Vision 3

# **DLM 270**

# **Clinical Audit QOF enhancements**

# **Patient Group and Search enhancements**

**INPS** 



### **Table of Editions and Contents**

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		Con Mngr Group changes	
11.10.07		Change of name for view options	
24.10.07			
31.01.08	DLM 270-1656	Separate 270 into non-CA (270) and CA (302)	
27.02.08	DLM 270-1680		
02.04.08	DLM 270-1731	Con Mngr groups	
07.04.08		New search logs	
22.04.08	-ditto-	Select audit line - QOF last Interim	
27.05.08		Comments JJAF, DOKE, RBOW	
01.07.08	DLM 270-1814	Set Filter, selecting Selected users	
02.07.08	DLM 270-1843	Update screenshots of audit browser	
07.07.08	DLM 270-1843	Drug search - Starts with not available for new searches, only Contains (see post-270-1843 to check if true). See also 15316, 18385, 15238, 7811, 13229, 11826, 16028, 16381, 8865 / 15451, 17713	
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25.11.08	DLM 270-1990	Nested searches BHAR Change 2 to 1 month in Default Generation Range (Gen Options) Daily generation note Reminder views	pdf

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# DLM 270 changes

# Summary of all changes

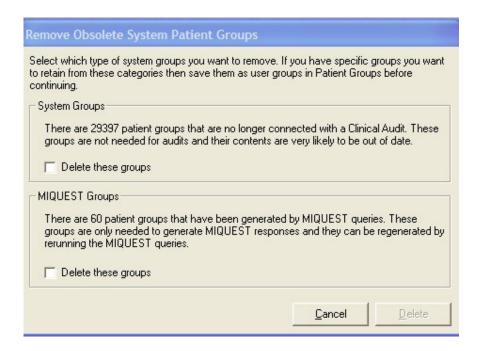
- There are significant changes in the Clinical Audit module for the nGMS audits. These changes also affect Consultation Manager, Patient Groups, Searches and Reports, Mail Gateway and GPC.
- Patient Groups has other enhancements which will improve your use of this module, including a utility to remove obsolete patient groups which we recommend you run straightaway (see page 33).
- Amongst changes in the Search and Reports module, you must now use the option Contains for a drug name search (see page 55).



#### **Getting Started**

We recommend that to get started, you carry out the following:

- Import of the new nGMS audits will be automatically done after the DLM 270 upgrade. If not, see Interim audit to import QOF audits on page 8.
- The first daily automatic generation will run straight after the DLM 270 upgrade has completed, the timing of this varies at practices.
- Activate and generate the reminders you want on the new nGMS audit, either on the Monitoring or Reporting View.
   Reactivating the reminders on page 25 explains how to change the view between Monitoring and Reporting. Activating reminders can be done quickly using right click and selecting the new option, Active Reminder. Reminders will be retained from the previous version.
- Delete any audits (non nGMS) you don't want from Clinical Audit to speed up audit generation.
- Purge old groups from Patient Groups (using the new option Remove Obsolete Patient Groups on the Group Applications menu - see page 33) to reduce the size of this patient group file. This utility should be run every time you import new audits or delete old ones.



### **Summary of Clinical Audit changes**

- The nGMS Quality Outcome Framework 2007-8 Audits have been completely rewritten.
- The nGMS audits are now merged into one suite of audits (Business Rules Version 11), including Data Quality audits.
- Audits written to Business Rules Version 12 are due in the next DLM 271. In the meantime, a group of temporary audits is available for download from the INPS website which help with the significant changes from v11 to v12. These audits will be removed once DLM 271 is installed.
- The nGMS audit can now be generated daily providing up-to-date data. See Daily generation of audits on page 17, and also Checking Timed Processes on page 20 to avoid clashing with backup, reindex etc.
- Daily generation (or more correctly overnight) will start happening automatically every night after installation of the DLM. The scheduled days for daily generation (and times if a LAN practice) can be changed from Mail Gateway or GPC.
- You can select four different views of Clinical Audit under a new option of Audit Source (see Single QOF set of audits and four different views on page 11):
  - All audits & nGMS Monitoring This view shows all Clinical Audits with statistics up to the end of last month and the nGMS Audit showing daily statistics (including data up to the most recent daily generation), based on a QOF Reference Date of "today".
  - 2. nGMS Reporting This view only shows the nGMS audit (including data up to the most recent daily generation) based on a QOF Reference Date of standard end of year (1st April).
  - 3. QOF Results Last Reported This view shows what you sent in the last submitted report to QMAS the Regular (monthly) report.
  - 4. QOF Results Last interim This view shows the data of the last generated interim report.
- The same reminder text is used for both reporting and monitoring views. A reminder can be active in one view but not active in both. See Reminder changes on page 25.
- The new QOF audits mean that none of the reminders will be activated. There is a new Active Reminder option using right click.
- Reminder text can now include date fields such as QOFDATE, which translates as an actual date in the Consultation Manager reminder, for example, QOFDATE for a reporting view reminder is always 1st April next year, and for a monitoring audit, the date it was last run. See Reminder text with date fields on page 26.

- Hovering with the mouse over an audit line displays reminder text, if present. This function can be switched off in View - Audit Tooltips. See Reminder text on page 27.
- Reminder generation performance has also been improved.
- Clinical Audit Generate no longer saves the patient group for each audit line during the Counts stage. This reduces the total time needed for a generation and cuts down the number of patient groups in Vision databases. See Fewer patient groups from audits on page 15.
- The time taken to run a Clinical Audit generate process has been improved, to allow for timely daily generations. See Generation Performance on page 15.
- National Prevalence Day Report will still be run on 14th March but it
  will not be used to calculate prevalence by QMAS, who will instead
  use data from the end of year report of 31st March. See National
  Prevalence Day Report.
- Mouse scroll wheels now work on the audit screen and patient group lists.
- Patients transferred out as a result of a change of TP will no longer be ignored by clinical audit.
- There are currently no changes in non-QOF audits, but there are plans to rewrite them, implementing some time-saving improvements.

### **Summary of Mail Gateway and GPC changes**

- New QOF Report and Clinical Audit Generation summary views on Mail Gateway. See Mail Gateway on page 30.
- Schedule button on Mail Gateway for daily generation of QOF audits or via GPC - Tools - Options - Audits & QOF). See Scheduling the daily generations on page 18.
- Daily generation by default is every night. For LAN practices, the
  default generation time is set to midnight every day; and both the
  day and time can be edited. VES practices can decide which days
  the generation will be run overnight as part of the hosting service.
- If the last clinical schedule or DLM run experienced problems, this will be highlighted in red boxes instead of with traffic lights in Mail Gateway. Traffic lights have been removed.
- Clinical Audit Generation progress is shown in Mail Gateway. See Mail Gateway on page 30.
- In Scotland, the clinical audit generation box in Mail Gateway in the bottom pane temporarily covers the SCI Extract box while generation is in progress, but reverts when finished.

#### **Audit Manager Export**

- Because the same nGMS Audit is now shown in two different views for statistics based on monitoring and reporting dates, practices that supply data to Vision Audit Manager must select to export the audit in each view if both are required.
- When your PCT has imported the audits into VAM, additional text will indicate whether the statistics are showing "monitoring" or "reporting" numbers. VAM will treat them as two different audits.
- There are no changes to the way audits are exported and sent to PCTs.

### **Summary of Consultation Manager changes**

- Reminder texts, generated from Clinical Audits, can now show a
  date relevant to the last generation (for example, whether the
  patient data is based on today for "monitoring" reminders, or end
  of year for "reporting reminders"). See page 53.
- When selecting a group in Consultation Manager, you can input a group from any group or audit line. The group selection can be filtered as it can in Patient Groups. See Group Select on page 50.
- Cancelled audit reminders for a patient remain cancelled until the patient is removed from the group (when the reminder is deleted), the reminder is uncancelled by the user, or reminders are regenerated in an Advanced Generation in the Clinical Audit module. (Hint Audit reminders can be cancelled on the patient record in Consultation Manager either by using the right mouse menu on an audit line reminder and Cancel, or by double clicking on the reminder line; either has the effect of crossing the reminder line through. All reminders can be cancelled on an individual patient basis).

## **Summary of Patient Groups changes**

- You can now purge old patient groups to remove obsolete groups.
  We strongly recommend you run this utility
  straightaway to reduce the number of groups in
  Patient Groups. Thereafter run it after any clinical audit is
  deleted or a new version of an audit is imported. See Remove
  obsolete patient groups on page 33.
- Once DLM 270 is downloaded, the initial default display of groups in Patient Groups will be user groups only. See New Group Filter options on page 37.
- New filter for displaying groups in Browse Options Set Filter

  (Control F). Additional filters let you select groups by: current user; types of system groups (audit search or sub search, MIQUEST and/or other system groups); keyword in title, eg asthma. See New Group Filter options on page 37.

- The filters, once selected, are stored per user.
- New Clear Filter icon removes any filters you have applied and returns to the list of user groups.
- You can select a group by audit line rather than having to search it by name. The browser resembles the Clinical Audit list. See Select an Audit line on page 40.
- You can select from recently used groups (as in most Microsoft Office products). See List most recently used groups on page 44.
- Generate History now allows Read dictionary browse by pressing F3 at Read Term for Characteristic. See Generate History on page 45.
- Patient Groups now opens maximised if you maximised the screen the last time you used it.
- F3 can be used to select a patient where appropriate. See page 46.
- When saving a Workgroup, the Save dialogue is populated with the existing name and description which you can amend or overwrite.
   See Work group can be overwritten or saved when closing on page 46.
- When saving a Workgroup, you are alerted if there is already a group with the same name but you are then allowed to save it with the same name. If you are not the owner/creator of this group, you will see a further alert "You are not the owner of this group, are you sure you wish to overwrite it? Y/N".
- Both group name and description are shown where appropriate.
- The Patient Groups window now remains open after deleting a group.
- The right patient data pane now refreshes when changing patient in the left patient pane via a single click or up/down arrow, or mouse wheel.

## Summary of Search and Reports changes

- A new option of Contains / Not Contains is used on Criteria Select screens, eg drug name, surname, NHS/CHI number, phone numbers etc. See Contains or Not Contains in Criteria Select on page 55.
- In an Ad-Hoc drug searches, you must use Drug name and "Contains" (which is not case sensitive). This replaces the previous option of "Starts with" which is no longer available for new drug searches. See Searching on Drug Name on page 55.
- Searching for a telephone number now allows "contains" as well as "equals to", so you don't need to enter the full area code and number. See Search on Communication numbers on page 56.
- In Ad-Hoc immunisations searches, the help file now includes a table of Read codes which can be used with Read code for immunisations.

- All date ranges entered in Criteria Select will, by default, be inclusive.
- In Group Input (Ad-Hoc Search), you can input a group from any audit line or group without having to pre-save, find, make work group etc. See Group Input for Ad-Hoc Search on page 61.
- The groups displayed in Group Input can be filtered, as they can in Patient Groups
- You can sort the display of Ad-hoc searches by name or date.
- The search screen stays maximised.
- In Ad-Hoc Search & Reporting, no change has been made to the last main address or all communication numbers for the Default Encounter Report, Default Home Visit Report or Default Health Check Card in case practices have already modified these. Instructions are given how to amend the criteria for these reports. See To include only Last 1 Main address: on page 68.
- In Patient Reports †, the last <u>main</u> address is printed on Encounter, Health Check Card and Home Visit Report, rather than a last address, other than main. All Communication numbers are also printed (see Last address on Encounter Report, Health Check Card and Home Visit Report on page 68).
- Full Patient Reports has patient details on every page
- All reports now have "Page nn of nn" on each page
- When searching for staff (eg clinician, authoriser, prescriber), the list excludes GP2GP staff and those not employed in the practice. See Searches on Staff file on page 67.
- When doing a Read code search, the Hierarchical Search box on the Criteria Select screen has been renamed Hierarchy or synonyms. This box will now be checked by default, so looking automatically for any children of the parent code and synonyms. Unchecking this box will look only for the exact code specified. See Read code selection on page 71.

### **Event Log changes**

• Software installs will now be included in the Event Log Viewer from the Management Tools menu, Vision front menu. See Event Log Viewer on page 74.

### **Data collection for hosted Vision practices**

 A problem that prevented users from running manual data collections for GPRD and THIN has been resolved

#### **Removal of File Maintenance**

• File Maintenance will be removed from the front Vision - Home menu in DLM 280. Its only access will be from Control Panel.

# **Clinical Audit - Getting Started**

We recommend that to get started, you carry out the following:

- 1. Activate the reminders you want on the new nGMS audit, either on the Monitoring or Reporting View (see Reminder changes on page 25). This can be done quickly using right click and selecting the new option, Active Reminder.
- 2. Generate the reminders.
- 3. Delete any audits you don't want from Clinical Audit to speed up audit generation.
- 4. Purge old groups from Patient Groups (using Remove Obsolete Patient Groups on the Group Applications menu) to reduce the size of this patient group file. This utility should be run every time you import new audits or delete old ones. See Remove obsolete patient groups on page 33.

#### Interim audit to import QOF audits

The new nGMS audit should have been automatically imported and generated after the DLM upgrade has completed for both LAN and hosted systems.

If you find that the new nGMS audit has not been imported, then follow these instructions.

You can import these audits in one of two ways:

Either run an Interim Audit at any time

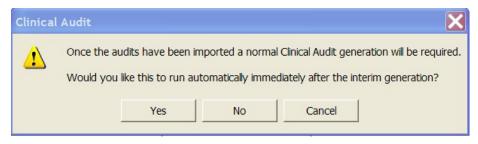
Or wait until the end of the month when they will be imported automatically

- 1. To do an Interim Generate, first make sure no other user is in Clinical Audit.
- 2. Go to the QOF Reporting tab in Clinical Audit.
- 3. Click on the Generate button on the bottom left of the screen under Interim (and under the Baseline date window). You will eventually see a message:
  - QOF audits are available for import. Would you like to use the audits for this generation? Yes/No.

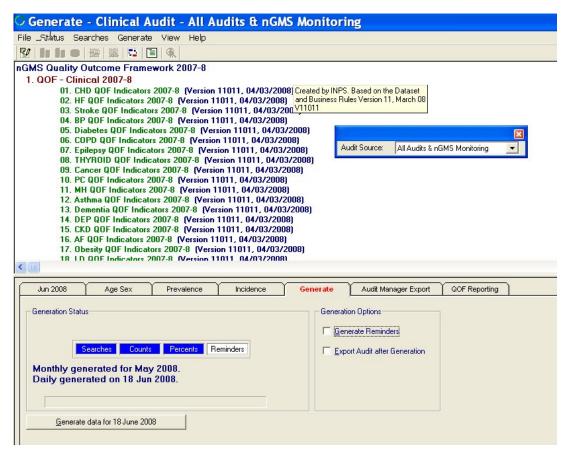


4. If you answer Yes, you are then given the chance to run a normal clinical audit generation afterwards:

Once the audits have been imported a normal Clinical Audit generation will be required. Would you like this to run automatically immediately after the interim generation? Yes/No.



5. When the audits have imported, and if you answered No in step 4, you will see the usual message: Statistics are out of date and need to be regenerated. When you click Yes on this, the normal Clinical Audit generation will start.



Note that the version and date of the audits on your Clinical Audit screen may be later than that shown in this screenshot

#### **Glossary**

- nGMS audit nGMS means the whole clinical audit which consists of QOF reporting lines, non reporting lines (the negatives, additional exception summaries etc) that complement the reporting lines, and the data quality lines. There are no longer separate monitoring and reporting categories. What there is now are different views of the nGMS audit group:
  - "monitoring" where "today" is used for the QOF Reference date and hence is equivalent to cut-off date in other audits
  - "reporting" where the QOF rules definition of Reference date is used, ie 1st April.
  - Both of these exclude any data added during the end date, ie, an audit run to the Reference Date of 1<sup>st</sup> April "excludes" any data added after midnight on 31st March.

Baseline date is the system date at generation time.

- Today can mean the date of the last clinical audit generation, which if practices choose, can be on a daily basis. It may of course have last run on a prior day.
- QOF Report This is the xml file transmitted to QMAS (or other system depending on the country) which contains the mandatory reporting data generated from the nGMS clinical audit.
- QOF Last Reported and QOF Last Interim These are the views of the nGMS audit based on the QOF reporting dates submitted to QMAS, ie Baseline date as at the first of the month (or interim choice), and Reference date as at 1st April for year. They only include the QOF Reporting lines; non reporting and data quality lines are removed.

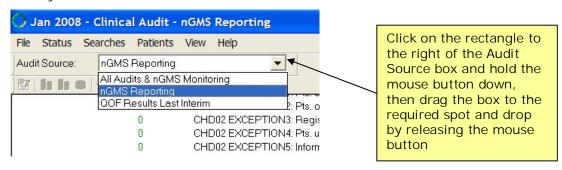
# Single QOF set of audits and four different views



#### **Audit Source**

The previously distinct nGMS Reporting and Monitoring audits have been completely re-authored and merged into one set.

What you now have is different views, selected from Audit Source.

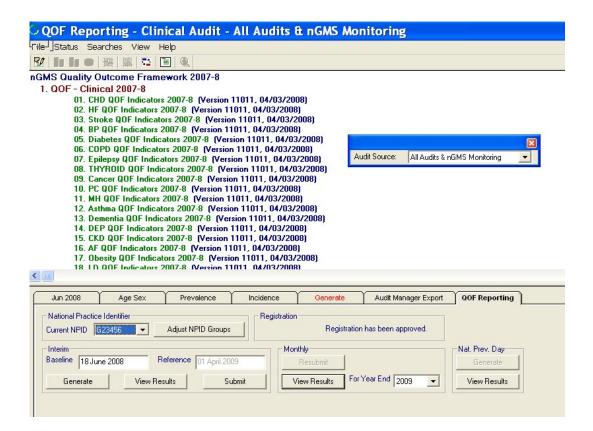


NOTE Until a Daily generation of the reporting audits has happened, there will only be one view – "All Audits & nGMS Monitoring". The other views will be visible once each has been run.

On the View menu in Clinical Audit, Audit Source is ticked by default. This displays the Audit source line above or beside the toolbar. Unticking it hides Audit Source.

You can drag this Audit Source selection box to another location by clicking on Audit Source, and dragging the whole box to a new position. You may want to do this so you remind yourself which view you are looking at.

Point the cursor to the rectangle to the right of the Audit Source box and drag. releasing the button over a clear background. If you drag it back to the toolbar, drop it over the menu options to place it above the toolbar.

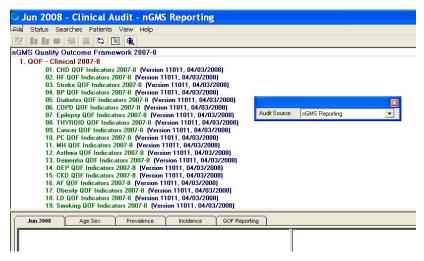


#### All Audits & nGMS Monitoring

- This view shows all Clinical Audits with statistics up to the end of last month and the nGMS Monitoring Audit showing daily statistics (including data up to the most recent daily generation), based on a QOF Reference Date of "today" inclusive.
- Until you have run a daily generation, the only view you will see is All Audits & nGMS Monitoring.
- Selecting this view of All Audits & nGMS Monitoring will display all existing audits (including INPS, HPA etc).
- For the nGMS audits, the monitoring view will be displayed in this view, generated up to the last nightly generation.
- For the INPS and other audits you have on the system, data is shown up to the end of last monthly generation.
- If you want to activate reminders on monitoring date audits, select the All Audits & nGMS Monitoring view before you start (see Reactivating the reminders on page 25).
- This is the view to select before you run a Generation.
- When All Audits & nGMS Monitoring view is selected, the tabs for Generate and Audit Manager Export are enabled.

### nGMS Reporting

- You will only see this view after the daily generation has been run.
- Selecting the nGMS Reporting view shows the nGMS audit only based on the standard QOF Reporting date of next 1st April. Note that this is the same audit as shown in the monitoring view, including the non-reporting and data quality audit lines.
- This is not the view of the last submitted QMAS Report.
- There is no Generate tab in this view.



### **QOF Results Last Reported**

- You will only see this QOF Results Last Reported view after the end of the month generation and report to QMAS.
- Selecting the QOF Results Last Reported view shows the data from the most recently generated monthly QOF Report.
- This view shows ONLY the reported lines so there are no data quality audit lines, or greyed out exception lines.
- Note that the Prevalence of QOF Results Last Reported contains a single period, ie for the report last generated.
- There is no Generate tab in this view.

#### **QOF Results Last Interim**

- The QOF Results Last Interim view shows data reported in the last generated interim report, if any interim has been run. Interim reports themselves may become less useful as daily generation is now possible (see page 17). On the QOF Results Last Interim view, go to the QOF Reporting tab to find the date the last interim report was run.
- Like the QOF Results Last Reported view, only a single period is shown in Prevalence.
- You will only see this view if you have run an interim generation.

# **Clinical Audit performance**

#### **Generation Performance**

The time taken to run a Clinical Audit generate process has been improved, to allow for timely daily generations. Several techniques have been used, including the searches stage running incrementally and not saving the patient groups during the counts stage. Initially some of these techniques only apply to the nGMS audit; it is planned that other audits will be rewritten to take advantage of some of these features over time.

Reminder generation performance has also been improved. This also now works on an incremental basis instead of regenerating reminders from scratch each time.

### Fewer patient groups from audits

Clinical Audit Generate no longer saves the patient group for each audit line during the Counts stage. This reduces the total time needed for a generation and cuts down the number of patient groups in Vision databases.

When viewing the patient lists for a line in Clinical Audit, the program generates the list automatically, based on the dates used for the last generation so that the list reflects the counts. For example, if you are browsing lines from a monthly audit, it will generate the patient list based on the end of last month date. If it is a daily audit, this list will be based on the last daily generation date.

For all other applications that reference patient groups in Vision 3, a Clinical Audit browser will allow you to view all clinical audits, including each of the four nGMS audit views, which will then generate the patient group to reflect the date of generation relevant to that audit. There will be a small delay as the system generates these patient groups on the fly.

Any patient groups generated this way remain saved but will be deleted again at the next generation. The audit browser can be found in Patient Groups (Select an Audit Line), Searches and Report (Group Input), and Consultation Manager (Select a Patient Group).

The exception to the saving patient groups rule is those lines with an active reminder. These lines will have their patient group saved during reminder generation. This is so that when viewing patient reminders in Consultation Manager, clicking on the Why? option displays the patient's qualifying records for that group without delay.

Sub searches, \$GLO & \$SUB, such as patients with asthma, or blood pressure recorded, will still be saved.

If you do specifically want to save a patient group as it currently is for later use, go the [month/year] tab in Clinical Audit, click on the audit line to show the patients in the bottom left-hand pane, right click and select Save This Group. This can also be done in Patient Groups.

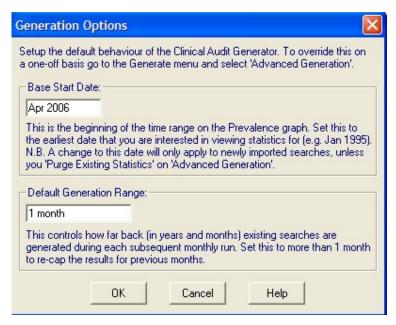
### Prevalence, Base Start Date and Data Analysis

In the Monitoring and Reporting views for the nGMS audit, prevalence will be shown going back only to 01/04/2003, or the standard Base Start Date if later. This is the first year that nGMS was introduced.

This constraint has been put in to reduce the time needed to perform the counts stage each time a new version of the nGMS audit is imported. We find that many practices have a Base Start Date going back many years before this date.

If you do not need to see prevalence as far back as this, you can change the Base Start Date in Generation Options or Advanced Generation. Changes to Base Start Date only affect prevalence for new audits. To change prevalence for existing audits, you need to run an Advanced Generation and check the Purge Statistics option.

We also recommend that Default Generation Range in Generation Options is set to 1 month.



Regardless of how far back prevalence is retained, you can perform age/sex analysis for any period in the past on any of the four nGMS audit views.

You can view the patient group and view age/sex analysis, incidence and prevalence for all of the four nGMS audit views. For example, if you are viewing the QOF Report Last Reported view, showing the last QOF Report you submitted, the patient list shown in the current month tab will be the list that made up the statistics for that audit line in the report.

# Daily generation of audits

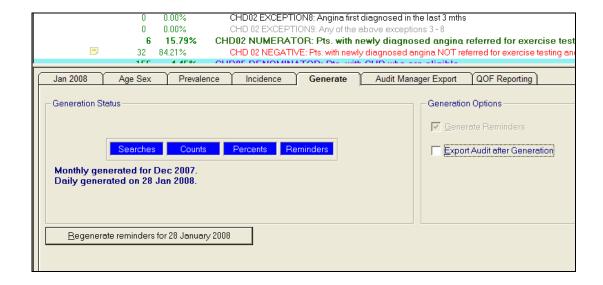
#### Daily generation of QOF audits for up-to-date data

Up until now, you have been generating data from QOF audits up to the last day of the previous month.

After the download of DLM 270, an automatic daily generation of QOF audits will give you up-to-date data for both reporting and monitoring, at least no older than 24 hours. This shows data present when the last generation was run.

Daily generation is optional but by default, once you have the DLM installed, the daily generations will start automatically at midnight and continue every night unless you alter the days in the schedule. LAN practices can also alter the time of generation.

The dates run are recorded on the Generate tab.



- LAN practices default will start the daily generation every night at midnight. You can edit the start times and also which days of week it is run. See Scheduling the daily generations on page 18.
- VES practices will have the daily generation run automatically every night. They can choose which days but there is no option to choose at what time it is run.

Currently only the nGMS audit will be generated daily.

Note If a daily generation has already been performed for today and the daily generation time is changed for later in the day, it will not do another generation today. The time change will take effect from the next day onwards, as only one generation per day is performed. For how to schedule the times of generations, see Scheduling the daily generations on page 18.

#### Scheduling the daily generations

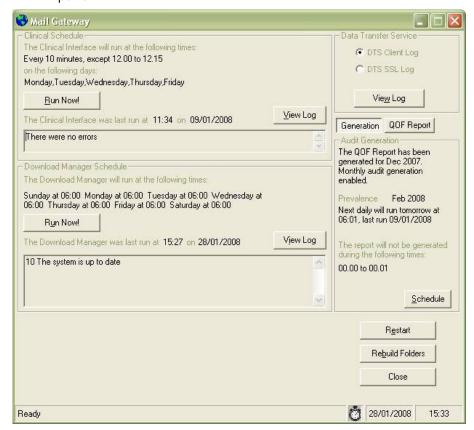
When you receive the DLM, daily generation of the QOF audits will automatically be set up for every night. Daily generation is optional and you can change the days of generation if you wish.

If there are any newly imported non-QOF audits waiting to be generated, these will be run in a daily generation along with the QOF audits.

Note Re-authoring of non-QOF audits will take place gradually in the near future after DLM 270, and some may become "daily" audits, capable of being generated daily (the "daily" flag is set by INPS and is not user-definable).

To change the days and time of the daily generation:

1. With Mail Gateway open, click on the Generation tab in the middle right pane.



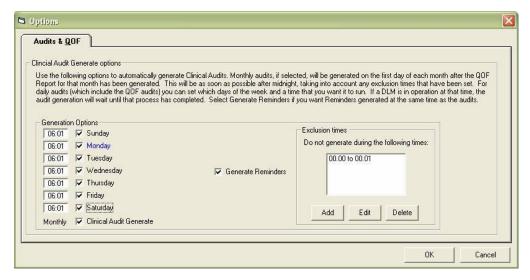
2. Then click on the Schedule button to reach the Audits & QOF tab.

An alternative access is via GPC - select Tools - Options, then click on the Audits & QOF tab. This reaches the same screen.

Clinical Audit Generation options - Use the following options to automatically generate Clinical Audits. Monthly audit, if selected, will be generated on the first day

of each month after the QOF Report for that month has been generated. This will be as soon as possible after midnight, taking into account any exclusion times that have been set. For daily audits (which include the QOF audits) you can set which days of the week and a time that you it to run. If a DLM is in operation at that time, the audit generation will wait until that process has completed. Select Generate Reminders if you want Reminders generated at the same time as the audit.

- 3. Under Generation Options, you will see every day of the week ticked in the left-hand pane, scheduling a daily generation of nGMS audits. Today is highlighted in blue. You can remove ticks if you wish from one or more days, for example, Sunday.
- 4. LAN practices will see times as well, defaulting to midnight. Midnight is the usual time when the monthly QOF reports normally runs so should be free. You can edit any of these times but be aware of clashes with other timed processes such as backup (see Checking Timed Processes on page 20). VES practices will see a similar screen to that below, with the option to edit which days of the week the daily generation is run, but without the option to edit times.



- 5. Monthly Clinical Audit Generate If this is ticked, then the normal monthly generation of all clinical audits will take place after the nGMS audit generation.
- 6. Tick Generate Reminders if you want reminders generated at audit generation.
- 7. Exclusion times:

Do not generate during the following times - Use Add to add the times that you do NOT want to generate the audits (for example, enter 0200, press the Tab key, 0400, OK). The times you enter will be shown in Mail Gateway under the Generation tab. Click OK.

This can avoid clashes of the QOF monthly reports with backup or other scheduled activities. We would suggest that the QOF reports are always run <u>after</u> backup. Normally they would start to process as soon after midnight on the first day of the month. If this is your backup time, then you need to add in the backup period, plus any other scheduled activity, leaving plenty of time for these to clear before the QMAS process can start.

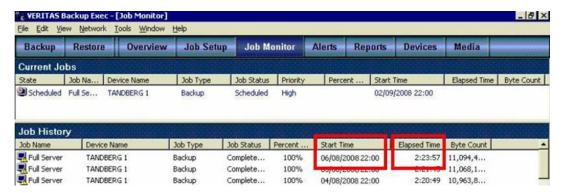
### **Checking Timed Processes**

It is essential that the additional timed daily generations do not clash with existing scheduled events that require exclusive access: Backup, Reindex, DLMs.

#### **Backup**

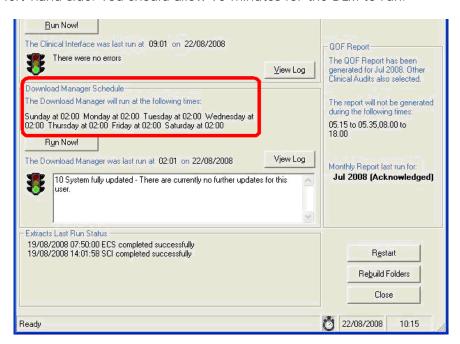
With Backup Exec open, click on the Job Monitor button at the top of the screen.

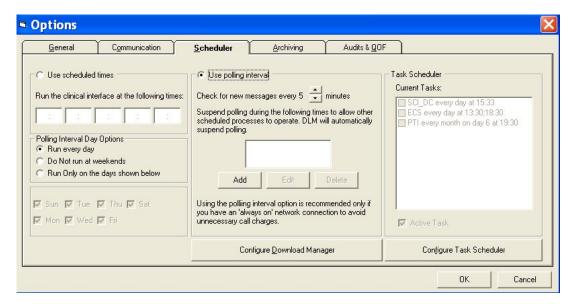
Below the Job History header is a list of completed jobs – look at the most recent one and make a note of the Start Time and Elapsed Time (see below).



#### DLM

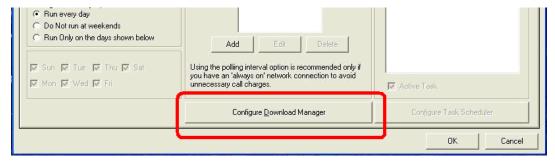
In Mail Gateway, the times at which DLM will run are listed half-way down the box on the left-hand side. You should allow 90 minutes for the DLM to run.





If you want to amend the time at which the DLM runs:

- 1. Open GP Communicator and select Tools Options.
- 2. Click on the Scheduler tab.
- 3. Click on the Configure Download manager button at the bottom centre of the window.
- 4. Amend the times in the window which appears.



#### **Clinical Schedule**

The details of when the Clinical Interface will run can be found at the top of the Mail Gateway application.

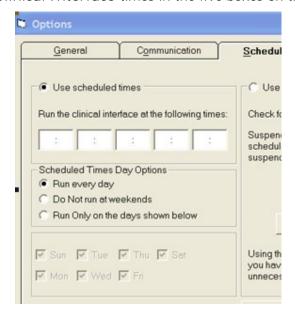
The interface can either be set to run at a set series of times each day, or to check for messages at a fixed interval (polling), e.g. every 30 mins).



#### Scheduled Times

If you wish to change the times at which the Clinical Interface checks for messages:

- 1. Open GP Communicator and select Tools Options.
- 2. Click on the Scheduler tab.
- 3. Amend the Clinical Interface times in the five boxes on the left-hand side.



#### Polling Interval

If the Interface checks for messages Every xx minutes, this will be indicated as illustrated below. The option Use Polling Interval will be selected (middle pane).

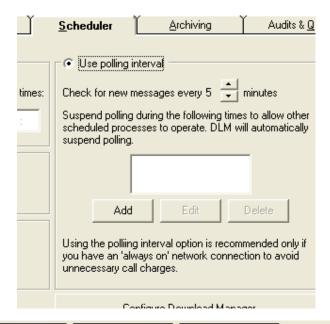
It is not necessary to set up exclusion times to avoid audit generation as poling and audit generation processes can run together.

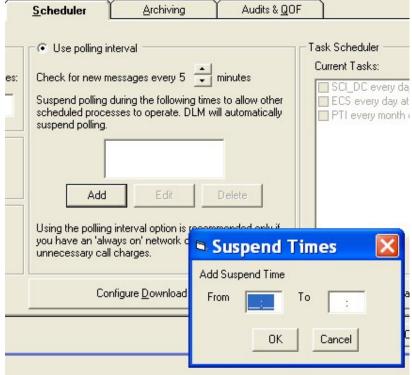


#### Exclusion times

Exclusion times are set up to avoid clashes with reindex and backup. To set exclusion times:

- 1. Open GP Communicator and select Tools Options.
- 2. Click on the Scheduler tab.
- 3. Click on the Add button to add any times when you wish to run reindex or backup.



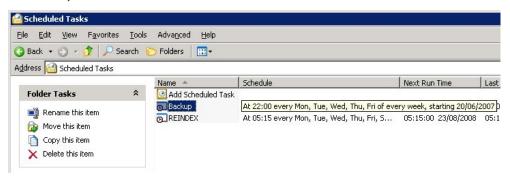


#### Reindex/ Vissced/ Reboot.bat

- 1. On the main fileserver, get to the DOS command prompt by clicking Start then Run.
- 2. Type command then press Enter.
- 3. At the flashing prompt, type at then press Enter.



4. Additionally, go into Windows Control Panel (Start - Settings - Control Panel) and double click the Scheduled Tasks icon.



- 5. Items to look for in both locations which may require exclusive access are:
  - reindex.cmd auto reindex
  - vissched.exe Pocket Vision
  - reboot.bat/ tsreboot.bat (or anything similarly named) automatic server reboot

### Interim Reports

Daily generation of nGMS audits will make interim QOF Report generation less useful. Interims can still be run, and submitted for view in QMAS. If the audits are being generated for today, the report will be produced almost immediately since the underlying searches will already be up-to-date. This includes VES practices who previously had to submit a request to generate the interim report overnight.

If you want an Interim report for a prior financial year, this will take longer as this always involves regenerating the searches using the audit from that year. The patient groups from these searches are stored using different names (prefixed \$QPS) so that they remain separate from the current year group.

On a VES, a prior year Interim report will always generate an overnight request.

# **Reminder changes**

- To activate a reminder, first select either the Monitoring or Reporting view (see page 11), right click on audit line with inactive reminder, and select Active Reminder. Select again to inactivate the reminder.
- If there is no reminder text for this line, the Edit Reminder form will be shown.
- For the nGMS audit, the Reminder text is the same for each line in both reporting and monitoring views.
- A reminder for an audit line can be active in either reporting or monitoring views for nGMS audit but not both. A reminder can be inactive in both reporting and monitoring at the same time.
- Reminder text can incorporate fields to express dates, such as QOFDATE, which show up in Consultation Manager reminder text appropriately.
- Hovering with the mouse over an audit line with a reminder will show the reminder text, if Audit Line Tooltips is ticked in the View menu.

### Reactivating the reminders

Reminders will be retained from the previous version, but the new QOF audits in DLM 270 mean that none of the reminders will be activated. Once again, you will need to activate the ones you need. Reminder text is the same for both the reporting and monitoring views, with the exception of the reference date.

For the nGMS audit, you can activate reminders in either monitoring or reporting views.

- If you want to activate any of the <u>monitoring</u> view lines, set the view in the Clinical Audit toolbar to All Audits & nGMS Monitoring from Audit Source. (Audit Source is explained on page 11).
- If you want to activate any of the <u>reporting</u> view line reminders, set the view in Audit Source to nGMS Reporting.

You can have a reminder active in one group (eg monitoring) and this will make it automatically inactive in the other set of audits (eg reporting) (or vice versa). Alternatively a reminder can be inactive in both reporting or monitoring. The same reminder text appears in both views

To activate the reminder, there is a new option Active Reminder on the right click menu which when clicked and ticked, activates an inactive reminder. To inactivate an active reminder, right click and select Active reminder again.

Once you have activated the reminders you want, you will then need to generate the reminders. Switch to the All Audits & nGMS Monitoring from Audit Source, then from the Generate tab, click on the button Generate reminders for [month/date].

Thereafter, reminders will be generated during the daily and monthly generations automatically, provided you have this option set.

#### Reminder text with date fields

Reminder text is the same in reporting and monitoring audit views.

Date fields such as QOFDATE can now be added to reminder text, which when displayed in Consultation Manager, will automatically insert the date instead of saying "before reference date".

For example, previous reminder text might have read:

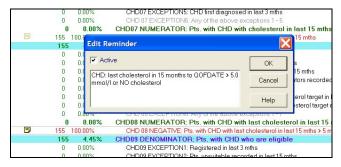
"CHD: last cholesterol in 15 months to reference date >5.0mmol/l or NO cholesterol"

which now becomes:

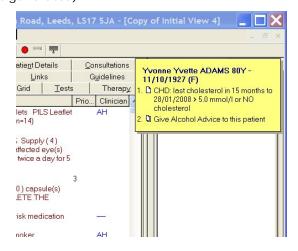
"CHD: last cholesterol in 15 months to QOFDATE >5.0mmol/l or NO cholesterol ",

and translates in Consultation Manager as:

- For Monitoring, the last date QOF reports were generated, eg
   "CHD: last cholesterol in 15 months to 28/01/2008 >5.0mmol/l or
   NO cholesterol "
- For QOF Reporting, "CHD: last cholesterol in 15 months to 31/03/2008 >5.0mmol/l or NO cholesterol"



In Consultation Manager, the reminder appears thus (where 28/01/2008 was the day the audits were last generated):



Upper case must be used for the date field but it can be placed anywhere in the reminder text.

For nGMS audits only, the following can be used:

QOFDATE - 1st April next (reporting) or last generation date (monitoring) (QOF audits only)

REFERENCEDATE - 1st April for the current financial year (QOF audits only – only useful for the nGMS reporting audit).

BASELINEDATE - Inclusive; same value as CUTOFF which is last day of previous month for monthly generations, today for daily.

FLUCYSTART - Start of flu period current financial year, 1st September

FLUCYEND - End of flu period current financial year, 31st March

FLUPYSTART - Start of flu period previous financial year, 1st September

FLUPYEND - End of flu period previous financial year, 31st March

Other fields that can be used, for example for non-nGMS audits, are:

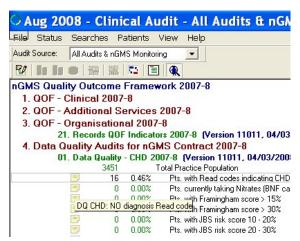
CUTOFF - Set to the last day of the previous month (non nGMS audits only). and quarters 1-4 start and end dates:

Q1\_START, Q1\_END, Q2\_START, Q2\_END, Q3\_START, Q3\_END, Q4\_START, Q4\_END

#### Reminder text

Hovering with the mouse over an audit line with a reminder will show the reminder text, if Audit Line Tooltips is ticked in the View menu. If unticked, this is switched off.





# Other changes

#### **Scrolling**

You can now use the mouse scroll to scroll down the Clinical Audit screen and Patient List.

#### **National Prevalence Day Report**

National Prevalence Day Report will still be run on 14th March but from 2008, it will not be used to calculate prevalence by QMAS. QMAS will instead use data from the end of year report of 31st March.

#### **Force Full on Advanced Generation**

There is a new option on Advanced Generation - Force Full - which is a Helpline aid. It generates incremental searches from scratch.

#### Delete old audits

We strongly advise that you take the opportunity to tidy up your Clinical Audit module. This will greatly improve performance

- Particularly delete any audits you are no longer using.
- Delete any audits without any version number or date.
- 1. Clinical Audit File Maintenance Mode.
- 2. Right click on the audit heading (green or blue) to be deleted and select Delete Searches.

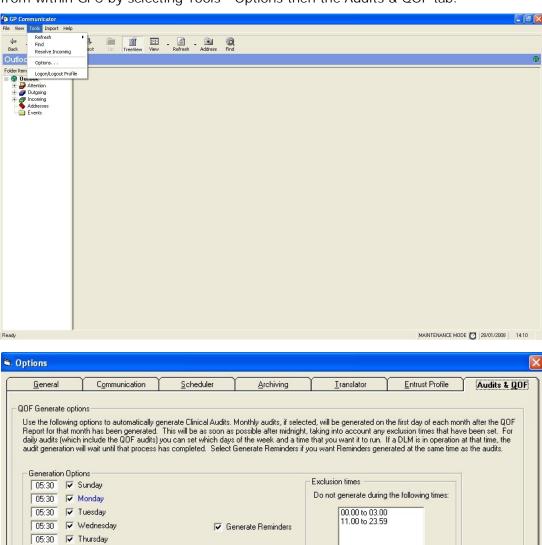
If you are still using old audits that have no version number, and you still want to use the audit, then email data.services@inps.co.uk who will discuss re-authoring the audit and give it a version number.

### Purge your old groups in Patient Groups

We strongly advise you to remove obsolete patient groups. See Remove obsolete patient groups on page 33.

## **GPC**

You have seen how daily generation of audits can be scheduled from Mail Gateway (see Scheduling the daily generations on page 18). The same screen can be reached from within GPC by selecting Tools - Options then the Audits & QOF tab.



Add

Edit

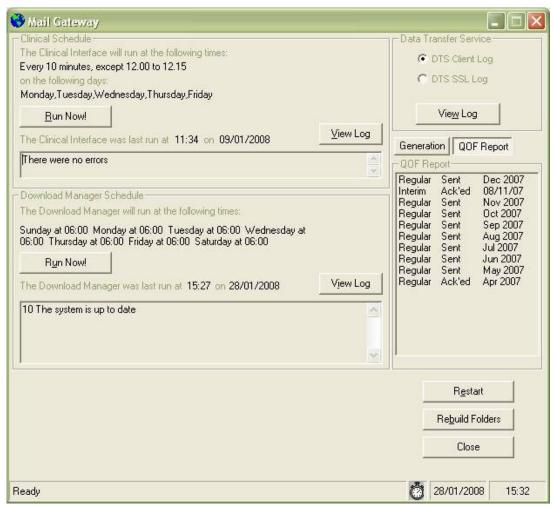
Delete

Monthly 🔽 Clinical Audit Generate

Cancel

# **Mail Gateway**

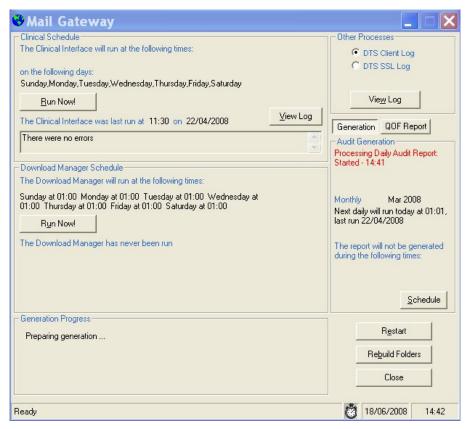
As well as the access to the scheduling of daily generation of nGMS audits using the Schedule button (see Scheduling the daily generations on page 18), there are other changes in Mail Gateway.

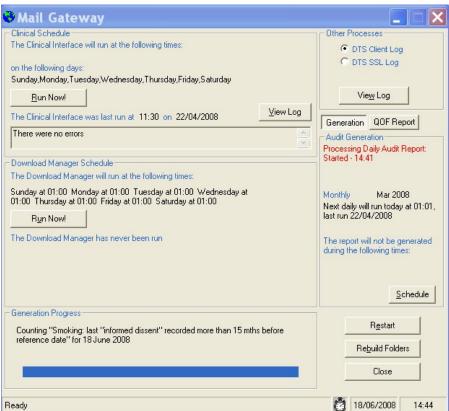


- The Clinical Schedule (top left) and Download Manager (middle left) panes will show red if there is a error in either. The traffic lights have been removed.
- The QOF Report section in the middle right pane is now divided into two tabs: QOF Report and Generation.
- The QOF Report tab gives information about the dates that the regular and interim (if any) QOF Reports are sent to QMAS for the current year. The status of the audits is shown, for example, Sent or Ack'ed.
- The Generation tab shows in detail the progress of a generation, eg Processing daily audits: Started - 12:13. The following screenshots illustrate generation in progress. It also gives the date

- that the last Monthly audit was run and when the next is due. Any exclusion times (see page 19) set up in the schedule are listed.
- Note that in Scotland, the SCI extract box will be temporarily hidden by the Generation Progress.
- The Encryption Service previously in the bottom pane has been removed.







### **Patient Group changes**

### Remove obsolete patient groups

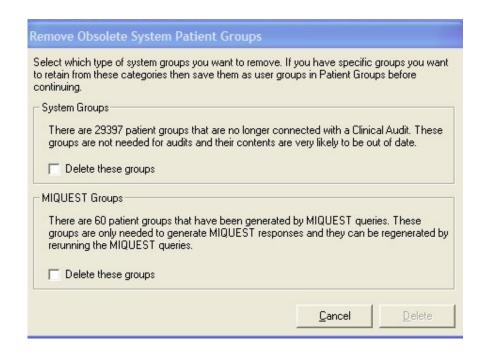
This is a new option which has been introduced so you can bulk delete all old groups no longer associated with clinical audit.

We suggest you run this utility when you receive DLM 270. Then run it again after importing and generating a new version of an audit, or after deleting an audit.

Once you have run the purging of obsolete patient groups, loading the Patient Groups module may be quicker.

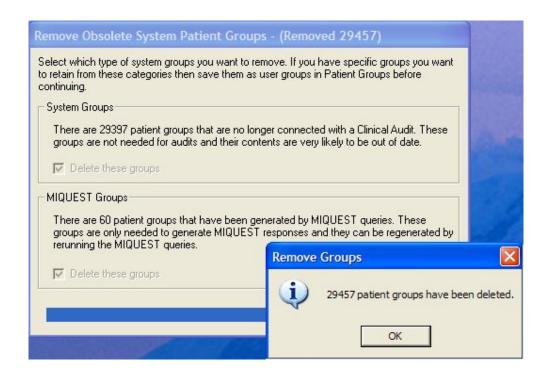
Unless you specifically want them, we strongly advise you delete all the old audit groups and groups formed from MIQUEST queries.

- 1. The Remove Obsolete System Patient Groups utility will delete any groups no longer associated with clinical audit. If you want to keep any of these, you should save them first (Group Save As on an individual group line) <u>before</u> running the utility.
- 2. Access this option from Group Applications Remove Obsolete Patient Groups. It immediately searches for candidate groups.



3. You are told on the Remove Obsolete System Patient Groups screen how many system groups there are, no longer connected with a Clinical Audit. As

- they are very likely to be out of date, you can delete them. Tick the box Delete these Groups.
- 4. You can also choose to delete outdated MIQUEST groups by ticking the box under MIQUEST Groups.
- 5. Click on Delete to start the process running, which may take some time. You can Stop this process at any time and it will restart from the interrupted stage.
- 6. When finished, the total number of deleted groups is shown. Click OK.



### Training Tip - Deleting individual or multiple groups

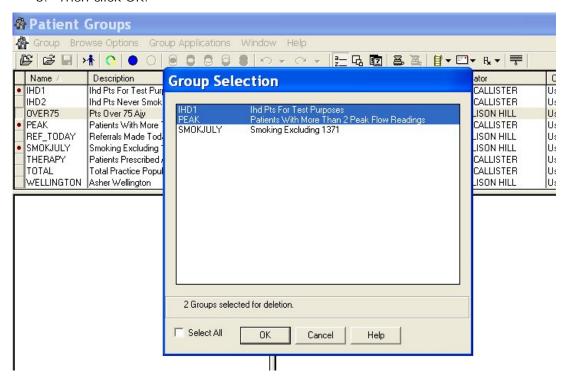
The option to delete user groups individually has not changed.

To delete one group, from the front screen in Patient Groups, first display the group you want (selecting Set Filter if necessary). Click on a group name so it is highlighted then right click and select Delete.

To delete more than one group:

- 1. Double click on the name field of the first group you want to delete.
- 2. Repeat for any other groups you want to delete. A red dot is placed by each line to show it has been selected.
- 3. Right mouse click and select Delete.
- 4. A Group Selection screen is shown listing the groups you selected for deletion.
- 5. At this stage you can still select or omit any of the groups listed. Either click in the box Select All (to select all the groups), or click on each group you want to delete. This will highlight them.

6. Then click OK.

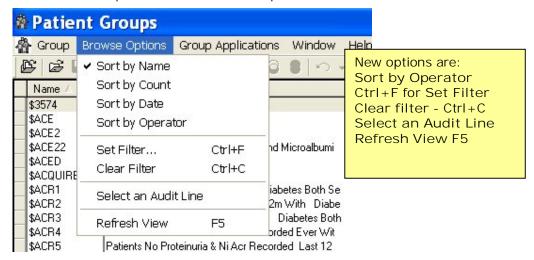


7. A Group Header - Delete screen is displayed. You can either click Delete All to delete all the groups in one go; or delete them individually using the Delete button.



### **Browse Options menu - extra options**

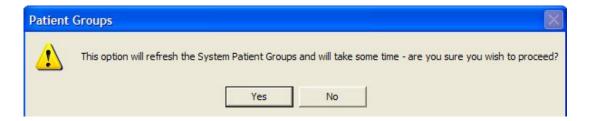
There are new options on the Browse Options menu:



### **Refresh View**

If you run an ad hoc report while Patient Groups is open, creating a new group, Browse Options - Refresh View or F5 will display the new group in the list.

Note that the option in Group - Refresh System Patient Groups, when system groups are recreated, may take some time, and you are warned if you select this option. This updates the patient groups with recent registration changes so that the patient lists reflect recently transferred out patients. Patient groups are groups beginning \$PAT for date of birth, applied date, name etc.



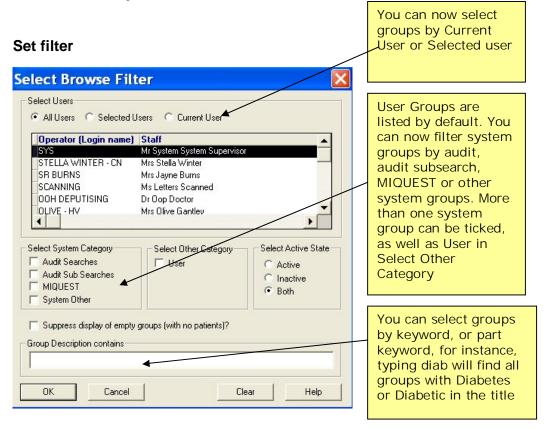
See also: Training Tip - Sorting patients in a Group on page 47 using Group - Refresh Selected Group.

### **New Group Filter options**

The initial display of the list of groups on the front screen is, by default, limited to user groups (for All users, and including Active and Inactive groups), and excludes system groups. This is a consequence of DLM 270.

You can choose the groups to be displayed more relevantly using the enhanced filters. The filter you select will be stored (per user).

on the toolbar or select Browse Options - Set Filter or do Control F. The new features you can use are to:



#### New features are:

- select groups by Current user or Selected Users.
- select system groups more specifically by audit search, audit sub search, MIQUEST and/or other system groups. Note that user groups are listed by default. You can if you wish also multi-select varieties of system groups plus user groups.
- select groups by user, system or both categories, and for practices with Caseload, Team/Individual Caseload.
- select groups by keyword in title, eg asthma.
- filter out groups with zero patients
- New Clear Filter icon

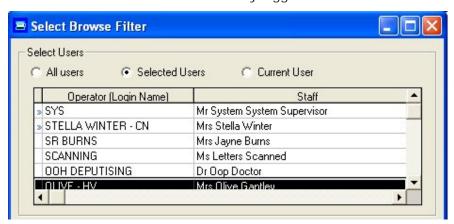


#### Select Users

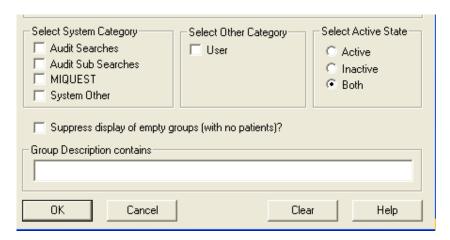
Current user is a new option in addition to All users and Selected Users.

Use the radio buttons - either groups created by All Users, the Current user (signed on this workstation) or by Selected users. Groups are "owned" by users, and this can be seen on the front Patient Groups screen under the column Operator.

- If Selected users, then select which user from the picklist by double clicking on the user name, which displays a chevron in the small rectangle to the left of the Operator (Login Name) column.
- To deselect users, press the All users radio button, which will clear any chevrons.
- Alternatively, selecting Current User radio button will place the chevrons beside the currently logged in user.



Here, SYS and Stella Winter have been selected as Selected users by double clicking in the rectangle to the left of their name



### Select System Category

User groups are displayed by default. You can tick one or more of the following under Select System Category to act as filters and filter out the unticked groups:

Audit Searches - prefixed \$AUD, \$QAU, \$INT, \$QOF or \$QPY Audit Sub searches - prefixed \$SUB, \$GLO, \$QFS or \$QPS.

#### **MIQUEST**

Other system groups - Patient and GP system groups, such as those prefixed \$PAT, used for various detailed analysis tabs in Clinical Audit.

You can combine ticking User groups under Select Other Category with a system group selection, displaying both some system groups and user groups.

Suppress display of empty groups (with no patients)?

If ticked, any filtered group with a count of zero will not be displayed.

### Group Description:

Group Description contains - By Keyword, for example, put in the word asthma to find all audits with asthma in the description; or, for example, enter Asthma Excep which will filter for all groups with either of those two strings anywhere in the description. What you type does not need to be a full word, for example, diab to find any group with diabetes or diabetic in the description. You can even search for keywords in any order, for example, letter smear will find all the groups containing the text smear recall letter.

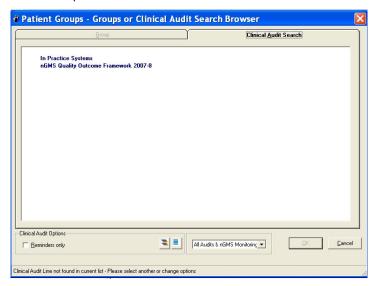
### **New Clear filter icon**

Click on to clear the filter (equivalent to the Clear Filter on the Browse Options menu), or use Control C. This displays the full list of user groups.

### Select an Audit line

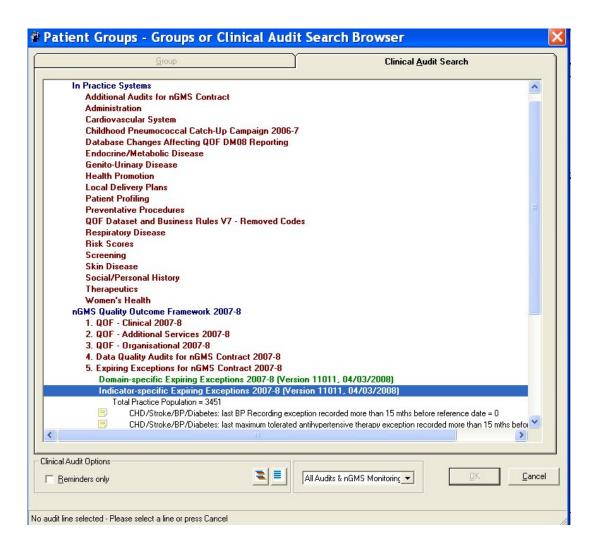
You can browse the list of Clinical Audits and select a group from a single audit line.

1. Select Browse Options - Select an Audit line or click on ...



- 2. The screen resembles a Clinical Audit display, except that the count of each audit is shown on the right, for example " " BP04 DENOMINATOR: Pts. with hypertension who are eligible = 515"".
- 3. You can use the expand all / collapse all icons to open the list entirely or close it up.
- 4. If you tick the box Reminders only, only audit lines with active reminders will be displayed.

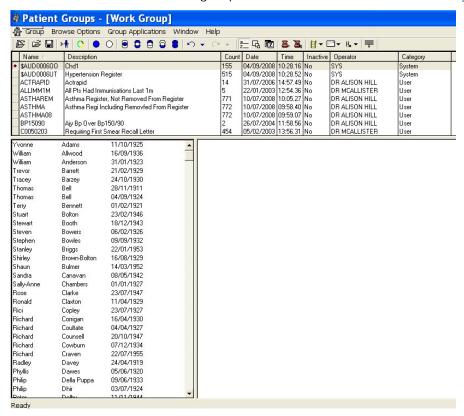




- 5. For QOF audits, select the view you want from the Audit Source box at the bottom of the screen (see page 11):
  - All audits & nGMS Monitoring This view shows all Clinical Audits with statistics up to the end of last month and the nGMS Audit showing daily statistics (including data up to the most recent daily generation), based on a QOF Reference Date of "today" inclusive.
  - 2. nGMS Reporting This view only shows the nGMS audit (including data up to the most recent daily generation) based on a QOF Reference Date of standard end of year (1st April).
  - 3. QOF Results Last Reported This view shows what you sent in the last submitted report to QMAS the Regular (monthly) report.
  - 4. QOF Results Last interim This view shows the data of the last generated interim report, if run.
- 6. Find the audit line you want in exactly the same way as you would in Clinical Audit. Click on a main blue line Audit Group (eg, QMAS Returns and Monitoring Audits) to expand the red clinical area lines beneath (eg QMAS Returns Clinical 2007-8). Click on a red line to expand the clinical categories

beneath, which are green headings (eg CHD QMAS indicators). Click on the required audit line, coloured black, to select it, then click OK; or double click on it.

7. If a QOF audit is selected, the group is created there and then, on the fly.



8. The system takes a moment to save the group if a saved copy does not yet exist; otherwise it will save the group from the last audit generation. Note that if the audit you select has not yet been generated (for example, a newly imported INPS audit), you will see the message: This Clinical Audit has not yet been generated - the Patient Group is not yet available. OK

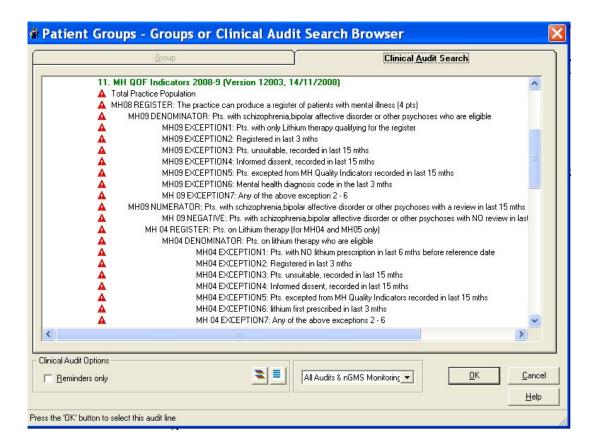


- 9. The screen refreshes with the selected audit group shown amongst other groups, depending on what category of groups is chosen in Set Filter.
- 10. If you click on the Date column, the audit group you have chosen should be shown at the top of the list.
- 11. You then have several options:
  - You can click on Select Audit Line again if you want to select a secondary group - this too will be shown at the top of the screen if the Date column is sorted by latest first.
  - Or select a secondary group from those currently displayed. If not currently displayed, use Set Filter to change the display to other

group categories, for instance, Audit Searches, or all groups with DIAB in the description.

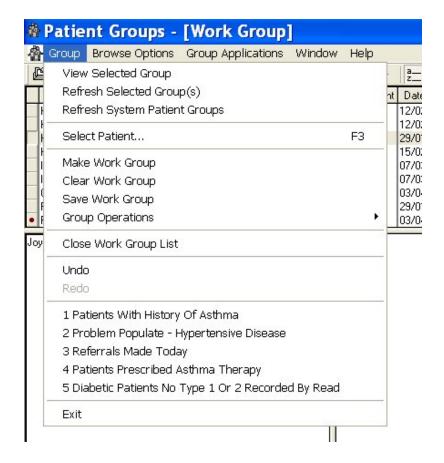
- Or make your selected audit group into a Work Group . Then various options: either save it with a different name, or double click on it to display a red dot beside it in the left-hand column. Then the Work Group can be used with a second group.
- In your selected audit group, you can view the patients, their relevant clinical detail (single click on a name in the group); or right click within the list of patient names to sort, print, save group, or open Consultation Manager for a specific patient.

Note that if you see a red triangle warning on the Clinical Audit Search screen, then this is a reminder that the clinical audits need to be generated.



### List most recently used groups

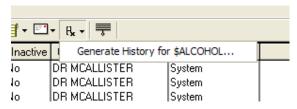
On the Group menu, the nine most recently used groups are displayed and can be selected in a similar way to the most recently used documents in Microsoft Office products.



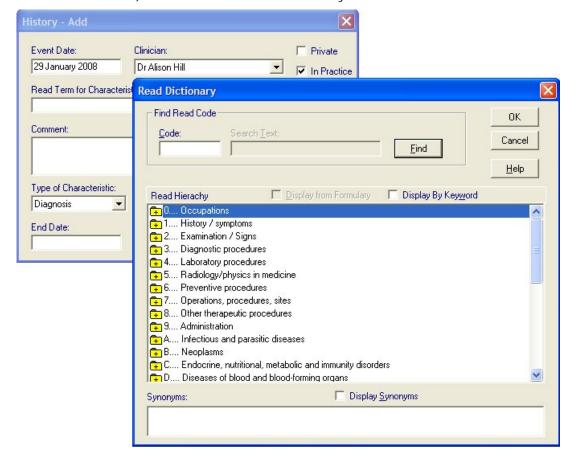
### **Generate History**

In the Generate History option (used to bulk add a specified Read coded History entry to a group of patients), the new feature is that you can now browse the Read dictionary in the Read term window (press F3).

- 1. First, highlight the group line to which you want to add a history.
- 2. Click on 1/k -



3. At the History Add screen, you can now use F3 in the Read Term window (or double click) and browse the Read dictionary.



### Single click to view

When viewing the patients within a group, a single click (rather than the previous double click) will show clinical data in the right-hand column. The mouse wheel can be used to scroll.

### Patient Groups screen now open maximised

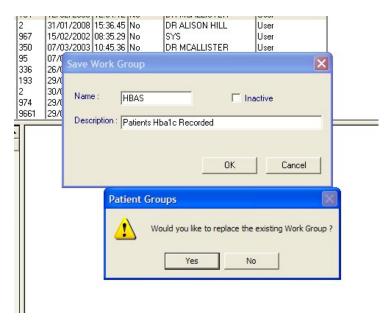
Patient Groups will now always open maximised.

### F3 to select patient

Whenever the Patient Select icon is active in Patient Groups, pressing F3 will now bring up the usual Vision Select Patient screen.

### Work group can be overwritten or saved when closing

When you have made a group into the work group, when closing it, the prompt for do you wish to save is now followed by the existing name and description so you can overwrite it or amend the name/description before saving. You also see the same message if you make a "system" group a workgroup and attempt to save it with the same name. Would you like to replace the existing Work Group?



You can change the name slightly and if it were a system group, it would then be saved as a "user" group.

If you click No, you are returned to the previous prompt Would you like to replace the existing Work Group?

### **Training Tips**

None of these are new options but are not well-known.

### Training tip - creating an empty group

To create an empty group from scratch, first use the Clear Work Group option of if you already have a Work group in use.

Then select a patient and description; click OK. This creates a user group with one patient. With that

group highlighted, you can then add more patients to the group using Remember to save

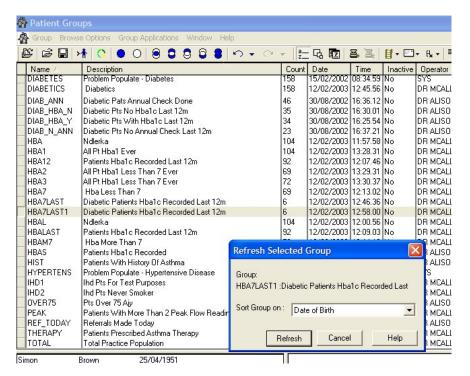
### Training tip - sorting groups list by two different categories

On the front Patient Groups screen, listing the user and/or system groups, you can click on the column header to sort, eg Description.

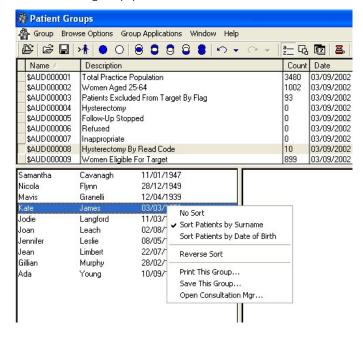
To further sort, hold the Control key down and click on a second column, eg Date.

### Training Tip - Sorting patients in a Group

If you make a user group into a Work Group, then use Group - Refresh Selected Group, you can sort the patients within a group by Date of birth, Date patient applied to practice, Date transferred out, or Surname. Select one of these options and press Refresh. You can save the group with a new name, if required, or overwrite the existing one.

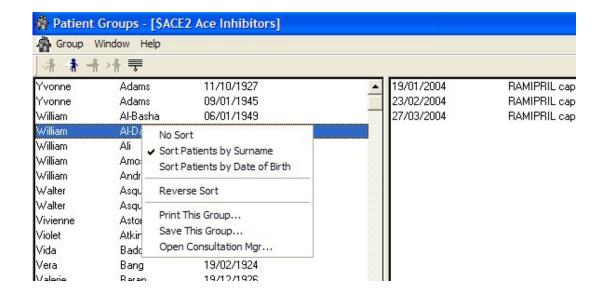


You can sort patients within a group by date of birth, or surname, or reverse sort, by right clicking within a list of group patients.



### **Training Tip - Printing groups**

When viewing the patients in a group, you can use the right click menu options to Print this group.



### **Consultation Manager changes**

### **Group Select**

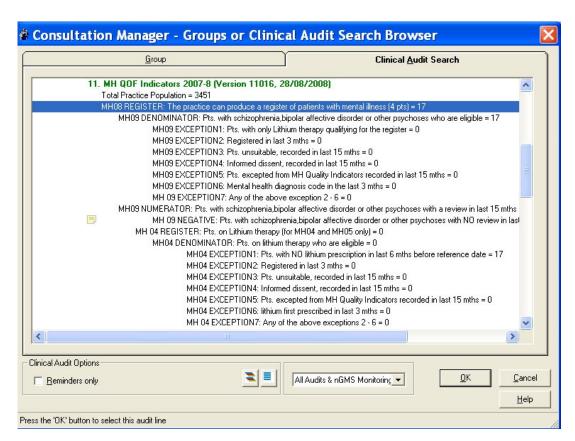
Within Consultation Manager, using Consultation - Select a Patient Group, you can now select a group from a choice of two tabs:

- Group
- Clinical Audit Search

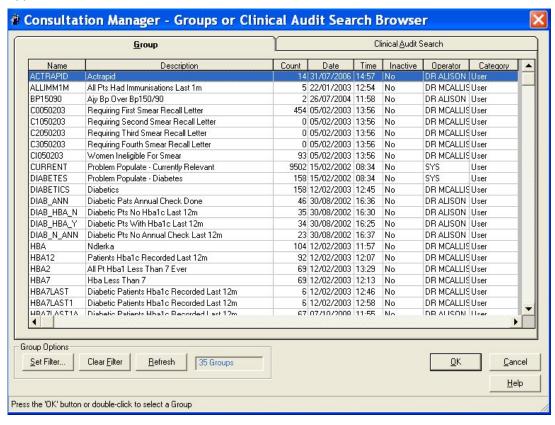
First click on Select a Patient Group from the Consultation menu.



If you then click on , you will reach the search browser screen with two tabs for Group or Clinical Audit. The Clinical Audit search browser tab is displayed first.



Click on the Group tab to list the patient groups (user by default until a filter is applied).



### **Group Search Browser**

The Group tab lists groups, both system and user depending on the filters selected in Set Filter. This is similar to the Set Filter in Patient Groups - see page 37. Using Clear Filter will return to the full list of groups. Highlight a group, and click OK.

#### Clinical Audit Search Browser

You can make a choice from a Clinical Audit line. Switch to the Clinical Audit Search tab. The display is similar to the Clinical Audit screen except that the count of each audit is shown on the right, for example " = 49".

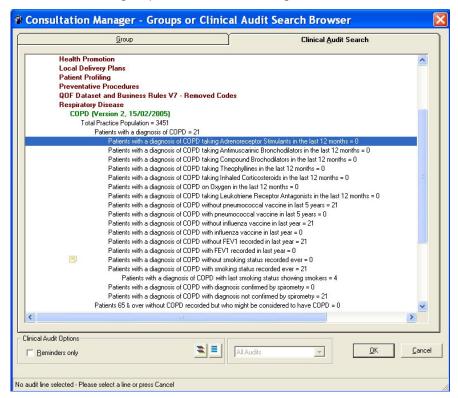
Use the expand all / collapse all icons \_\_\_\_\_\_ to open the list entirely or close it up.

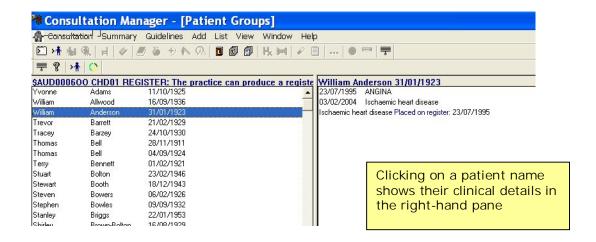
For a QOF audit, select the view you want from the Audit Source box: All Audits & nGMS Monitoring, nGMS Reporting, QOF Results Last Reported (see page 11).

Ticking the Reminders only box shows only those audit lines with active reminders.

Drill down to find the audit line you want in exactly the same way as you would in the Clinical Audit module. Click on a main blue line Audit Group (eg, QMAS Returns and Monitoring Audits) to expand the red clinical area lines beneath (eg QMAS Returns - Clinical 2007-8). Click on a red line to expand the clinical categories beneath, which are green headings (eg CHD QMAS indicators). Click on the required audit line, coloured black, for your selection (eg CHD01 REGISTER), then click OK; or double click.

If a QOF audit is selected, the group is created there and then, on the fly. The system takes a moment to save the group if a saved copy does not yet exist; otherwise it will save the group from the last audit generation.

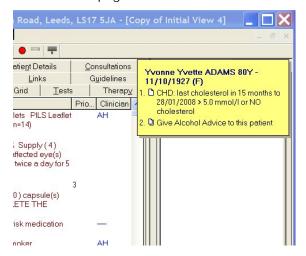




For further help using groups within Consultation Manager, see the on-screen help under Getting Started - Patient Selection - Groups of Patients.

### Reminders now show reference date from nGMS audits

Reminder texts, generated from Clinical Audits, can now show a date relevant to the last generation (for example, whether the patient data is based on today for "monitoring" reminders, or end of year (1st April) for "reporting reminders"). See Reminder text with date fields on page 26.



#### Cancelled audit reminders

Cancelled audit reminders for a patient remain cancelled until the patient is removed from the group (when the reminder is deleted), the reminder is uncancelled by the user, or reminders are regenerated in an Advanced Generation in the Clinical Audit module.

Audit reminders can be cancelled on the patient record in Consultation Manager either by using the right mouse menu on an audit line reminder and Cancel, or by double clicking on the reminder line; either has the effect of crossing the reminder line through. All reminders can be cancelled on an individual patient basis.

Yvonne ADAMS 82Y - 11/10/1925 (F)

1. □ CHD: no BP in 15 menths before to reference date

2. □ CHD: no betablocker in 6 months to reference date

3. □ DEP: Case finding for depression NOT done in 15 months to reference date

4. □ SMOKE: Smoker on the co-morbidy register NOT offered smoking cessation advice during 15 months to reference date

5. □ STROKE: no BP in 15 months to reference date

6. □ Give Alcohol Advice to this patient

### Removal of Classic Framework

Note that in a DLM in the near future (currently scheduled for DLM 290), the plan is to remove the Classic Framework view of the patient record in Consultation Manager. We <u>strongly</u> recommend that any users still using this view move to a Vision 3 view as soon as possible.

### Search & Report changes

#### **Contains or Not Contains in Criteria Select**

A number of Criteria Select screens now have Contains / Not contains as an option (rather than Starts / Not Starts), allowing you to put in a part number or text. Contains is not case sensitive.

Criteria Select where Contains can be used include: Communication numbers, Drug Name (see below), Formulation of drug, Drug Read code, Surname, NHS Number and CHI number.

### **Searching on Drug Name**

When doing a drug search, you must now use the option Contains/Not Contains on the Criteria Select for Drug Name, instead of Starts/Not Starts.

To search for drugs with similar names (for example, All patients on prednisolone), use Drug Name with Contains. This is case insensitive and will also find drugs that do not contain the selected name. Existing drug name searches will still work but when you edit them you will be prompted to change them to "Contains".



Contains is not case sensitive and includes the whole drug name in the search.

The previous criteria of Starts/Not Starts is hidden for new ad-hoc searches in DLM 270 and replaced with Contains/Not Contains.

When editing existing searches that use Starts/Not Starts criteria, when selecting the drug name criteria to edit, if the current criteria is for Starts or Not Starts, the criteria will be automatically changed to Contains or Not Contains respectively. The Starts/Not Starts options will be disabled (ie visible but not selectable) to indicate the change. The search words will not be changed.

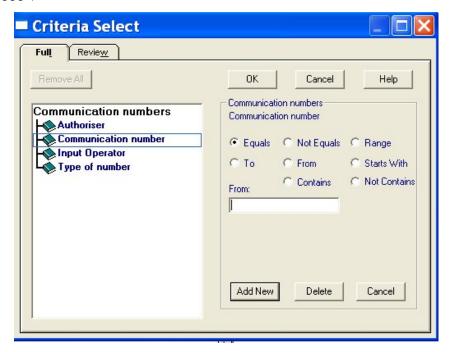
When exiting the search, if it needs saving because criteria have changed, it will check to make sure there are no drug name criteria still using Starts/Not Starts. If found, you will be prompted to change them and saving the updated search will not be permitted. You can still exit the search without saving changes though.

Other ways to search for drugs are:

- To search for a single drug use Drug in Criteria Select and then the Select Drug button to find a specific medication with name, form and strength.
- To search for a range of drugs use Action group.

### Search on Communication numbers

When searching Communication numbers, use Contains, so you do not have to specify the full area code in From. Note that spaces cannot be ignored, for example, if you are searching "020 7501 7000", you could type in "7501 7000" but not "75017000".

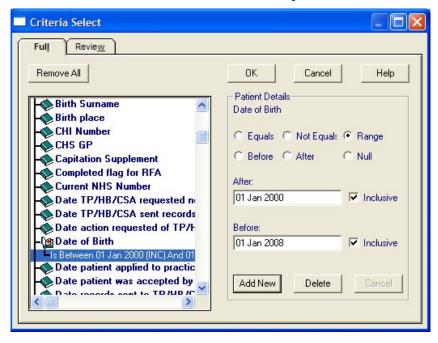


### Search & Reports screen stays maximised

Once the Search & Reports screen has been maximised, it will remain so.

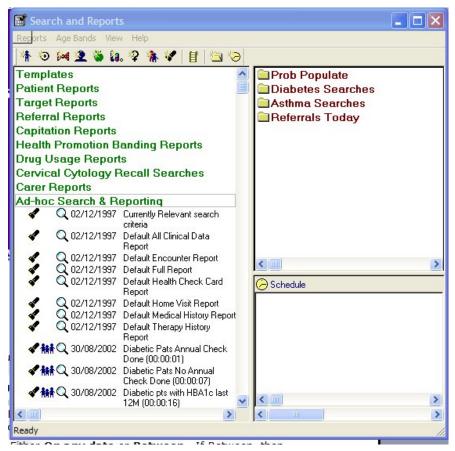
### Inclusive date ranges

Dates entered in Criteria Select will in future always be inclusive unless you remove the tick from the Inclusive box. For example, If you enter dates in a date range on a Criteria Select form for date of birth, these will now, by default, be inclusive dates.



### **Sort display of Ad-Hoc Searches**

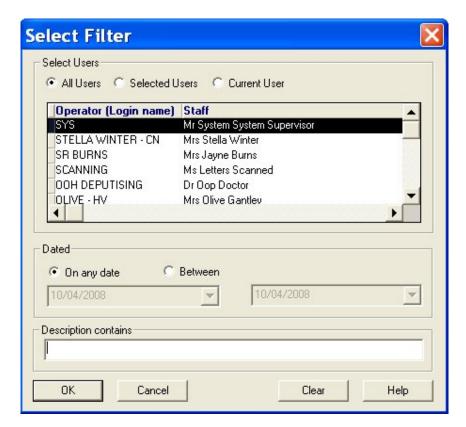
The list of Ad-Hoc Searches that have been saved, and those distributed with the system, are listed under the green heading Ad-Hoc Search & Reporting.



This Ad-Hoc list can be sorted by Name (its description) or by date (that it was created or last edited), using View - Sort by Name, or View Sort by Date.



You can also narrow the full list down by using View - Set Search Filter.

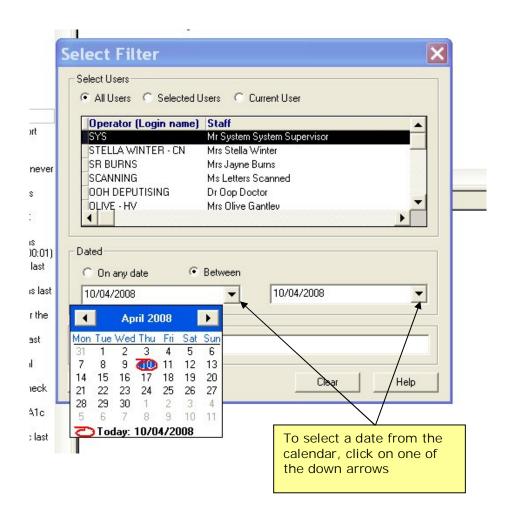


The various filters are:

- Select Users Either All Users, Selected Users, or the Current User signed on to this workstation. If you choose Selected Users, specify the user(s) in the Operator picklist, by double clicking on the user name to select more than one. Selected users display a chevron in the small rectangle to the left of their name. to deselect, select the All users button.
- Dated Either On any date or Between. If Between, then
  choose the date range the left-hand box is the From date and the
  right-hand the To date. Clicking on the arrow displays a calendar
  for you to click on a date. Use the left and right arrows to move
  back or forward a month.
- Description contains Enter a word or part word, eg Diab, to find all searches which contains those letters in their description. This is case sensitive.

Click OK. The Set Search Filter menu option is ticked if a filter is in operation.

To remove filters, View - Set Search Filter and use the Clear button.



### **Group Input for Ad-Hoc Search**

You can now select any group or clinical audit line for use in Group Input in an Adhoc search. There is NO NEED to pre-save a group from an audit as this method of group input will find the list of patients created at the last audit generation.

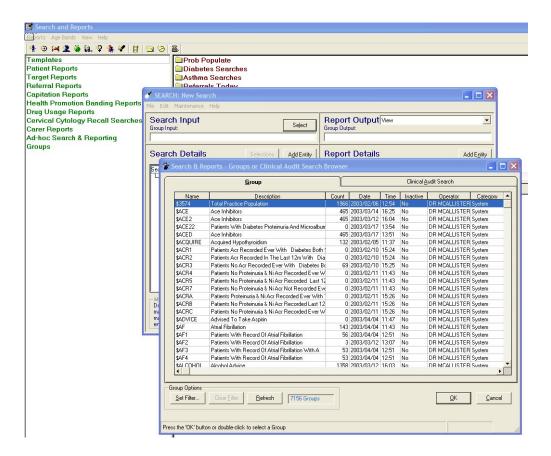
Note that if you select an input group from the clinical audit browser, then each time that search is run it will regenerate the group at that time. The patient list will be current, as at the last generation of that audit line (which depends on if it is a monthly or daily audit).

If you want to run the search later using the patient list as it was at the time the search was created, then you need to save the patient group beforehand as a user group (in Clinical Audit - swap to [month/year] tab, highlight audit line, right click and Save As); then select that user group as the input group from the group list in the Group browser, not the Clinical Audit Search list.

File -Edit Maintenance Help Search Input Report Output View Select Group Input: Group Output: Search Details Add Entity Report Details Add Entity Search Details Report Details Patient Details Patient Details (All) Do you wish to include patients if a match is found on any entity, or only if Match Any Run Ne<u>w</u> matches are found on all selected C Match All Close Help Save As

At the Ad Hoc Search: New Search screen, click on the Select button by Group Input, or double click within the Group Input window.

The groups are listed on two tabs - Group or Clinical Audit Search, similar to the Group browser in Patient Groups and Consultation Manager.



### Selecting a Group for Group Input to an ad hoc search

Use the Group tab on the Search & Reports - Groups of Clinical Audit Search Browser to select a group from the list of groups.

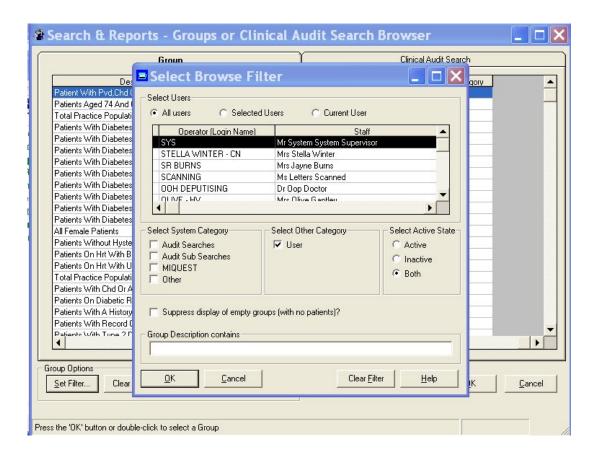
You can filter the list of groups using Set Filter.

#### Set Filter for searches

In Set Filter, you can set the Filter to display specified groups:

- by all users, selected users or current user (see page 37).
- by specified system groups audit searches, audit subsearches, MIQUEST, or other system groups;
- In Group Description, you can search for an ad-hoc search by a part description, for example, putting in DIAB will find ad-hoc searches with diabetes or diabetic in the title.
- You can suppress all groups with a zero count of patients.

The Clear button clears any filters and returns to the list of all user groups. Refresh brings the list of groups up to date.



Highlight the group you want to use as an input for the ad hoc search and click OK.

#### Selecting Group Input from a clinical audit line

You can input a group from an audit line.

Use the Clinical Audit Search tab on the Search & Reports - Groups of Clinical Audit Search Browser to select a group from the list of groups.

The screen resembles a Clinical Audit display, except that the count of each audit is shown on the right, for example " = 49".

You can use the expand all / collapse all icons to open the list entirely or close it up.

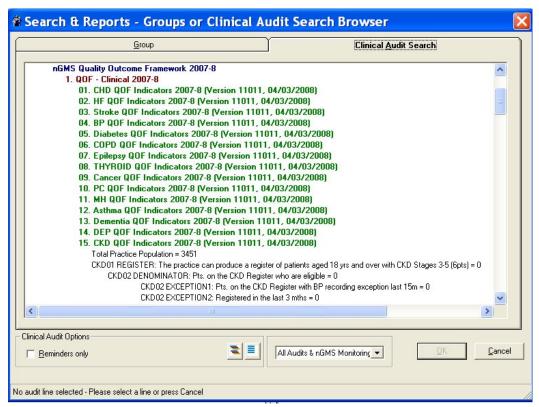
Select the view you want from the Audit Source box: All Audits & nGMS Monitoring, nGMS Reporting, QOF Results Last Reported, QOF Results Last Interim (if run) (see page 11).

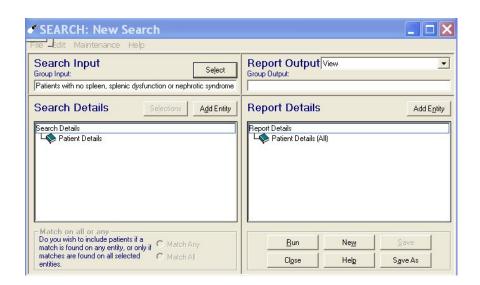
Ticking the Reminders only box shows only those audit lines with active reminders.

Drill down to find the audit line you want in exactly the same way as you would in the Clinical Audit module. Click on a main blue line Audit Group (eg, QMAS Returns and Monitoring Audits) to expand the red clinical area lines beneath (eg QMAS Returns - Clinical 2007-8). Click on a red line to expand the clinical categories beneath, which are green headings (eg CHD QMAS indicators). Click or double click on the required audit line, coloured

black, for your selection (eg CHD01 REGISTER), if a single click, then click OK.

This group will consist of patients found in the last audit generation.





Note There is no restriction on other people using clinical audit while you are accessing Group Search or Group Select, but you must NOT use Group Input or run a search during a clinical audit generation.

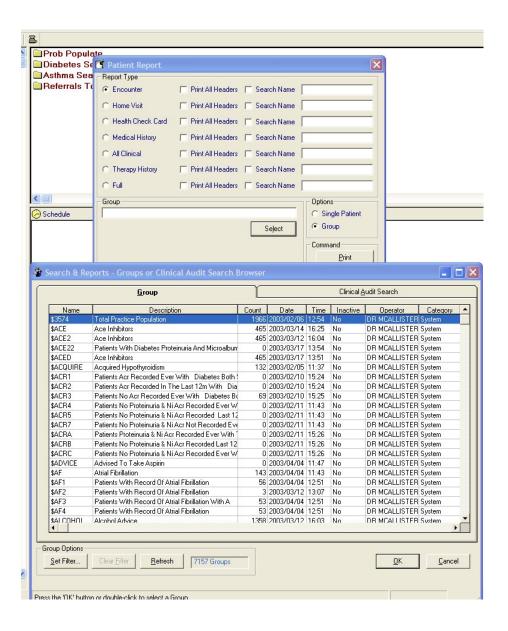
### **Group Input for other Reports in Search & Reports**

In Reports, the Group Select option described on page 62 is also available for other reports:

Carer Report - Select Carers for these Patients then click on the Select button at the top right.

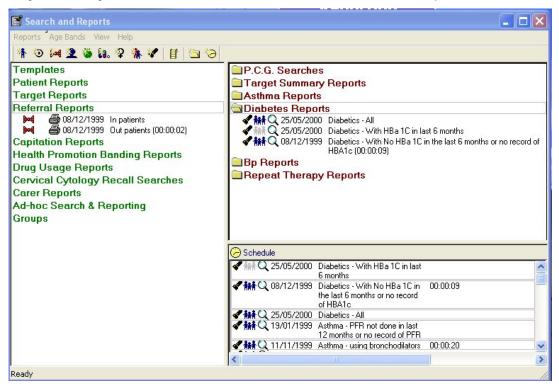
Patient Report - Change the Options from Single Patient to Group, then click on the Select button under the Group window.

Cervical Cytology Report - Under Input Group, click on Group of Patients, then click on the Select button to select the group.



### Batched and scheduled searches

As you know, you can batch searches and schedule them to run at pre-defined times.



In some cases, the group output from an earlier search is then used as the group input into the next search. If the details of the earlier search were set up prior to DLM 270 install, then the old named group cannot be used and the search fails.

To remedy this, each search in the Batch needs to be run once as an independent search: go into the Ad-Hoc search screen, <u>reselect</u> the Group Input and save the search then select Run. You will then find that the batched searches will run correctly.

#### Searches on Staff file

When searching for staff, such as clinician, authoriser, prescriber, the list is filtered:

- to exclude GP2GP staff records created through Gp2GP filing
- to include only "Employed by practice Yes" and to exclude "Employed by Practice - No"

It is advisable to make sure the Display Inactive box is unticked so that any inactive staff are not included in the displayed list.

Note that you can select more than one staff at a time by clicking on each name so it is highlighted.



Some staff searches only include staff member with a type of GP, ie staff who are doctors and cannot by definition by employed outside the practice. These lists do not have the Employed boxes, by nature of their role:

Patient Details search: CHD GP, Registered GP and Usual GP

Therapy (acute and repeat): Clinician, Responsible Partner, GP who signed prescription

IOS claims: GP making the claim

## Last address on Encounter Report, Health Check Card and Home Visit Report

On Patient Reports , the Encounter, Home Visit and Health Check Card Reports will print THE LAST MAIN ADDRESS recorded for this patient in Registration - Personal, to ensure that there is no confusion for home visits. If the last address entered was in Registration - Address and given a Type of Address other than Main (eg Business), then that address will not be printed. All recorded Communication Numbers will also be printed.

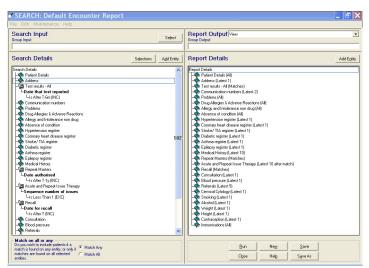
Under Ad-hoc Search & Reporting , no change has been made to the current criteria for the Default Encounter Report, Default Health Check Card Report, or Default Home Visit Report, in case there are any practices which have already modified these reports.

However, you may make your own amendments as follows to ensure the correct address and communication numbers for the patient is displayed:



### To include only Last 1 Main address:

1. In Search and Reports under Ad-hoc Search & Reporting, click once on the torch icon an next to Default Encounter Report, or Default Home Visit Report or Default Health Check Card. This displays the Search Criteria screen.



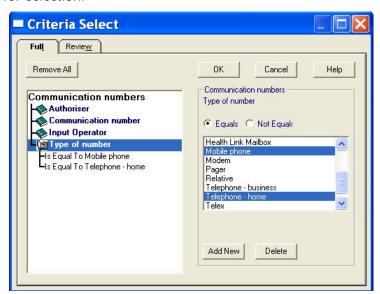
2. In Search Details, click on Address to highlight it.

- 3. Click on the Selections button.
- 4. Select Category of Address.
- 5. Select Add New.
- 6. Select Main address.
- 7. Select OK.



To only include the Last 2 Home Phone or Mobile

- 8. In Search Details, select Communication numbers.
- 9. Click on the Selections button.
- 10. Select Type of number and select Add New.
- 11. Select Mobile phone and Telephone home, using Control-click on both of these for selection.

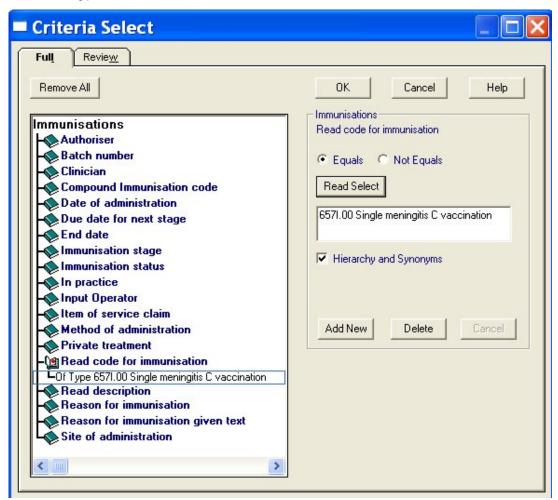


- 12. Select OK.
- 13. Save the search.

### Immunisation search on Type of Immunisation

For technical reasons, it is not possible to include Type of Immunisation in Criteria Select on an Immunisation Ad-Hoc search. On this screen, select Read code for immunisation.

The Search & Report help file now includes a list of immunisations Read codes which will help you find the specific immunisation and stage (select Help - Contents - Templates and specific searches - Immunisations search criteria - Table of Read codes for Type of Immunisation).



### Full Patient Report has patient details on every page

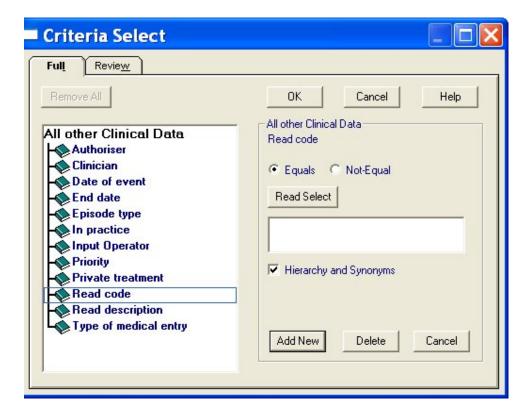
On Patient Reports - Full and other multi-page reports, a printed report now has the patient's details at the top of every page, including the name, date of birth, sex, NHS number and registration status.

All Reports now have printed "Page nn or nn" on each page.

#### Read code selection

When doing a Read code search, the Hierarchical Search box on the Criteria Select screen has been renamed Hierarchy and synonyms.

This box will now be checked by default, so looking automatically for any children of the parent code and synonyms. Unchecking this box will look only for the exact code specified.

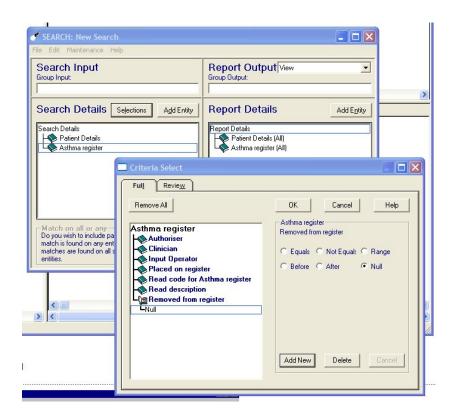


### **Training Tips**

### Training Tip - Asthma Register search

When searching for patients on the Asthma Register, you want to exclude those patients who have been removed from the register.

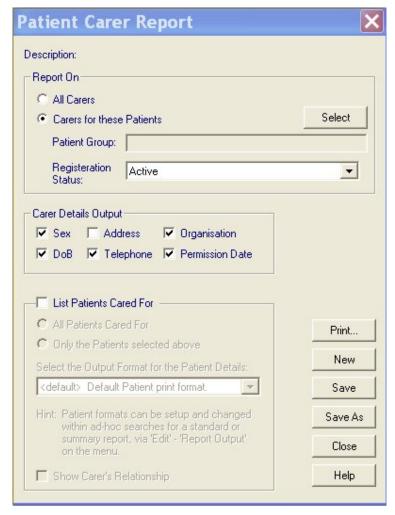
We recommend that after selecting Add Entity - All Other Clinical Data - Asthma Data - Asthma Register, and using Selections, choose Removed from Register and click on the Null radio button.



### Training Tip - Carers Report

When running the Carers Report, you may want to restrict the search to Carers for patients with a registration status of Permanent and Applied. After clicking on or selecting Reports – New Carer Report, choose between:

- All Carers, which includes <u>every</u> patient, regardless of registration status.
- or Carers for these Patients. There is a drop down list for Registration status - selecting Active means patients who are permanent or applied. You are also prompted to select a group name by clicking on the Select button (see Group Input for Ad-Hoc Search which explains how to use the group and clinical audit browser). For example, you could have beforehand created a group of over 75s.



# Changes of TP affects Clinical Audit practice population

When a patient has their TP changed in Registration within the same practice, a window comes up allowing you to change it to the new TP and the reason for the change. If you select New TP, the Date Transferred box appears. You cannot continue with this process unless you select a date. The patient will now appear as transferred out.

There was a problem when the patient was eventually made permanent by the new TP. The patient appeared as permanent; however, the transferred out date still appeared. Clinical audit ignored any patient with a transferred out date, even if they were permanent and therefore could report an incorrect total practice population.

There is a change to the way clinical audit searches for practice population - it will NOT exclude any patient that has a transferred out date, in other words, it includes all patients with a registration status of Permanent or Applied, regardless if they have a transferred out date or not.

### **Event Log Viewer**

Software installs will now be included in the Event Log Viewer from the Management Tools menu, Vision front menu.



### **Problems fixed**

### **Data collection for hosted Vision practices**

A problem that prevented users from running manual data collections for GPRD and THIN has been resolved. This same problem also prevented the daily THIN automatic collection from working. The VES support team no longer have to perform data collection functions on behalf of practices.

### **Removal of File Maintenance**

In DLM 280, File Maintenance will be removed from the Home menu of Vision. All file maintenance for staff, organisations and practice etc should be done within Control Panel (Management Tools) - File Maintenance.