensure the hospital DNACPR decision is clearly documented on all community service assessments and referral forms relating to a patient's discharge or transfer from any BHRUT hospital.

A printed copy of the Smart Template will accompany the patient upon discharge or transfer from our hospitals.

We are aiming to vastly improve compliance with the UCP for in-patients so please bear with us as this improves.

7) Changes to hospital prescribing

From go live, hospitals will transition from paper drug charts to the Electronic Prescribing and Medicines Administration (EPMA) system.

For GPs, this will mean clearer and more consistent information within hospital discharge letters, which will:

- Provide more accurate and structured medication lists.
- Clearly state which medications have been discontinued in hospital and why.
- Clearly indicate which meds have been initiated in hospital, and whether these should be continued by the GP, reviewed, or prescribed for a defined short-term course with a stop date.

This will apply across all areas, except Outpatients and Women and Children's services for now.

Outpatient clinics and A&E are using CLEO, enabling clinicians to send prescriptions directly to patients' nominated community pharmacies. They cannot change the nominated pharmacy and prescriptions are restricted to 'one-off' scripts. FP10s will remain available only in exceptional circumstances eg IT downtime.

8) Specialty contact details

Contact details for specialties will not appear on our clinic letters at go live. We plan to add phone and email addresses to clinic letters as part of the optimisation phase after go live.

However, in response to GP feedback, there is a document on the website with contact details for many of our specialities.

9) Referring during the transition

E-RS will continue to function in the same way with the new system. Please be assured that patients will be booked in the order their referrals are received (taking priorities into account), and there should be no impact on waiting times. Advice and Refer (A&R), Advice and Guidance (A&G), and Triage (Referral Assessment Services) requests will remain available as usual. **If you do need to send a referral, please do so using existing routes.**

As Millennium is connected to the NHS Spine, patient demographics from EMIS will automatically update and be visible at the hospital. Please encourage GP practice staff to check and confirm patient contact details at check-in to keep demographic/contact details accurate. Practices are encouraged to promote use of the NHS App, which allows patients to update their own contact details and track their own appointments while helping to reduce paper communication.

Reassurance and support

Contact the Primary Care IT support desk for any technical questions or support with interruptions to service over the go live period. Email bhrut.gpliaison@nhs.net for non-technical queries.