THE CASE AND OPTIONS FOR MANAGING LLOYD GEORGE RECORDS DIGITALLY

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INTRODUCTION

The call for the NHS to digitise patient medical records wholesale across the health system has unfortunately been going on for well over a decade. Ambitious goals to digitally transform have been set by various Health Secretaries, most notably Rt Hon Jeremy Hunt MP, who challenged the NHS to be paperless by 2018. It was a well-intentioned but unrealistic goal given the scale, complexity and cost of doing so in an environment of budget cuts with a Government focused on austerity measures.

Having said this, some 60% of Acute Trusts have now transitioned away from paper to digital records at the point of care given investment in new EPR systems or by installing dedicated EDRM\(^1\) solutions. St Helens and Knowsley Teaching Hospitals NHS Trust claimed to be the first to do this back in 2010 when they stopped using paper records in operational practice. Many other Trusts have followed suit.

In primary care, most practices are now computerised with GPs using clinical software from EMIS, INPS, Microtest and Synergy to record patient consultations and treatments along with the storage of some electronic documents. However, an area that is still very paper-based are the so-called Lloyd George (LG) envelopes which contain patient notes written by every GP in the country prior to computerisation. They’re a huge burden on almost all UK practices.

These records were first introduced over 100 years ago and named after David Lloyd George, the liberal politician who launched a national insurance system back in 1911 which was as an early element of the welfare state.\(^2\)

How to deal with the Lloyd George records is perhaps, therefore, the last major paper challenge that primary care has yet to completely grapple with. Unsurprisingly, various opinions and indeed disinformation exists about what to do. For example, one well-known GP clinical IT vendor is now actively promoting its own software as the sole way of doing it. They are charging GPs or their CCGs a per record fee just for uploading Lloyd George information into their system after documents have been scanned. This is frankly a cynical revenue generating ploy which is absolutely unnecessary from an operational or technological perspective. Others are suggesting that staff should be employed on a fixed term basis to cope with the huge amount of time required\(^3\) to upload scanned documents into GP systems. Again, this is not required and would be a drain on precious financial resources.

To cut through the sales fog, this paper looks in detail at how Lloyd George records are used, the legal requirements concerning retention, how they are moved around and the options available to finally get rid of them such that the 2018 goal of being paper free might actually be achieved.

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1. Electronic document & records management
2. https://www.historic-uk.com/HistoryUK/HistoryofBritain/Lloyd-George/
A typical GP practice with 11,000 patients is likely to have 13,000 wallets.
THE LEGAL BACKGROUND

Much is available online about the legal and professional obligations associated with all medical records retention covering both digital and historical paper records which obviously includes Lloyd George wallets and their contents. Put simply, it comes down to compliance and the lifecycle management of information – crucial in the context of new GDPR regulations.

Rather than repeating in detail what is available, outlined below are links to information which summarises current guidance:

1. The best starting point is The Records Management Code of Practice for Health and Social Care 2016 published by the Information Governance Alliance (IGA) for the Department of Health. It is available on the NHS Digital website. Some key points are worth drawing out:

   - The Data Protection Act 1998 section 68(2) defines a health record which ‘consists of information relating to the physical and mental condition of an individual and has been made by or on behalf of a health professional in connection with the care that individual.”

   - Records of NHS organisations are public records in accordance with Schedule 1 of the Public Records Act 1958. This includes records controlled by NHS organisations under contractual or other joint arrangements, or as inherited legacy records of defunct NHS organisations. This applies regardless of the records format.

   - The Public Records Act 1958 requires that all public bodies have effective management systems in place to deliver their functions. For health and social care, the primary reason for managing information and records is for the provision of high quality care. The Secretary of State for Health and all NHS organisations have a duty under this Act to make arrangements for the safe keeping and eventual disposal of all types of records. This is carried out under the overall guidance and supervision of the Keeper of Public Records who is answerable to Parliament.

   - It is important to note that the GP record, usually held at the General Practice, is the primary record of care and that the majority of other services must inform the GP through a discharge note or a clinical correspondence that the patient has received care. This record is to be retained for the life of the patient plus at least ten years after death. The GP record transfers with the individual as they change GP throughout their lifetime. Following the move to digital GP records after the ‘paperlite’ accreditation process there was an instruction not to destroy the paper Lloyd George folders. The guidance from 2011 advises not to destroy the paper contents and the GP2GP programme still requires the Lloyd George paper records to be transferred until further notice. GPs are obliged by their contract to follow the HSCIC, DH and NHS England good practice guidance.

   - In terms of scanning, pages 39 and 40 deal with this. Where scanning is used, the main consideration is that the information can perform the same function as the paper counterpart did and, like any evidence, scanned records can be challenged in a court. Ensuring that the scan is authentic is key and the advice is to use a scanning supplier which complies with and meets the BS 10008 standard.

   - More recently, NHSX has approved the following: The Continuity of GP Records programme has received advice from colleagues (Legal and Information Governance) which confirms that providing the contents of the Lloyd George medical record has been scanned in accordance with the requirements outlined in the British Standard BS 10008:2014 and quality assured, the Data Controller ought to undertake a risk assessment (this should take into account the requirements of ongoing legal inquiries, such as IICSA and the IBI) and may make the decision to securely destroy the original if it is considered appropriate to do so. The scanned copy must comply with the published standard BS 10008:2014 and be a like for like copy of the original and full quality assurance checks of the scanned images must take place. The destruction of these records must comply with the published standard BS EN 15713.

5  https://digital.nhs.uk/binaries/content/assets/legacy/excel/o/o/rmcop-retention-schedules.xls
2. Appendix 3 of the IGA Code of Practice provides detail about specific records – which could be contained in Lloyd George envelopes – and how long each should be kept. To access it, visit the NHS Digital website\(^5\) which has an useful summary Excel sheet to download. The British Medical Association has also published a similar checklist which does the same\(^6\).

3. Section 46 of the Freedom of Information Act 2000 should be read.\(^7\) This is the principle legislation and directs organisations covered by the Act to have records management systems which will help them to perform their statutory function. GP practices are governed by this. In this document, what constitutes a good records management policy is also clearly laid out.

4. In terms of GDPR obligations, again the NHS Digital website has an informative portal which has links to a range of useful documents with official guidance about meeting the new rules.\(^8\)

**TRANSFERRING LG FILES WITHIN THE NHS**

In September 2015, the Government awarded Capita Plc, the FTSE 100 outsourcer, a £1 billion contract\(^9\) over seven to 10 years to supply administrative support to the NHS covering a range of back office services including the management of Lloyd George records. It took over NHS England’s primary care support service which was promptly renamed Primary Care Support England.

While it is difficult to get concrete figures, it is estimated that at any one time 25% of Lloyd George envelopes are in transit between GPs as people move homes and change GP surgeries. This equates to around six million records being shifted around, with Capita’s Darlington depot used as the central hub. Envelopes are sent in and then distributed out to practices using City Sprint, a logistics firm. And it should be noted that one of two things tends to happen. Some practices send the manila envelope in with all the ‘old’ paper notes contained. Others actually photocopy the entire contents but save and use the Lloyd George envelope which has the patient ID on it. It is a costly labour intensive paper shuffling exercise in the extreme.

Given the scale, it is perhaps no surprise that there have been significant problems. Much has been written in the press about this, the latest in May 2019 when 160,000 patient records were reported as wrongly archived\(^10\) rather than being sent to GPs. Most practices in the country were affected although NHS England states that no harm to patients was experienced.

In addition to Lloyd George envelope distribution, NHS Digital operates the GP2GP scheme so that there is a standardised, secure and fast method for exchanging digital medical records between practices. This means patients should have confidence that when they arrive for their first consultation at a new practice, their new GP has their full medical history. This system appears to work well. Since 2007 when GP2GP first started, 7,880,040 patient health records have been transferred like this with 99% of England’s 7,581 practices now live with it.\(^11\)

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9. [https://www.ft.com/content/408bcd74-18bb-11e5-8201-cbdb03d77480](https://www.ft.com/content/408bcd74-18bb-11e5-8201-cbdb03d77480)
11. [https://digital.nhs.uk/services/gp2gp](https://digital.nhs.uk/services/gp2gp)

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At any one time, 25% of Lloyd George records are in transit between GPs as people move homes and change surgeries.
WHY DIGITISE LG RECORDS?

Given they are not used in day to day clinical consultations, the obvious question is why go through the cost and effort of digitising Lloyd George records?

The answer is practice efficiency, space realisation and delivery of the Government’s strategic goal of a paperless NHS. Equally, there is a cost of actually doing nothing with the paper held locally in terms of paying rent on space which is poorly utilised and the staff time to look after these practice-based medical records libraries.

PRACTICE BENEFITS

1. Finally removes the last of the legacy paper in surgery.
2. Frees up precious surgery space which can be used for additional patient services or enhancing reception areas.
3. Improves practice efficiency and staff productivity.
4. Saves money on external storage and file retrieval which is recurring and can be costly if fast access to a file is required.
5. Minimises Health & Safety issues from a cluttered working environment.
6. Enhances security and limits who can access information.
7. Removes risk of damage to files or paperwork being lost/mislaid.
8. Ensures full auditing.

CLINICAL BENEFITS

1. Allows instant access to patient information for GPs.
2. Ensures less time is spent on report writing.
3. Allows multiple user access to the same patient record if required.
4. Allows easier sharing and transferring of information within the NHS.
5. Preserves historical records once scanned as paper degrades over time.

WIDER NHS BENEFITS

1. Meets the Government’s revised goal that the NHS should be paperless by 2023.
2. Removes the need to outsource the management of paper Lloyd George records under complex outsourcing deals which cost taxpayers multi millions of pounds annually. These contracts then becomes redundant and unnecessary. Indeed, there is a compelling argument to redirect this existing funding to subsidise all the scanning nationwide and finally end the archaic process of moving files from surgery to surgery.
3. Enables the application of tools like OCR, artificial intelligence and analytics on the digitised information - should this be decided as useful by the Department of Health and others - for public health research purposes. Once information is digital, it can be analysed which is clearly impossible when patient data in on paper.
THE SCANNING PROCESS

In order to compare the options for digital Lloyd George records, it is worth looking at the entire process which comprises of two key aspects:

Scanning Services - including records collection, preparation, scanning, indexing and delivery of the digital records;

Records Management software and storage services – secure storage and management of the digital records, including use of software for accessing and viewing the electronic Lloyd George records and regular record updates which encompass patient moves inbound and outbound.

SCANNING SERVICES ARE TYPICALLY OUTSOURCED AND INCLUDE THE FOLLOWING STAGES:

Preparation – involves a series of tasks including removal of clips and staples, separation of certain document types, sorting documents within some sections in chronological order;

Scanning – once prepared, the documents are loaded into the appropriate scanner hopper tray for scanning;

Quality Assurance - once the Lloyd George records have been scanned, quality assurance checks need to be carried out. These include checks to ensure that all listed patient records have been scanned and classified into chapters along with checking page counts, logging errors and so on;

Output – preparation of data files for delivery of the digital records in the required format – typically PDF or TIFF files.

DIY OR OUTSOURCING THE SCANNING?

Some GPs or indeed CCGs reading this white paper might consider scanning their Lloyd George records themselves. Realistically, do it yourself is not an option. It’s just too time consuming, cost prohibitive and impractical given the volume of records to process. This is a very different scanning operation compared with the daily operational task of scanning using desktop scanners and attaching adhoc letters/reports/results into GP Clinical IT systems. Far more money will be spent on staff, buying commercial grade scanning equipment and operators learning how to use it – with all the inevitable mistakes that people will make. And then there is – of course - the disruption at surgery level. GPs and CCGs need to understand that scanning medical records is pretty much an industrial process. It’s complex given the age and different types of paperwork involved, hence best left to the specialists.

Other commercial companies have offered GPs services where they take away records, store them off site and then deliver them back when GPs require them. But this is an imperfect, half-way-house solution. It’s like having an outsourced photocopying service. It doesn’t solve the problem of managing records long term given paper degrades, and then there is the inevitable time lag getting information back or a premium to pay if something is required immediately. Furthermore, there’s then the issue of what to do with the record once received, even if it’s a PDF. It has to be stored somewhere with a compliance process used to govern it.
MANAGING ELECTRONIC LG RECORDS

Once scanned, it is necessary to sustain electronic records over time as a valued organisational asset, in a manner that retains their reliability and integrity for as long as they are required whilst preserving their value. This includes prevention of changes to the content or context of the document to retain authenticity and continued maintenance in an appropriate format to retain accessibility.

A typical practice has around 13,000 Lloyd George wallets. Given the average wallet size is 80 pages, this means a total estate of 1,040,000 pages per practice. Once digitised both sides – called duplex - these records will need around 54-60 GB of storage assuming the records are scanned in monochrome and not colour or greyscale. And 60 GB is about the capacity of a high-volume USB stick.

IT IS WORTH NOTING THE ESSENTIAL REQUIREMENTS FOR STORING AND MANAGING ELECTRONIC LLOYD GEORGE RECORDS:

- **Storage & management** – the ability to store and manage a record, and to maintain its integrity as an authentic representation of a clinical action or decision and its relation to other documents via a hierarchical structure;

- **Access & navigation** – it must be possible to readily locate and access anytime the information from anywhere, using appropriate search functionality – documents and related metadata – and viewing tools for rapid navigation through scanned records;

- **Metadata & classification** – it must be possible to establish the properties of the record: who created the record, when and how long the record is to be retained;

- **Lifecycle management** – the ability to consistently manage the retention and disposition of electronic records, retaining what should be kept and flagging disposal of what should not;

- **Data security** – secure data storage including backup and disaster recovery;

- **Access controls** – ability to restrict access levels;

- **Export & sharing** – sharing records with other agencies, including patient moves between practices;

- **Audit** – full and detailed auditing of all activities during the document lifecycle;

- **Compliance** – compliance with legislation such as BS 10008, GDPR, Freedom of Information is no longer optional – the availability and access of sensitive information lays practices open to misuse and abuse and so they must be cognisant of this and take robust steps to comply;

- **Electronic discovery** – locating and analysing all data within an organisation is a vital part of ensuring compliance with legal or regulatory requirements with penalties for non-compliance now significant. GPs need a foolproof method to know what they hold and where it is.
WHAT ARE THE OPTIONS TO DIGITISE LG RECORDS?

There are essentially three ways to manage digitised Lloyd George records.

Direct file access

Once files are digitised, scanning service providers normally deliver their output on encrypted hard-drives sent to practices. The content can be accessed directly from these drives or copied onto a server/shared drive on a practice’s local area network. As mentioned, this takes up between 54-60 GB of space. Windows File Explorer can then be pointed to the shared drive(s) and used to search for and access the files. The file format is typically PDF and the file name is structured as follows: patient identity (NHS Number), name, scan date and so on. Each file may contain one or more pages – multi-page PDF files – and can be viewed using Adobe Reader.

Access via GP clinical IT systems

GP IT systems sit at the heart of primary care technology facilitating and recording millions of interactions with patients every week. GP practices have led the way in the move from paper to digital record-keeping and are now well on the way to offering online transactions such as appointment bookings and repeat prescriptions, across all practices in England.

The top four GP clinical systems are:

- EMIS - provide ‘EMIS Web’
- TPP - provide ‘SystemOne’
- Microtest - provide ‘Evolution’
- INPS - provide ‘Vision’

These systems make it easier to hold, access, update and share patient information enabling GPs to deliver safe and informed care where and when it’s needed. A high proportion of the data held in such systems is structured patient data. Unstructured information in the form of documents and records can be imported and ‘attached’ to patient records, for example referrals, results, correspondence and so on.

Scanned Lloyd George records can also be uploaded into GP clinical systems and attached to specific patient records held in them. The upload costs, upload time, and post-upload access, storage and management of these records will be dictated by the capabilities within each system.

PROS

Minimal additional cost beyond scanning
No need to upload scanned records into any IT system
No need for any additional management and viewing software.

CONS

While shared drives offer some management facilities, they are completely reliant on user intervention and without accepted filing conventions and standards.

Search and access is very limited and offers little or no audit and control over access and any document revisions.

Access is also confined to a few users and is not simultaneous. This poses significant operational, data protection and information governance risks and therefore potential penalties.

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PROS

Scanned LG records are stored and managed within existing IT systems. These are accessed in a patient context, i.e. users can view the LG records alongside information held in the clinical system for a selected patient;

Security and access controls can be applied;

Access and use is audited.

CONS

While the GP clinical systems support image-enabling, they are not designed to manage large volumes of electronic documents, i.e. the records management capabilities within such system are not clear, resulting in potentially prohibitive upload costs and timescales;

The required capabilities may vary between the systems and there is insufficient evidence of using such systems for holding and managing larger volumes of electronic files over time and for delivering LG requirements e.g. patient moves and associated costs.
EDRM’s primary function is the capturing, storage and management of records over time.

Dedicated document & records management systems

A document management system is a collection of technologies that work together to provide a comprehensive solution for managing the creation, capture, indexing, storage, retrieval and disposition of records and information assets of an organisation.

In general, such systems create a secure and centralised compound document repository for storing all data which encompasses: scanned and electronic documents (unstructured information), all document metadata, user profiles, security & access controls and all case-data, with facilities for quickly finding and accessing this information.

Records Management encompasses all the primary aspects of electronic document management, but also stores additional information which governs the management of the electronic record, the electronic file/folder and the overall file plan/classification scheme. In other words, how information should be stored, where it is held and for how long. To do this, you need to log additional information about all the documents scanned and this is what records management provides.

To be clear, an electronic record may consist of more than one document or electronic object. To ensure that the record is therefore completely and properly understood, the interlinking between these elements has to be retained in metadata and made available for use within the record-keeping system throughout its life cycle, including disposition, in compliance with established standards.

For Lloyd George records, the essential requirements of records management can be delivered within an integrated Electronic Document and Records Management (EDRM) system – the primary functionality of which is the capturing and managing of documents along with declaration, retention, destruction and full auditing. This includes functionality required to sustain electronic records over time as a valued organisational asset in a manner that retains their reliability and integrity for as long as they are required.

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**PROS**

- Established technology in widespread use;
- No upload costs as the capture/import functionality is included within the EDRM;
- Independent and hosted secure document repository is accessible online with no need to install any software within a practice or impact or have dependency on any existing IT;
- Can be interfaced with GP clinical systems if required;
- Includes document lifecycle management in compliance with established standards;
- Includes administration functionality for inbound and outbound patient moves without additional cost;
- Interfaces with any scanning service provider for uploads;
- A web-based access portal that includes full image view and navigation through digital images, comprehensive auditing & sharing facilities including interface with external document sharing portals.

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**CONS**

- Hosted IT system not connected with GP clinical systems;
- Additional annual cost for the hosted platform, connectivity, login and access.
SOLUTION SUMMARY

The table below provides a simple summary of what each approach offers.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>FILE ACCESS</th>
<th>GP CLINICAL IT</th>
<th>EDRM</th>
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<tbody>
<tr>
<td>Storage &amp; Management</td>
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<td>Yes</td>
</tr>
<tr>
<td>Access &amp; Navigation</td>
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Over and above the comments already made, this paper does not go into the actual specific technical detail of each commercial clinical IT system because there is insufficient information available.

**What does it cost?**

The costs associated with digitising Lloyd George records involve two aspects:

The digitisation phase

The scanning cost will depend on the quantity to be scanned, the format [black & white, colour, grayscale] and speed of turnaround required. In addition, bureau providers offer additional services for collection, temporary storage and destruction of the physical records.

It is important to note that collection can be over time so as to support patient moves. This means that scanning services must be properly discussed, a scope agreed and include as a minimum the following: records collection, preparation, scanning, indexing and delivery of the digital records using non-proprietary formats.

Part of the job during the digitisation phase is the effective indexing of the information scanned – without it, really the whole effort made is wasted. Time pressed clinicians don’t want a massive PDF which they then have to spend time scrolling through to find the information they want. Indexing relates to classification of the content in each Lloyd George wallet and should ideally replicate the sections found in the paper record. This covers summary reports, continuation cards, results and letters. These dividers are vital and should be carried forward into the digital record to make navigation easy.

The costs covering the minimum requirements outlined above vary from between £0.03 and £0.045 per sheet/page i.e. duplex scanning. The rate should be per page - not per side - as all commercial scanners now scan in duplex mode generating two images per page.
So, for a practice holding 13,000 Lloyd George wallets with an average of 80 sheets per wallet, the digitisation cost will vary between £31,200 and £46,800 exclusive of VAT. This will include delivery of the digital records typically on an encrypted hard drive.

The guide price above covers the scanning of the legacy records. Any new records received when new patients register with a practice will need to be collected at agreed intervals, scanned and uploaded during the contractual period. Obviously, this may incur additional scanning costs.

The management & delivery of e-records

If a GP practice is not using encrypted files or importing scanned images into their clinical software directly, then an EDRM system will need to be used to store Lloyd George records. It is the third option outlined in this paper.

CCube Solutions has deployed a secure and hosted platform for the storage, access and lifecycle management of them. The back end is a scaled down version of its EDRM technology implemented in 30 Acute NHS Trusts throughout the country and developed over 15 years. The upload process of Lloyd George files is fully automated and meets SLAs agreed with each customer – typically the day after scanning. There are no additional costs for uploading the scanned records either.

The hosted platform has the following key elements:

- Lifecycle management of all digitised records including retention and disposal in compliance with BS10008 guidelines;
- Access to an online e-LG portal using PCs, laptops, smart phones and tablet devices;
- Access to documents by users for patients from their own practice only;
- No need to install any client software in the practice;
- Guaranteed system availability of at least 99% availability during normal practice hours.
- Reduce costs by eliminating the purchase of hardware and licences;
- Secure cloud platform optimised for public sector;
- Connection via the DDoS-protected internet, PSN and N3/HSCN;
- Service desk and support;
- All scanned data is stored securely and backed up in cloud data centres located in the UK.
In addition, the e-LG portal mentioned overleaf has the functionality summarised below:

- Each user in a practice is able to access the system using just a standard internet browser;
- Users can search for any patient (in their own practice) using defined search fields;
- The portal makes it easier to navigate through a selected patient record. For example, it displays chapters/sections within a record and displays documents via an integrated document viewer;
- Supports ‘business as usual’ activities ie. patient moves inbound and outbound;
- Supports sharing of the scanned records including Subject Access Requests using a sharing platform or via export of the digital files without relying on printing;
- Supports IG and compliance requirements with full auditing;
- The system is intuitive to minimise training requirements which typically take just 10 minutes online.

In terms of pricing, costs covering the management, access and use of the scanned records can either be charged as an up-front capital cost covering a number of practices under a CCG or billed on a per practice basis and spread over time. This means practices avoid up-front capital costs and can treat it as operational revenue cost.

The cost per-practice per year varies based on the number involved – typically, the cost goes down as the number of practices under one CCG goes up. Prices start at £1,950 per practice per year reducing to less than £1,000 depending on the number of practices in any one CCG.

The service contract is usually over a minimum contract period of 3 years, renewable annually thereafter. The costs (exclusive of VAT) cover all the services outlined above – in other words, the hosted platform, connectivity and use of the e-LG portal.

**ALL SCANNED DATA IS STORED SECURELY AND BACKED UP IN CLOUD DATA CENTRES LOCATED IN THE UK**

A hosted platform guarantees 99% availability of Lloyd George records during normal practice hours.
CCube Solutions’ hosted eLG platform can import scanned records from multiple external sources. These largely fall into two distinct groups:

**Third party scanning service providers**

For those CCGs and GP practices who already have specialist BPO scanner suppliers working for them to digitise records and other administrative paperwork, the scanned records can be readily uploaded into the hosted eLG platform as part of their service delivery – the uploading will not incur any additional charges and access to this information by users in a practice is via a standard Internet browser using any device.

**LG solutions available from NHS organisations**

GPs and CCGs should also be aware that two NHS operated services are currently available for the collection, scanning, storage and delivery of Lloyd George records electronically. Fees do apply as these are ‘turn-key’ outsourced solutions where GP practices just have to prepare their Lloyd George files and the organisations below do the rest. The services are provided by:

**NHS Business Services Authority**

[www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

Engaging with the NHSBSA for document scanning services delivers a variety of benefits:

- Simplified and easier procurement given the NHSBSA is a public sector NHS body as well as being listed on the NHS LPP Framework. This demonstrates that it offers value for money;
- The whole scanning service is competitively priced given the NHSBSA is a not for profit organisation.
- Greater financial flexibility as it is the NHS servicing the NHS;
- History and track record of scanning documentation with meets public sector governance rules;
- A team of in-house experts with the necessary document preparation and scanning skills;

**e-LGS service run by St Helens & Knowsley Health Informatics Service (StHK HIS)**

[www.e-lgs.sthk.nhs.uk](http://www.e-lgs.sthk.nhs.uk)

A pioneer in the field of digitising records in secondary care, St HK HIS extended this in 2013 to launch a service for primary care called e-LGS, in partnership with CCube Solutions. Like the NHS BSA, it is a fully managed service to collect, prepare, digitise, archive and host Lloyd George patient records with Internet access then provided back to them, including support for patient moves.
CONCLUSION

The role of the GP is getting busier and harder and there’s a massive space impact coming GPs way. Simply put, they need more room for clinical care. Getting rid of Lloyd George records is a must.

Bigger picture, there’s also a real need to remove the national Lloyd George envelope circulating process – currently managed by Capita for NHS England – which is a wasteful multi million pound exercise serving absolutely no value. It is time this ended and that the ever tight financial resources for healthcare be put to better use.

Clearly there are various options to deal with Lloyd George records as this paper outlines:

- The use of a dedicated hosted e-LG hosted solution which is easy to access via an Internet browser;
- Direct files access;
- The use of clinical IT systems;
- Third party run end to end services provided by organisations like the NHS BSA and StHK HIS. Both organisations use an electronic document management solution at the back end to store Lloyd George records.

Frankly, a hosted e-LG solution perfectly addresses today’s drive for efficiency, cost reduction and improved service in the NHS – all the things the Government and Department of Health are pushing. It is secure, easy to set up, cost effective and crucially an operational cost rather than a capital one which makes budgeting straightforward.

The key is to consider which option will work best in the specific context of any GP or CCG catchment area. Given the inevitable sales bravado from some software suppliers, it is hoped that procurement leads, record managers and CCIOs do their full due diligence and look further and in detail at all the options available if their local health economy is to finally digitally transform and become 100% paperless.

GETTING RID OF LLOYD GEORGE RECORDS NEEDS ACTION NOW SO THAT THE NHS AVOIDS WASTING MILLIONS OF POUNDS - BUDGETS WHICH ARE FINITE AND NEED TO BE PUT TO FAR BETTER USE
Contact us for help, support or advice about how to address your Lloyd George record challenges

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