

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