DLM 280 User Guide

including:

Recall Enhancements and Data Entry Cautions

Appointments enhancements

England and Wales: Test Requesting ICE and tQuest

Scotland: SCCRS, Prescribing Safety, SCI-DC, eAMS, SCI Pathology, SCI Gateway

Wales: 2D barcodes on prescriptions

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Table of Editions and Contents

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Contents

DLM 280 Changes

Summary of DLM 280 Changes

DLM 280 brings changes to Vision that affect **all** practices, as well as projects only relevant to **specific** countries and regions. With this in mind, and due to the volume of information, we have split the DLM 280 user guide into the sections below. In some cases, we have placed the full user guides on the INPS website and ask you to go to My Vision - Downloads - then follow the relevant link, eg Scotland, Wales, General.

The following changes are relevant to **all countries**.

The following changes are relevant to **Scotland only:**

The following items are relevant to **England and Wales only**

The following changes are relevant to **Wales only**:

The following changes are relevant for **GP2GP practices**:

GP2GP changes - see page 60

The following changes are relevant to **THIN London Practices only:**

Cancer Linkage Report - see page 60

File Maintenance removal

From DLM 280, you will no longer be able to access File Maintenance from the Vision Home menu. File Maintenance can only be reached from **Vision** front menu - **Management Tools – Control Panel – File Maintenance**. See Control Panel on-screen help for further information about File Maintenance.

Appointments Enhancements

Summary of Appointment changes

Following user feedback, we have made the following enhancements to the Appointments system:

- Security changes to allow Full, Restricted or No access to the Appointments module. See page 4.

- Searching for free slots now has an end date facility. See page 9.

- The Week View functionality has been modified to make it more user friendly. See page 10.

- For audit trail purposes, it is now not possible to delete or edit appointments that are older than seven days.

- The Day Plan has been modified so that practice views can be displayed. See page 11.

- For Northern Irish practices, the H&C number can now be selected in Patient Information. See page 13.

- There is a new option in Appointments Maintenance called Create Patient Display Form which allows you to define how the Patient Information selection is updated on the Appointments screen. This is particularly beneficial to practices that use the Patient Partner software. See page 12.

- Before modifying the books, you will now be asked if you want to run a backup of the Appointments database. See page 14.

- Booking Information categories can now be excluded from DNA searches. See page 18.

- Users with full rights to Appointments can release held slots. New option in Systems Constants - Practice to allow override of held slots by users with administrator (full) rights.   See page 15.

- GP2GP clinicians no longer appear in the Book Owners list in Appointments.

- Changes to Patient Notes. See page 16

Appointments Security

Security changes to user rights in Appointments

Security changes allow Full, Restricted or No access to the Appointments module. Appointments access rights can be configured by a System Administrator from the front screen of Vision from **Management Tools – Control Panel – Security - Vision Functions - Appointments.**
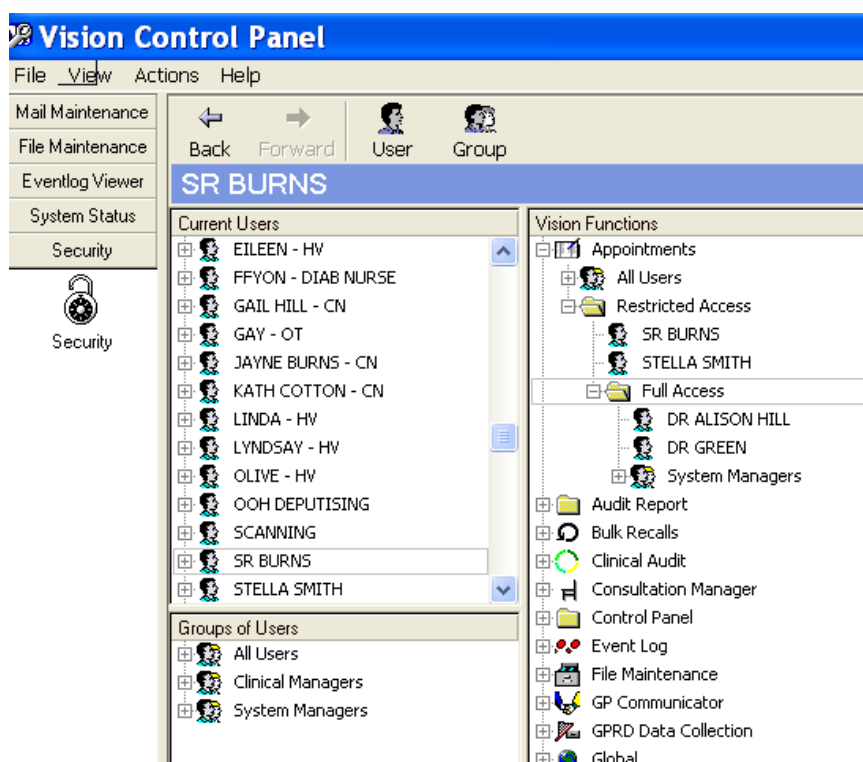
In Appointments, a user or group of users can be configured to have either:

- Restricted Access,
- Full Access **OR**
- No Access at all to the Appointments Module

Any group that is placed immediately beneath the Appointments heading has access to everything within that module. So if a heading has the group All Users immediately beneath, then all users can access Appointments.

With the sub-sections of Restricted Access or Full Access, you move from the least secure to a most secure sublevel. Generally speaking, users or groups are always allowed to do the functions they are listed directly under, plus anything which can be followed with a straight line UPWARDS

After DLM 280

Once your system been updated with DLM 280, you will find that if you previously had the **All Users** group in the Appointment root, they will automatically be entered in the **Restricted Access** folder as well. This is to help you with setting up. You can of course change the access rights as you wish:

At the point of upgrade, if the All Users group is found in the Appointments root, it will be automatically placed in the Restricted Access branch.
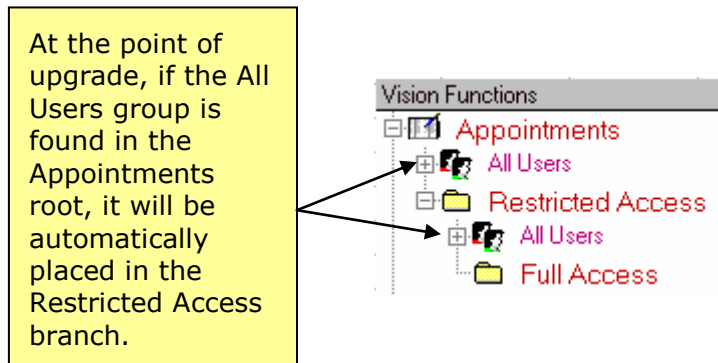
Furthermore, if there were any other user or group in the Appointment root, you will find that the Restricted Access folder will not contain anything. This is so that your previous Appointments user access settings are retained.

Users with restricted access

Restricted Access options

Make a Booking	Make a Special Booking
Edit a Booking	Cancel a Booking
Move a Booking	Copy a Booking
Hold Slots	Release own Held Slots
Add patient notes	Access all options in the View menu
Use all appointment search facilities	On the Maintenance Menu have access to Status bar and Show Views Toolbar options

Users with restricted access will be able to access the following menus in their Appointments screen. Some of the selections from the menus will also be hidden for such users:

Menus available to restricted Appointments users.

Restricted user Maintenance menu

Restricted user Appointment menu

To allow restricted access to Appointments

To allow restricted access to Appointments, drag and drop the relevant user or group to the **Restricted Access** folder in the Appointments tree.

Note Make sure that the user or group to be restricted is only in the **Restricted Access** folder and is not also present in any other Appointments folder

Users with full access

Users with **full access** can access all the options listed under restricted access **PLUS** the following:

Full access options, in addition to restricted options listed above

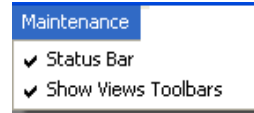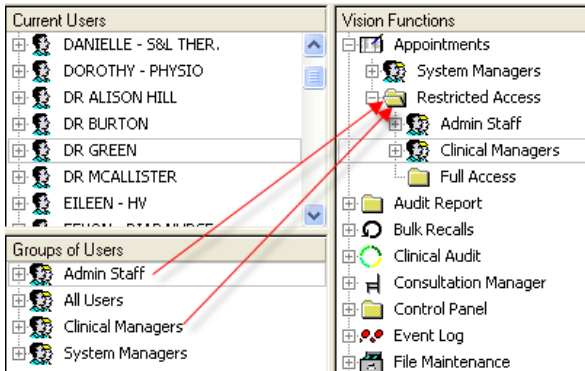|	
Edit Personal Plans and Day Plans	Insert or remove sessions
Full access to the plan menu (slot types, session types, new session, edit session, copy, delete session and delete plan)	Full access to the books menu (Planner, Events, Extend, Modify, Undo)
Full access to Maintenance (System Configuration etc)	Insert or remove individual slots
Make individual slots available or unavailable.	Change slot types

Users with full access will be able to access every functional aspect of the Appointments module. Release Held Slots restricts you to releasing only your own slots unless you override this setting in system constants. See System users are able to release held slots on page 15

To allow Full Access to Appointments

To allow Full access to Appointments, drag and drop the relevant user or group to the Appointments root folder:

Alternatively you could drag the user or group to the **Full Access** folder which also allows full access.
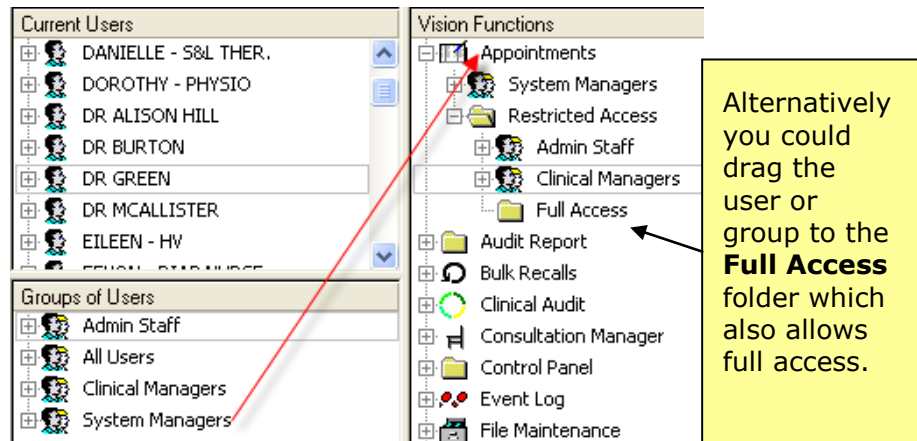
To prohibit Access to Appointments

To prohibit a user or group from accessing all sections of the Appointments module, you should ensure that the name or group name are not found in any of the Appointments folders.

When such users login to Vision they will not be able to select Appointments from the Vision front screen.

How do I remove a user or a group from the Appointments folders?

1. Right click on the user or group name listed under a Vision function.
2. Select either **Remove user** or **Remove group from function**.

Appointments Booking

Appointments Booking - PDS status

For practices in England, from the Appointments Booking screen you will see the patient's PDS Status at the bottom of the form. This allows you to check if the patient has been synchronised with the Spine whilst booking the appointment so that any discrepancies can be rectified before the clinician sees the patient.

Amending or Deleting Booked slots older than 7 Days

For audit trail purposes, it is now not possible to delete or edit appointment details for a patient, where the appointment is older than seven days.
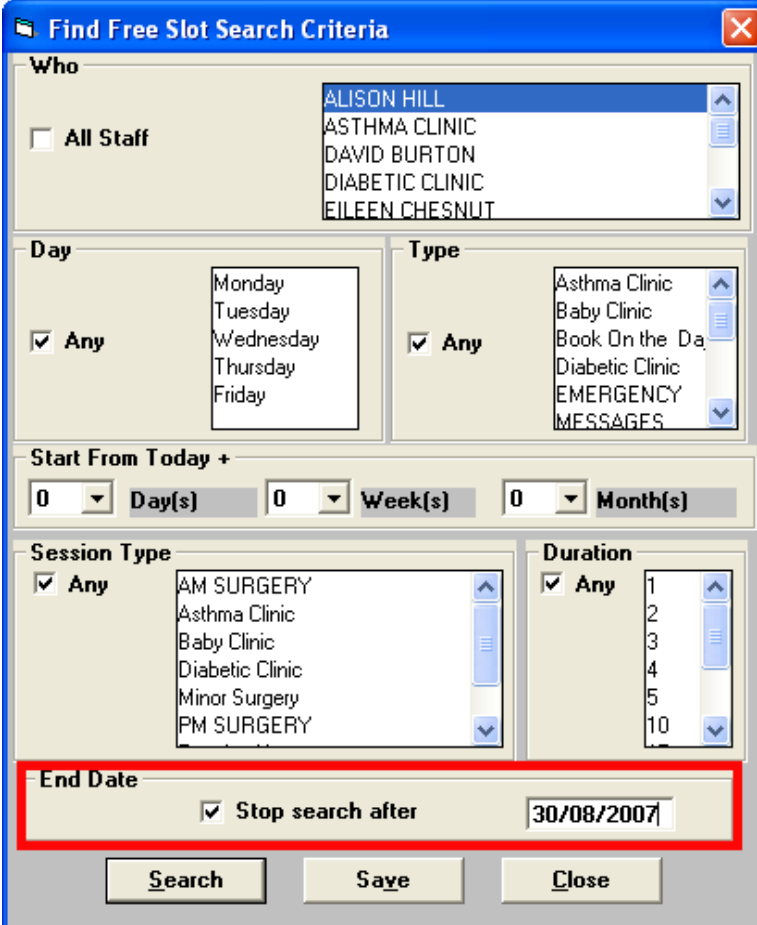
You will be prompted with the following message if this is attempted:
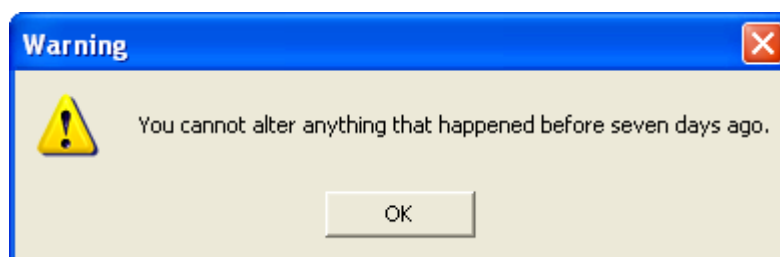
Searching for Free Slots with End Date

You are now able to enter an end date when searching for a free slot using the **Find Free Slot Search** facility (**Search – Specific** Slot, F4 or Alt - -S – S). The Appointments software will not look past the end date, allowing for a more efficient way of searching for available appointments.

1. Click on the Search menu.

2. Select **Find Specific Slots** and choose your search selections.

3. If you would like to specify an End Date, tick the Stop Search After box and fill in the date you do not want to search past.

Note please make sure that the date is entered in the following format dd/mm/yyyy.

Week view changes

The Week View on Book View has been changed.

In Week view, when the date is changed using the **up or down arrows** next to the date box, instead of being taken back to day mode, Appointments will stay in week mode and the week will change as the date is increased or decreased by seven days.

In this example, if you click on the up arrow, the Week tab will display the current week (6-10 August) until the date reaches next week (13 August) where that week will then be displayed.

In Week View, there is now a **Day** button which if selected, will return you to day mode.

You will also notice that the wording of the **Today** button has changed to read **Now**

Appointments Setup

Appointments Day Plan

Previously, the Day Plan screen (accessed by pressing F7 or **File – Open – Day Plan**) allowed you to display and select four Book Owners at a time. You are now able to select from the practice views (All To View) that you have set up in Reception View and are able to view the day plans for all Book Owners found in the selected view.

Deleting Sessions from Reception View

When a session is deleted from Reception View which contains booked appointments, the Clip Note will open automatically and display the appointments from the deleted session. These appointments can then be dragged and dropped on a new available appointment slot.

> **Note** If you double click on a patient's name in the Clip Note, you will be able to see the time and date of the original appointment booking.

Patient Information Tab

There is a new tab in **Maintenance - System Constants** called **Patient Information**. This holds the **Additional Patient Information** selection criteria (this was previously in the Defaults tab) and a new section called **Create Patient Display**. This is particularly beneficial to practices that use the Patient Partner software.
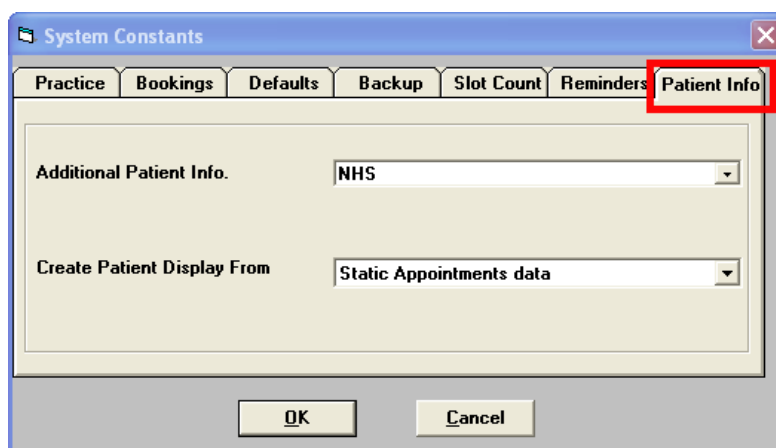
Create Patient Display From

Create Patient Display Form allows you to define how the Patient Information selection is updated on the Appointments screen. You have the option of:

- keeping **Current Patient Data** which, after changing Additional Patient Information, will keep Patient Information previously selected and update new Appointments only.

- or **Static Appointments Data** which, after changing Additional Patient Information, will change all past and future appointments to display the selected criteria.

Current Patient Data

If, after changing the Additional Patient Info, you select **Current Patient Data**, then all previous appointments booked before this will change to match the new Additional Patient Information criteria.

In this example, where Current Patient Data is selected, you can see that the previous and current Additional Patient Info have both changed to match the new selection.

Static Appointments Data

If, after changing the Additional Patient Info, you select **Static Appointments Data**, then all previous appointments booked before this change will display with the same Additional Information criteria as chosen at that time.

In this example, where **Static Appointments Data** is selected, you can see that the previous Additional Patient Info was patient NHS no. Yet Sex was chosen as a new Additional Patient Info and is displayed for subsequent appointments.

Northern Ireland - Additional Patient Information H&C Number

For Northern Irish practices, you can now select **H&C** as the default booking information criteria showing the patient's H&C number.

1. Click on the **Maintenance – System Constants – Patient Information.**

2. From the Patient Information drop down box, select H&C.
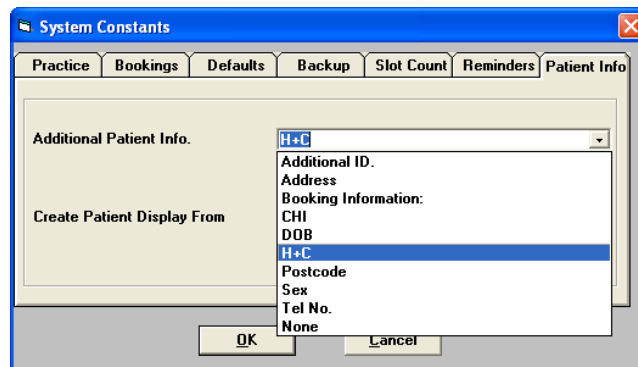
3. Click OK.

When appointments are booked, you will be able to see the H&C number next to the patient's name.

Modify Books option to run backup first

You will now be given the option before running Modify Books to run a full back up of the Appointments system. *Do you want Appointments to make a copy of all its data in C:\VISION\DATA\appoint_backup\ before modifying book? This may take a couple of minutes.*
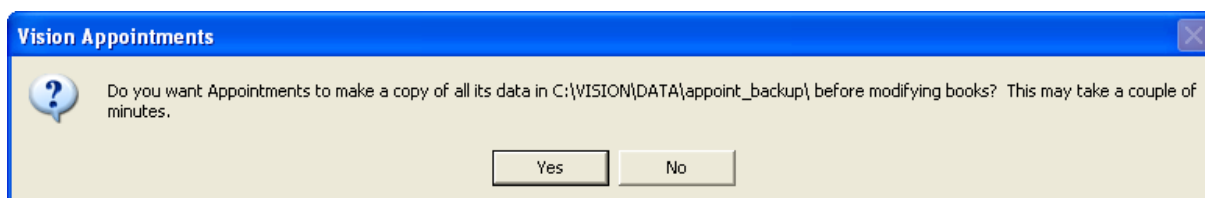
If you encounter any problems after the Appointments books are modified, please call the Vision helpdesk who can restore your Appointments back to its original state before the books were modified.

Compact Appointments

We recommend that the Compact facility is run after you have made significant changes to the Appointments books. Our advice is to run Compact and Verify regularly, and particularly after there have been significant changes to Books. Compact is accessed from **Maintenance – Support**, select **Compact,** you need full access to do this. When running Compact, you will now see a progress bar which allows you to assess the length of time the Compact will take.
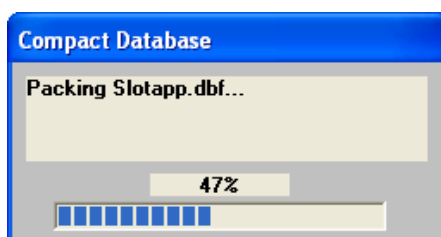
On completion, you will be prompted with a dialog box which confirms that the Compact has finished and you can continue to use the Appointments system as normal.
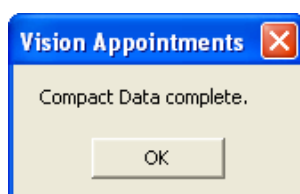
Remember Compact Data needs exclusive access to the Appointments system. Ensure before running this facility that no-one is logged into the Appointments module or are accessing Appointments from Consultation Manager.

Slot Changes

Extending Books and Unavailable Slots

When extending the books, slots which have been made unavailable will remain unavailable and unaffected by the Extend Books process.
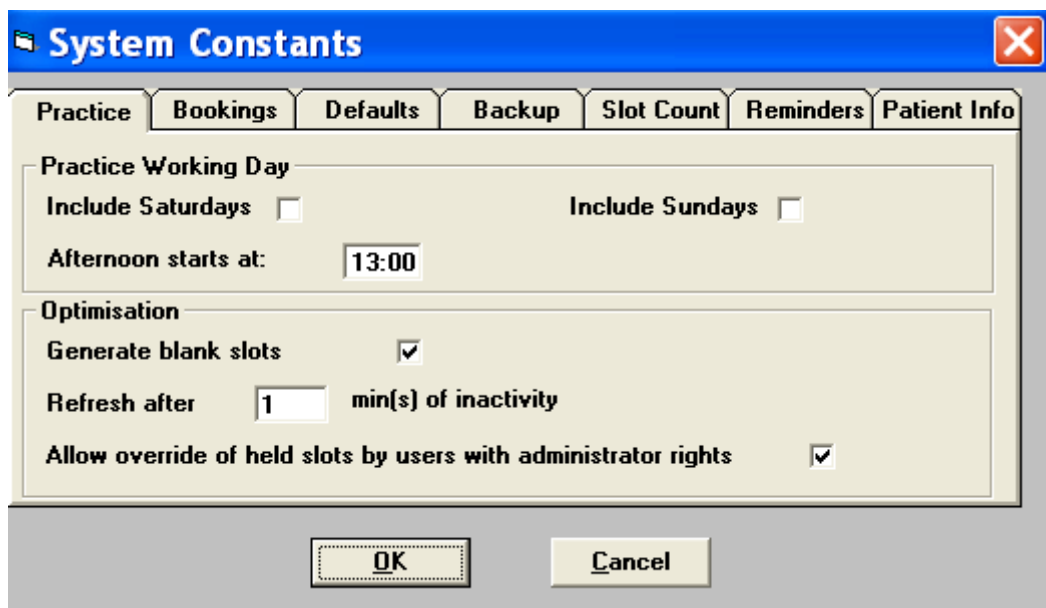
Unlimited Number of Slots in a Session

The number of slots allowed in any one session is now unlimited.

System users are able to release held slots

There is now a tick box in **Maintenance – System Constants – Practice** which will allow users with administrator rights (full access) to appointments to be able to release slots that have been held by another member of staff.

1. In the Appointments module, go to **Maintenance – System Constants – Practice**.

2. Tick the box **Allow override of held slots by users with administrator rights.**

Allow Override of Held Slots by Users with Administrator Rights

3. Click OK to save.

4. All users with Full Access rights to Appointments (setup in Security - see page 4) are able to release slots held by any Appointments user.

Changes to Patient Notes

We have made some changes to the Patient Notes screen in Appointments:

- We have split the patient notes screen so that there is a section to view current notes and a section to add a new note.
- We have also separated the reminder option so that reminders can be added separately or copied from the New or Current Notes sections. This gives you the option to add one off reminders which might not be suitable as a permanent patient notes.

Adding Patient Notes – From File Menu

To add a patient note from the File Menu, you will need to do the following:
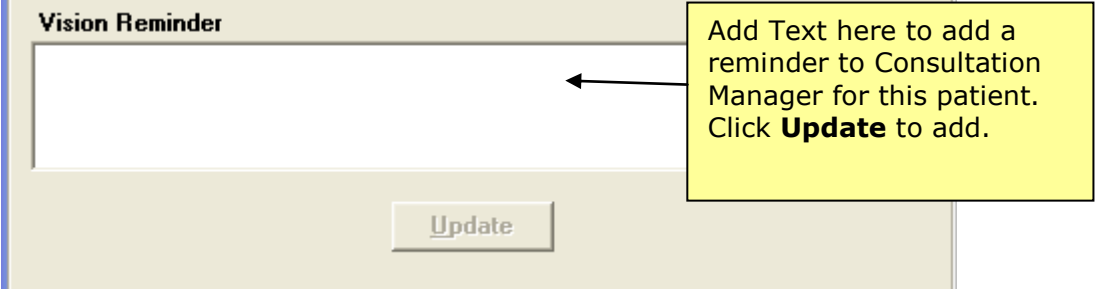
1. In Appointments select **File – Open – Patient Notes**.

2. Select the required patient to display the Patient Notes screen.

3. To add a new note, type the required text in the New Note window and press Add, this will add the text, and then close the Patient Notes Screen. If you want to check your message you will have to return to step 1, and reselect the patient.
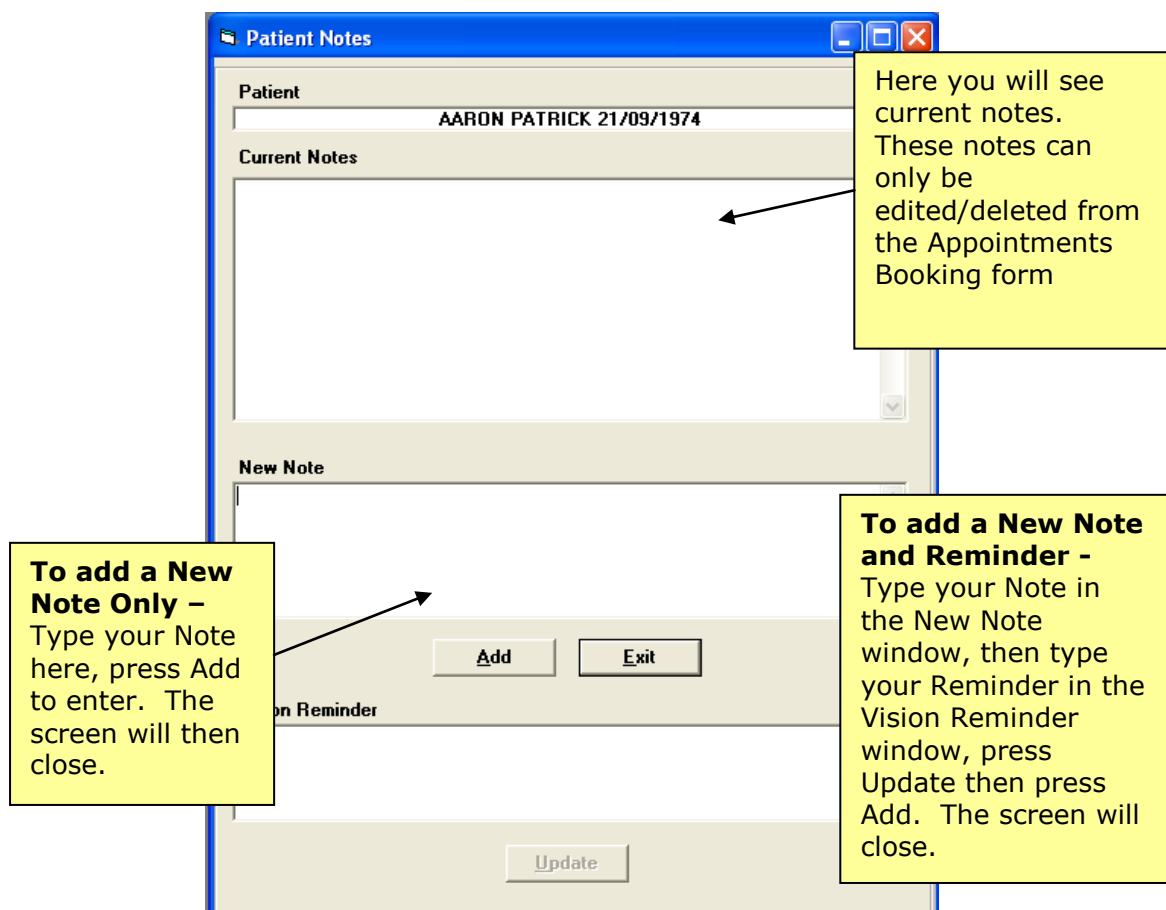
File – Open –Patient Notes

Adding a reminder from Patient Notes

We have created a separate area for adding reminders from Patient Notes. This allows you to add one off reminders which might not be suitable as a permanent patient notes. You can also copy and paste text from the Current or New Notes window.

Patient Notes – Vision Reminder

Your Reminder settings in System Constants still apply here, for example, if you have set your options in System Constants – Reminders to "Don't display a reminder", you will not be able to create a reminder from the Patient Notes screen.

Patient Notes – Appointment Booking Form

Currently, if you add a note from the Appointment Booking form, a reminder will be created, regardless of your settings in System Constants. This problem will be rectified in a future DLM.

Appointments Searches

DNA Reports – Exclude Booking Information

You can now exclude types of Booking Information when you run the DNA report from the Search menu. This resolves the problem of unwanted consultations, where the patient is not present in surgery, for instance, counting as DNA.

1. Select **Did Not Attend Report** from the **Search** menu or press Alt S - D.

2. Select the required Book Owners and enter the date range you wish to search on.

3. In the Exclude Booking Information box, click on the Booking Information criteria which you do not want included in the search, for example, Telephone Consultation.
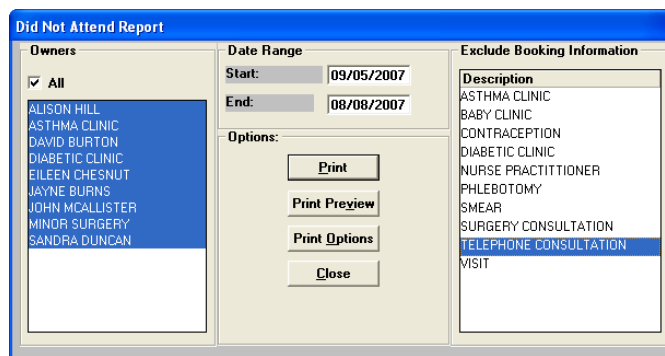
4. Click on Print Preview to view the report on screen or Print.

> **Remember** If Booking Information is not selected at the point of booking an appointment, you will not be able to include/exclude them in any Appointments searches.

If you do not want to record Booking Information whilst booking an appointment, the Appointment slot for consultations such as Telephone Consultation should be marked as seen so that they do not count as a DNA appointment.

Here, the 10.15 triage slot will count as DNA whereas the 10.25 will be omitted from this report as the patient has been marked as seen.

Print Events List Changes

From the Print Events List screen (**File - Print – Events List** or Alt F – P -E) you can now select to print Events for an a selection of Book Owners rather than all or just one particular Book Owner.

1. Select **File – Print – Events**.

2. Click on the Book Owners that you would like to print events for.

3. Enter the relevant date range.

4. Press **Print**.

GP2GP clinicians not in Book Owners

GP2GP clinicians will no longer appear in the Book Owners list in Appointments.

Consultation Manager changes (all countries)

Summary of Consultation Manager Changes

- Recall enhancements (see page 23)
- Data Entry Cautions (see page 39)
- **Ambirix**, the new HepA and HepB combined immunisation for children aged 1-15 years, is now included in Type of Immunisation (see page 43).
- There is a new entity of **Hepatitis B antibody** (see page 44).
- Read code 43Gd. Thyroid peroxidase antibody level is now associated with a numeric SDA so that it displays range, value, etc, and has been added to the **Thyroid Auto antibodies** Read code range, and removed from Other Auto antibodies. See page 44.
- 6866 **Bowel cancer screening programme**:**faecal occult blood result**, has been added to Faecal Occult Blood SDA.   It is stored under Microbiology. See page 44.
- Alcohol screening 38D codes now file to Scoring Test Result SDA. See page 45.
- In Event Date on a data entry form, you can enter the phrase "at [patient's age]", eg **at 7**, and Vision will enter the year when the patient was this age. This is useful for entering historical records. See page 43.
- Ferritin results will file to Serum ferritin in future. Existing ferritin results, which have filed in Other Lab Test, will need to be moved manually. See page 46.
- Palliative Care guidelines changes - see page 46.
  - Warning of removal of Classic Framework from Consultation Manager in DLM 290 (see page 43).
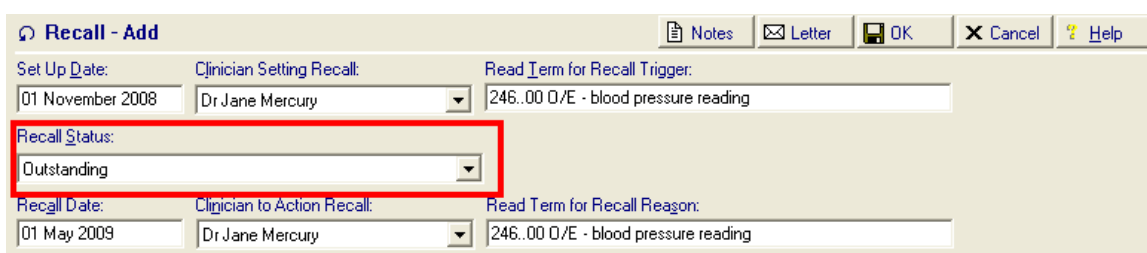
Recall Enhancements and Data Entry Cautions

Summary of Recall Changes

In response to user requests and as a result of the Scottish Cervical Call Recall System (SCCRS), the recall functionality in Vision has been enhanced, applicable to all countries from DLM 280.

> Practices in Scotland should refer to the section on SCCRS on page 58. There are additional features in SCCRS not covered in this Recalls and Data Entry Cautions section.

- **Recall Add -** Recalls can now have a **Recall Status** of either **Outstanding, Complete** or **Cancelled**.
- Recalls can be viewed by active/inactive status from the Navigation Pane Recall filter.
- Outstanding recalls are active.
- Completed or Cancelled recalls are inactive.
- New recalls have a default status of Outstanding. See Recall Add - Recall Status on page 25.
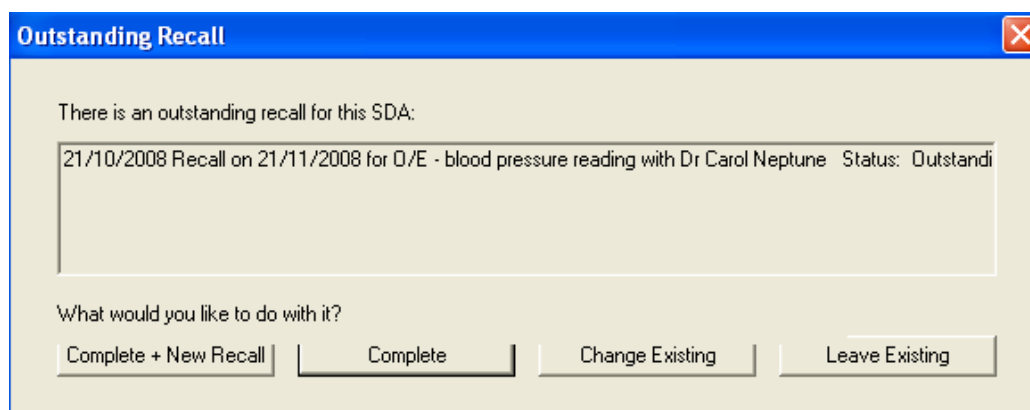
- There is a new automatic warning facility in Consultation Manager which prompts you if there are any **Outstanding Recalls** with the same Structured Data Area (SDA) as the data you are currently trying to enter. See Outstanding Recall Alerts on page 29.

- All recalls added prior to DLM 280 will have their Recall Status set as **Outstanding**. If they are not yet due or within 3 months of the

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due date, they will be **Outstanding and active**, ie will trigger recall alerts.

- **Recalls Overdue by 3 months**. Upon receipt of DLM 280, as a one-off process, <u>all</u> recalls added prior to DLM 280 and with an overdue Recall <u>Due</u> Date older than 3 months are automatically made **outstanding and inactive**. This is to help you tidy up your old recall records with the aim to have only one recall per SDA/category (see Tidying recalls on page 23). Outstanding inactive recalls are not included in the Outstanding Recall prompts during data entry and will not trigger alerts; they can be viewed from the Navigation pane in Consultation Manager under Inactive Recalls**.** See Current Recalls and the impact of DLM 280 on page 23.

- You can filter the active (outstanding) and inactive (completed, cancelled and DLM 280 outstanding inactive) recalls from the navigation pane:
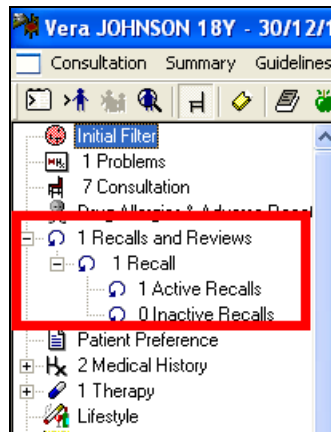
- From Searches and Reports, you can search on Recall Status from within the Recall Entity. This allows you to specifically search on outstanding recalls, hence omitting those that are irrelevant. See Customising saved ad hoc searches to accommodate recall enhancements on page 33.

- **Data Entry Cautions** - New user defined messages which may point to further actions, e.g. viewing a guideline. See Data Entry Cautions on page 39.
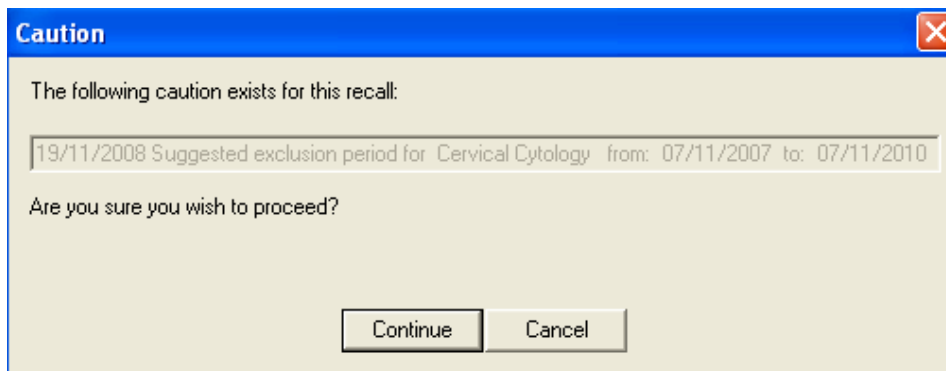
- There also is a new searchable entity for Data Entry Cautions. See Using the new Cautions Entity in Search and Reports on page 42.

Note - These enhancements have been designed to have minimum impact on your current recall system on receipt of DLM 280. You can choose whether to adjust your current recall searches to take advantage of the new recall enhancements, which is recommended, or to leave your recall searches as they were and continue managing your recall searches as before. However, you are not able to switch off the outstanding recall prompts in Consultation Manager.

Current Recalls and the impact of DLM 280

Upon receipt of DLM 280:

- All recalls added prior to DLM 280 with a Recall Due Date which is not yet due or within 3 months of the due date will be given a status of **Outstanding and active**. These will trigger recall alerts.

- All recalls added prior to DLM 280 with a Recall Due Date (not recall setup date) older than 3 months are automatically made **Outstanding but inactive**. For example, for a 5 year smear recall whose due date is older than 3 months, upon receipt of 280, is still outstanding and accessible, but is inactive and does not trigger any outstanding recall prompts.

We strongly advise that you tidy up your recalls so that there is only one recall per SDA/category for each patient (see Tidying recalls on page 23).

In effect, the only impact that this will have on your system is that inactive outstanding recalls will not be included in the outstanding recall alerting process in Consultation Manager. Inactive outstanding recalls are not displayed in the Journal. They can be filtered from the navigation pane via Recalls - Inactive Recalls.

After receiving DLM 280, any recalls added after DLM 280 where the **due date** surpasses three months will remain outstanding and **active** and generate Outstanding Recall prompts.

Tidying recalls

In an ideal world, for each patient there will be only ONE recall per SDA/category, for example, a patient may have a Recall for blood pressure check, and another for a Diabetic annual review.

In reality, multiple recalls may have built up over the years so that some patients have many recall records. The new recall enhancements should make this much easier to manage.

- Any recalls (added before or after DLM 280) which are not yet due or within 3 months overdue will be **outstanding and active**. You need to keep one recall in each SDA. The others can be completed or cancelled.

- Any recalls (added prior to DLM 280) <u>which are more than three months over the due date</u> will have been made **Outstanding**, but **inactive** with the installation of DLM 280.

We strongly advise you to tidy up these Outstanding (Inactive) recalls by keeping any that you feel are still relevant, then either cancelling, completing or deleting the ones that are not longer relevant.

1. Go into the navigation pane for a patient, left click on the plus sign ⊞ by **Recalls and Reviews** and ⊞ by **Recalls**.

2. First click on the line **Active Recalls**. You are aiming to leave only one recall for each SDA or category. They should be listed by date order with the latest is at the top (if not, click on the Date column header). To remove all but the latest in each SDA, highlight the UNWANTED and redundant recalls one by one (multi-select is not available yet). Right click and select **Complete Recall** or **Cancel Recall**. Work down the list until you are left with one recall for each category/SDA. If you have made a mistake and cancelled or completed the wrong recall line, right click on the line, Edit, and change the recall status to Outstanding. This recall will now be Outstanding active.

3. Now click on the **Inactive Recalls** line from the navigation pane. Check if any should be reinstated. If so, right click, Edit, and re-select the recall status of Outstanding, and click OK. This will make this an active outstanding recall.

4. For the rest of the **Outstanding (Inactive)** recalls, sort by date so that the latest is at the top on the Filtered tab. Right click on an inactive recall and select either **Complete Recall** or **Cancel Recall** (multi-select is not yet available).

5. Remember you can right click on a single recall line and Edit, and on the Recall Update screen, change the recall status to Outstanding (active) or Complete or Cancelled on the Recall Update screen.

6. From now on, when you add a recall, it will appear as Outstanding (unless you change the status to either Complete or Cancelled or None). It will trigger an alert when it is near to the due date (within a month).
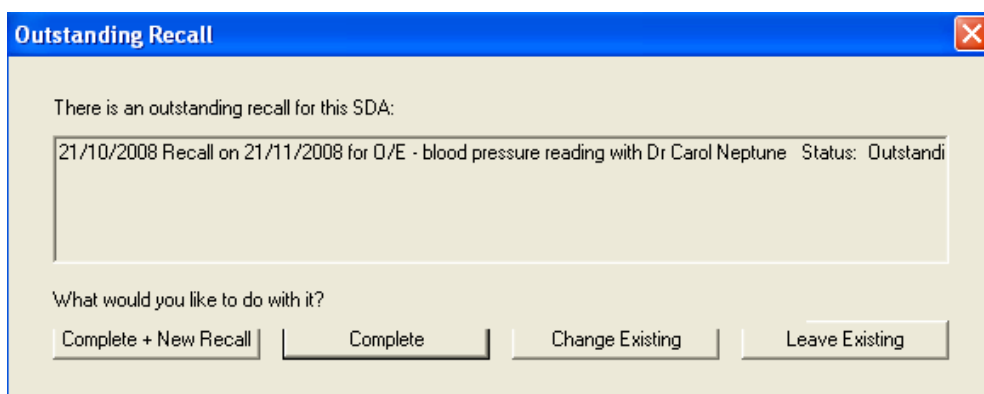
7. Any data entry for a SDA added where there is already an existing recall for that SDA will prompt an Outstanding Recall warning (see page 29). You can complete, complete and make a new recall, or leave existing if not yet due.

8. Any recall added where there is already an existing recall will complete the older recall and create a new one.

9. In future, consider completing a current recall record and creating a new one: For example, the patient had his BP checked today. When entering the BP on the BP-Add form, when you click OK, the Outstanding Recall warning will be displayed. Select **Complete and New Recall**. At the subsequent Recall Add screen, complete the due date.

Recall Add - Recall Status

Previous recall functionality allowed for a recall to be set up for any item at a date determined by the clinician. Alerting functions highlighted recalls which were overdue from the Alerts pane. However, there was no facility to mark the recall as dealt with or no longer relevant other than deleting the recall all together.
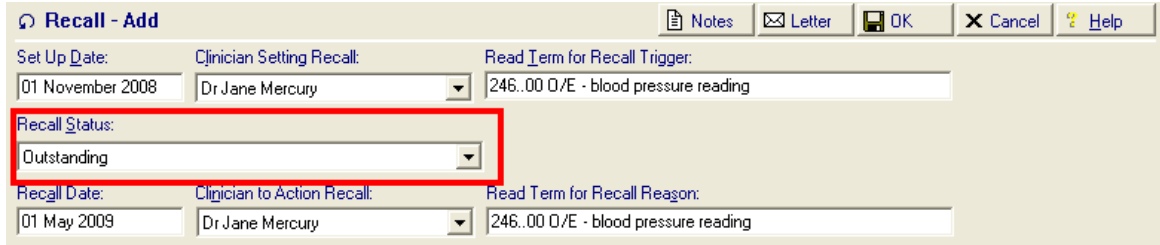
To address this issue, we have introduced **Recall Status** option to the recall form. This allows you to assign a status to new and existing recalls and therefore allows you and Vision to differentiate between outstanding recalls and those which are no longer relevant. There are four selectable Recall Status options from the 🎧 **Recall – Add** form:

> **<none>** - gives the recall no status.
>
> **Outstanding** - recalls that are currently relevant to the patient.
>
> **Cancelled** - recalls which are no longer relevant and have been replaced or stopped.
>
> **Complete -** recalls which are no longer relevant and have been fully actioned.

Outstanding recalls generate an Outstanding Recall prompt when you attempt to add clinical information with the same SDA. See Outstanding Recall Alerts on page 29. Cancelled, Complete and Outstanding Inactive recalls do not generate such warnings. See Recall Behaviour Overview on page 27.

Status	Description	Active/Inactive
Outstanding	Denotes that the recall is currently relevant to the patient and will trigger outstanding recall warnings.	Active
Cancelled	Denotes that the recall is no longer relevant and has been replaced or stopped. Cancelled recalls will not trigger Outstanding Recall warnings.	Inactive
Complete	Recalls with a status of Completed have been fully actioned.	Inactive
<None>	The recall has no status	

Cancelling/Completing Outstanding Recalls

Although the Recall Status should be predominantly maintained by Vision, if for any reason you would like to complete or cancel recalls, for instance after the automatic inactivation of recalls older than 3 months on receipt of DLM 280, you can use the right click menu to do this:

1. From Consultation Manager, find the Outstanding Recall from the Navigation pane or the Journal.

2. Right click on the recall and select either Cancel Recall or Complete Recall:

    Cancel Recall should be used for recalls which have been replaced or stopped

    Complete Recall should be used for recalls which are no longer relevant and have been fully actioned.
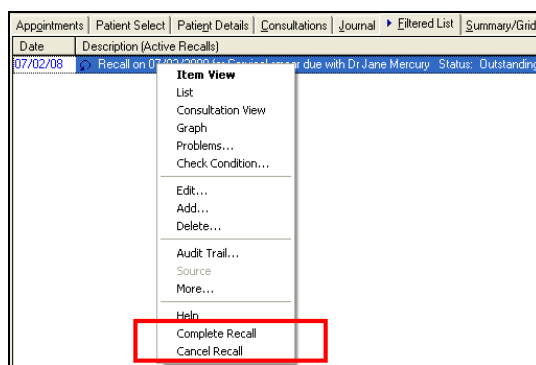
3. Whether you choose to Complete Recall or Cancel Recall, the recall will be made inactive and will not generate Outstanding recall prompts.

Note You cannot complete or cancel recall in bulk at the moment. This may be part of a future release.

Recall Behaviour Overview

The diagram below demonstrates how recalls behave in Consultation Manager depending on their status and activity.

Behind the scenes outstanding recalls not yet due or within 3 months of the due date (excepting those mentioned below) carry an active flag which allow Outstanding recall warnings to appear.

The following recalls have an **inactive** flag which prevents the triggering of **Outstanding** recall warnings:

- Recalls with a status of completed
- Recalls with a status of cancelled
- Recalls (entered prior to DLM 280) with a due date older than three months on receipt of DLM 280.
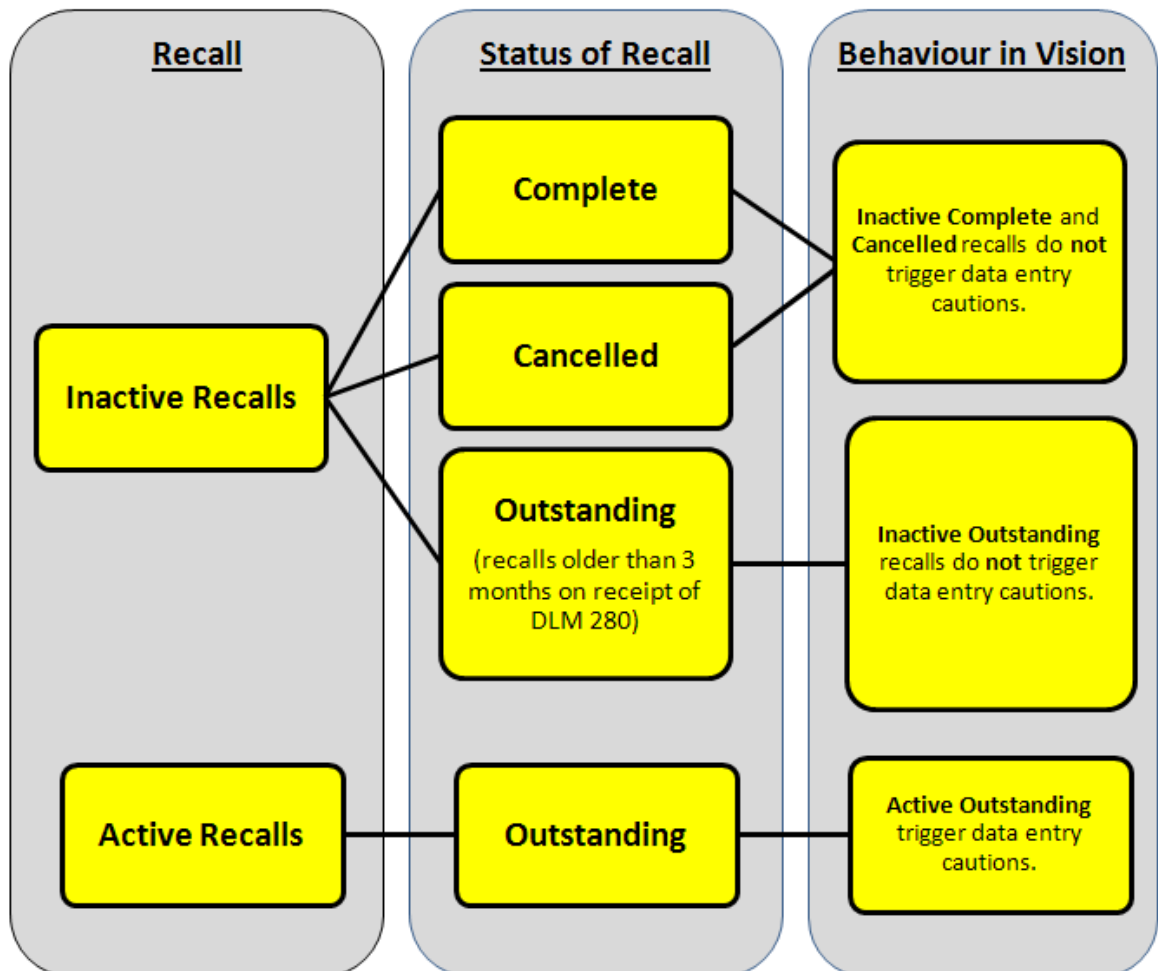
Recall Behaviour Overview

Note that any recalls added after DLM 280 which become more than 3 months overdue will remain outstanding and active.

Recall Filter from the navigation pane

You can filter existing recalls by their status from the navigation pane in Consultation Manager.

1. In Consultation Manager, with a patient selected, click on the plus ⊞ next to the Recall category.

2. Existing recalls are arranged into two categories: either **Active** (trigger alerts) or **Inactive recalls** (do not trigger system alerts).
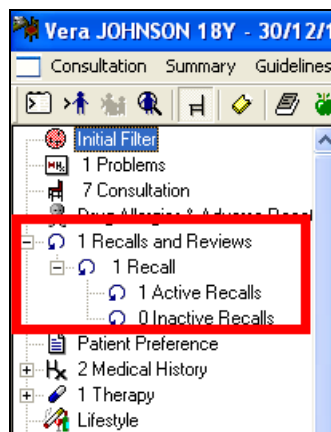
Recalls from the navigation pane in Consultation Manager

3. Click a category to display the required recalls.

4. Active recalls display as before in the Journal and both active and inactive are displayed in the Filtered List View. The status of the recall is now displayed in the data line:

Recall Filtered View

Outstanding Recall Alerts

As it is generally only valid to have one current recall for any particular clinical concept, a warning mechanism has been incorporated so that if there is an outstanding recall within the same SDA, you will be prompted with an **Outstanding Recall** window. Vision checks if there are outstanding recalls at the point of:

> **Entering data in an SDA**, for example, at the point of clicking OK on the Blood Pressure - Add form Vision looks to see if there is an outstanding recall.

Note – It is not possible to disable the Outstanding Recall warnings in Consultation Manager.

Outstanding Recall Warning for Outstanding BP recall

From the Outstanding Recall warning you have four choices:

- **Complete + New Recall** completes the outstanding recall and allows you to generate a new recall.

- **Complete** completes the recall and adds the data entry.

- **Change Existing** allows you to edit the current outstanding recall entry. i.e. change the date. Note that if you select change existing, there is no record of a **completed** recall, just a **date change** in the audit trail.

- **Leave Existing** leaves the outstanding recall as is currently stands and does not add a new recall.

Example – Outstanding recalls during SDA entry
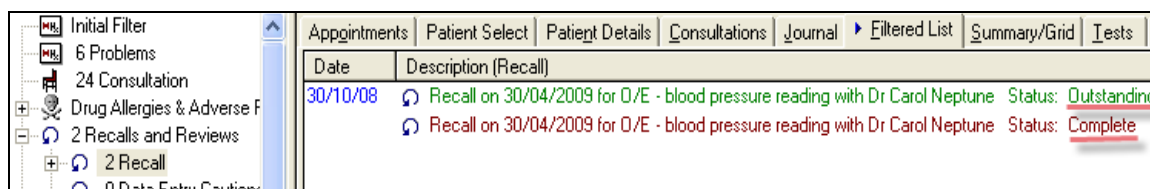
When adding data in a SDA form or a Medical History with a Read code that has an SDA in Consultation Manager, if you have not chosen to add a recall from within the form, Vision checks if there are any outstanding recalls with the same SDA. In the example below, you are prompted after adding a blood pressure recording for a patient with an outstanding recall for blood pressure:

1. The patient has an outstanding recall for blood pressure.

2. From Blood Pressure - Add (or entering 246 in Medical History) the BP details are entered and, <u>without adding a recall</u>, click OK to save.

3. At this point, Vision has found that the outstanding recall with a Read code within the BP SDA and displays the Outstanding Recall prompt:
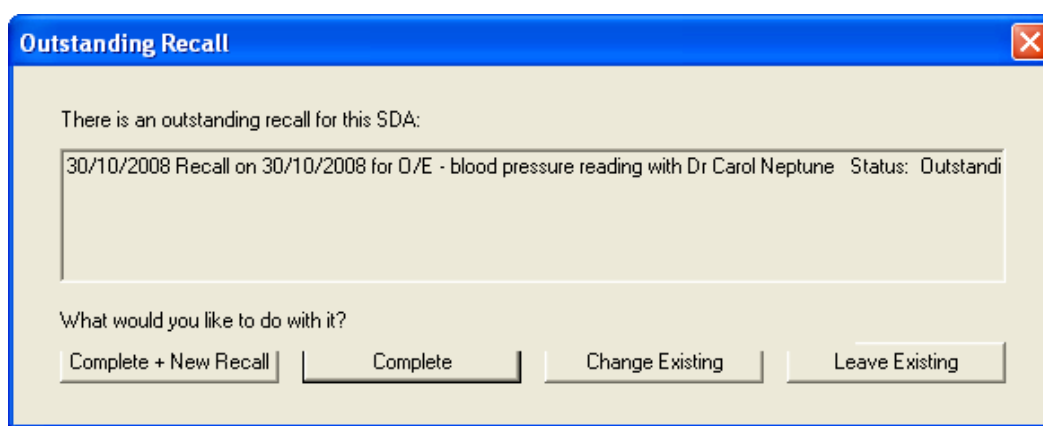
Outstanding Recall Prompt

4. If the outstanding recall is due, the most likely option would be to select **Complete + New Recall** as this completes the outstanding recall and presents a new recall form. (If the outstanding recall is not due, you might like to opt to **leave existing**.)

5. On selecting **Complete + New Recall**, the **Recall – Add** screen appears and a new recall date is entered. The Recall Status defaults to Outstanding.

6. On selecting OK, the previous outstanding recall is completed and the new one is added with a **new** recall date and a Recall Status of **Outstanding**.

7. You can see from the recalls view in the Navigation pane that there is a completed and an outstanding BP Recall.

Recalls listed from the Navigation pane

Example – Adding stand alone recalls

In Consultation Manager, at the point of adding a stand alone recall from **Add – Recalls**, Vision checks if there are any outstanding recalls within the same Read code.

1. The patient has an existing recall (created from Add-Recall) for #667 Epilepsy Monitoring which is coming due.

2. In today's consultation, **Add – Recalls** is selected, and the recall details are entered - #667 Epilepsy Monitoring and a future recall due date; click OK to save.

3. On clicking OK, Vision checks if there are any outstanding recall in the Epilepsy Monitoring SDA. If so, the previous recall is completed and a new outstanding recall is created.
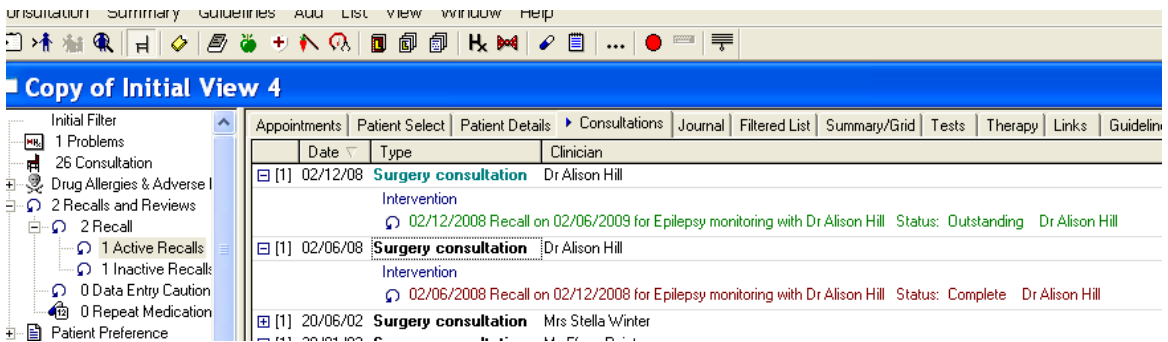
Multiple Recalls for the same SDA

If there are multiple outstanding recalls for an SDA, even though this is unlikely, you will be prompted with the Outstanding Recall screen for each outstanding recall within the same SDA.

Note – It is not possible to disable the Outstanding Recall warnings in Consultation Manager.

Editing Recall Status

Although the Recall Status is maintained by Vision, you can manually change the Recall of Status for an existing recall at any time. For example, you might want to manually cancel a recall that is no longer relevant or, change a recall from Complete back to Outstanding.

1. In Consultation Manager, Select a patient and open a consultation.
2. List Recalls from the navigation pane.
3. Right click on the recall whose Status you would like to change and select **Edit**.
4. From the Recall Status drop down list, choose the required new status.
5. Click OK to save.

See also Cancelling/Completing Outstanding Recalls on page 26.

Remember It is normally only valid to have one current recall for each clinical concept.
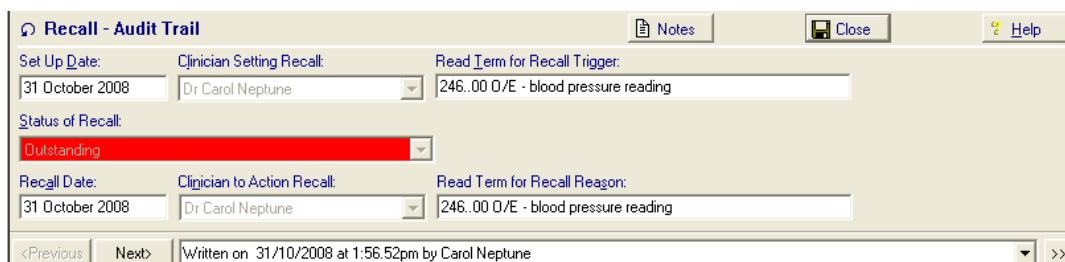
Deleting data with corresponding recalls

When you delete an entry from the Journal, you must remember also to delete, complete or cancel any recalls created from this as they will not be automatically deleted.

Audit Trail

The Recall of Status is traceable in the Consultation Manager Audit Trail. This allows you to look at the past editions of a recall entry.

1. In Consultation Manager, Select a patient and open a consultation.
2. List Recalls from the navigation pane.
3. Right click on the recall whose Status you would like to change and select **Audit Trail**.
4. Click on the next and previous buttons to scroll through the editions to the selected recall entry. The date, time and login name is displayed.

Recall Audit Trail

Recall & Data Entry Caution Search Entities

With the introduction of new Recall Status options and the new Data Entry Caution SDA (see page 39), there are corresponding search entities and criteria select in the Search and Reports module. These can be used, for instance, to search for outstanding recalls only or for excluding patients with Data Entry Cautions in a given period.
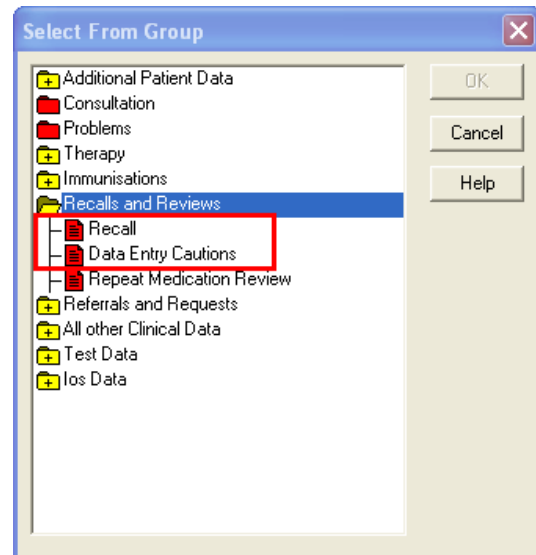
Customising saved ad hoc searches to accommodate recall enhancements

You might like to adjust your existing ad hoc recall searches to search on Outstanding recalls only. You do not have to do this as your searches will work in the same way as they always have. The following shows how to customise a saved ad hoc recall search:

1. In Reporting – Search and Reports, find your saved search from the Ad-hoc Search and Reporting list.

2. Click on the torch icon to edit the search, or right click on the search and select Edit from the menu
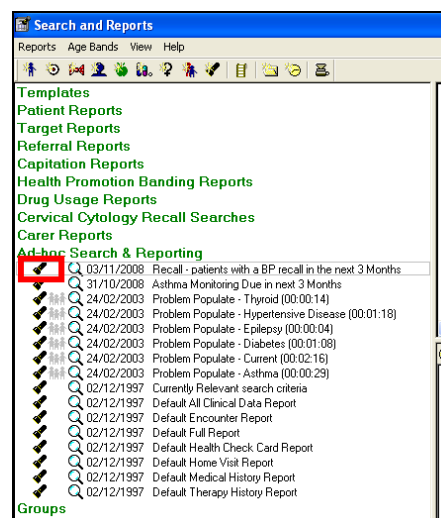
3. From the Search Details window, select the **Recall** entity and click on **Selections** to edit.

Select the **Recall** entity from the Search Details window, then click on **Selections**.
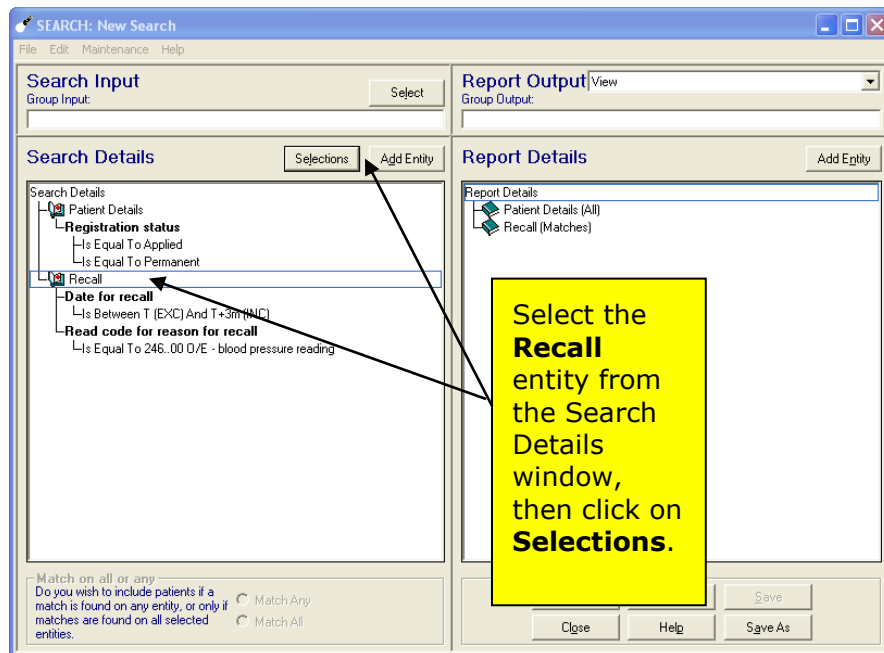
4. From the Criteria Select window, click on the **Full** tab to display all search criteria within this entity.

Select the **Full** tab to display all search criteria.
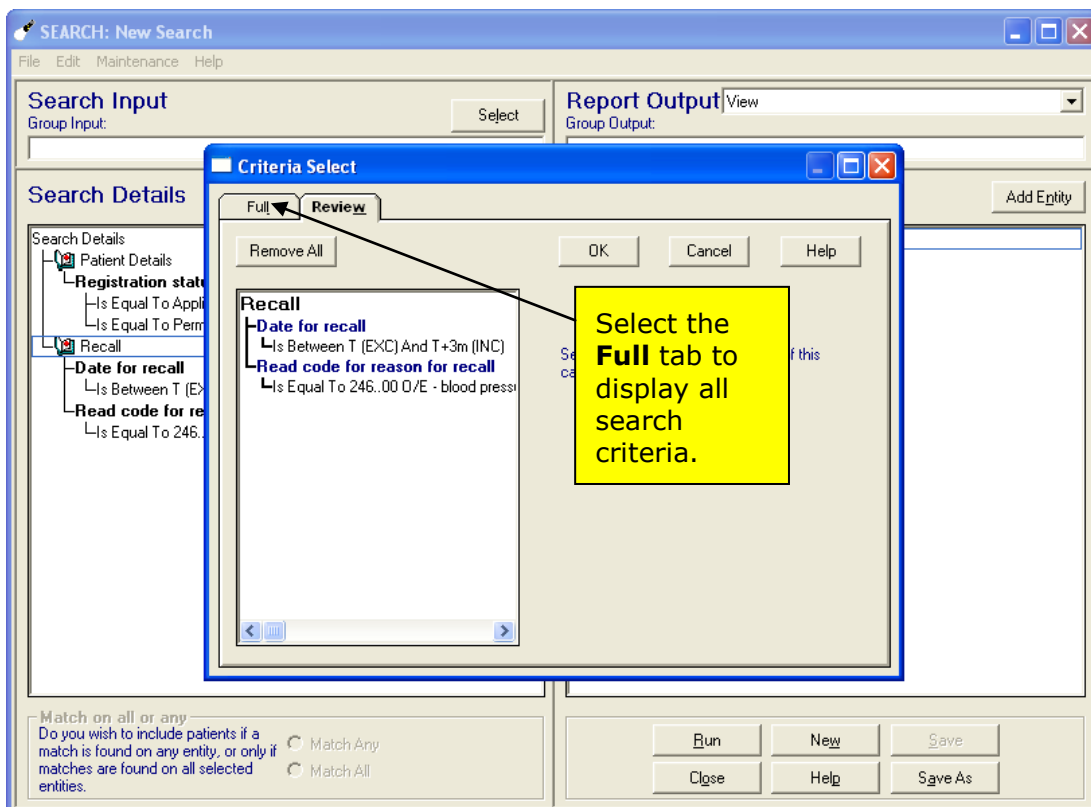
Select the Full tab

5. From the Full tab, you can see that there is a new entity for Recall Status. Click on **Recall Status** and select **Add New** to display the search criteria.
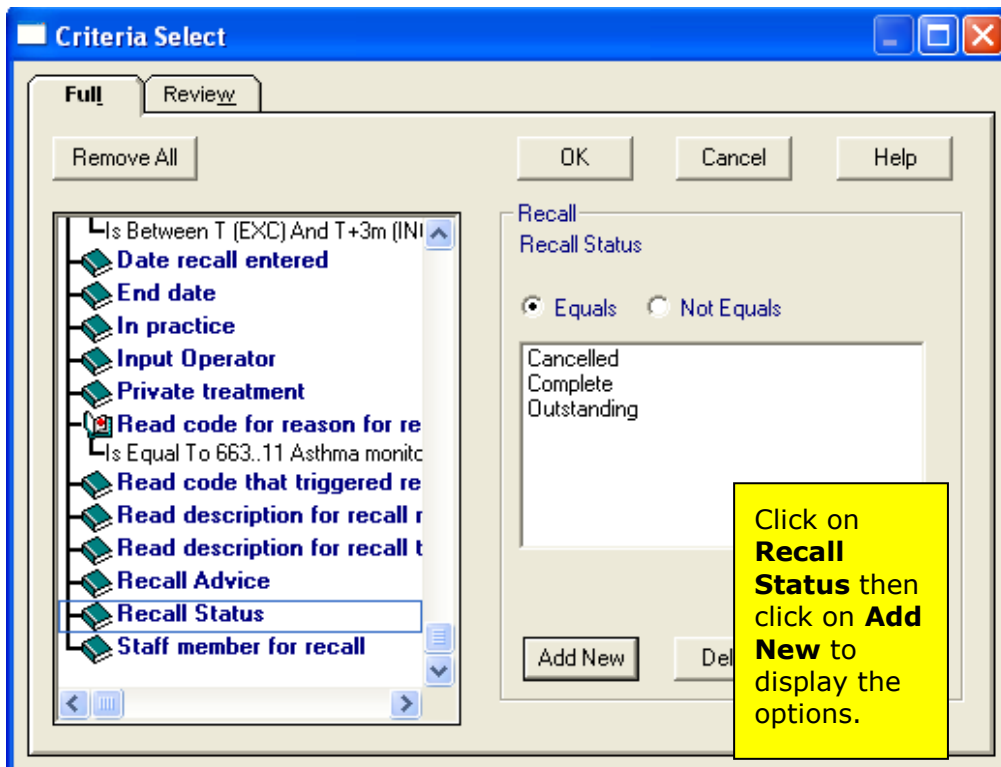
Criteria Select – Full

2. Select **Outstanding** from the list and click OK to add this to the search criteria.
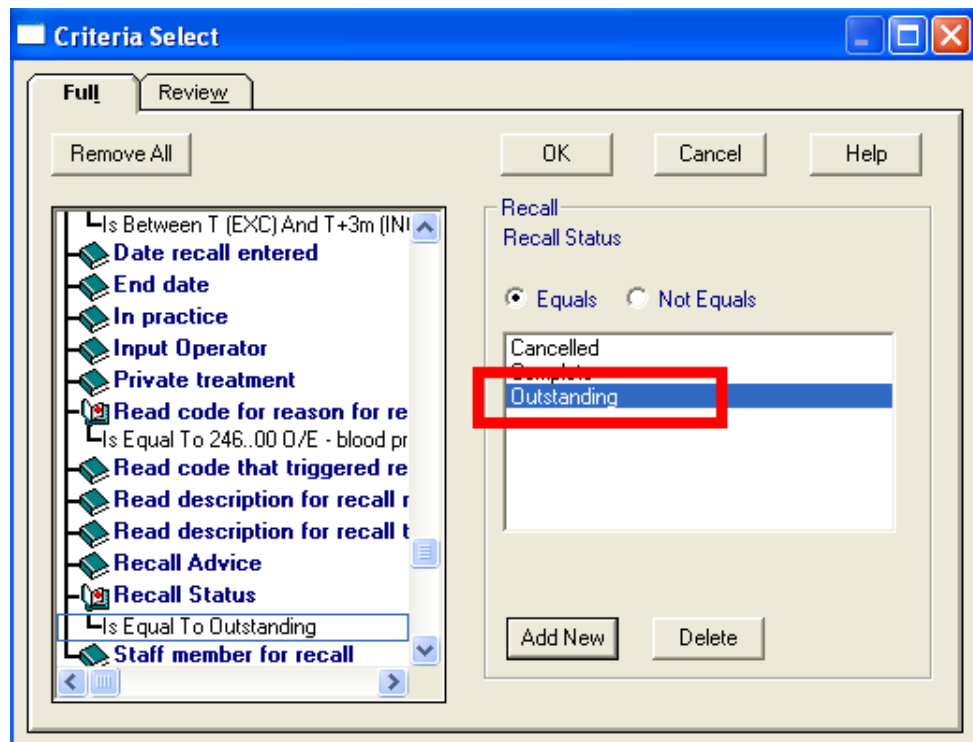
Recall Status - Outstanding

3. You can see that the additional search criteria has been added to your ad hoc search. This means that the search will only look for recalls with a status of outstanding as well as your other search criteria.
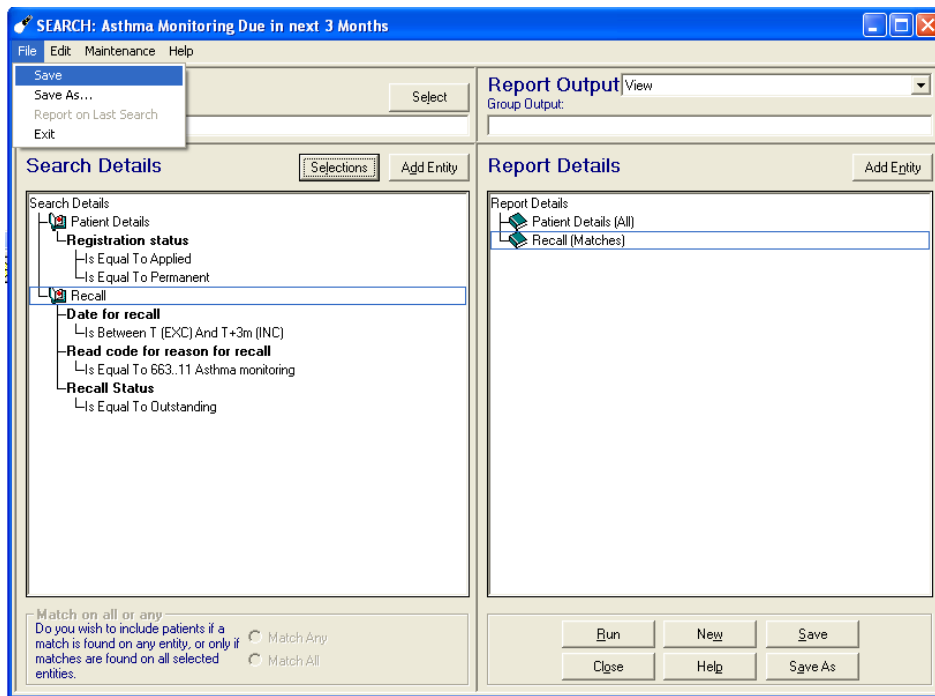
4. Next, go to **File – Save** to save the changes you have made.

   To start with, you will not notice much difference in the search results as all recalls have a status of Outstanding on receipt of DLM 280, but as old recalls are completed or cancelled you will see that your recall lists are more manageable and relevant.

Note It is not possible to search on specifically **Outstanding (inactive)** recalls as this was designed to be a one off process to clear irrelevant on receipt of DLM 280.

Recall Enhancements and Patient Groups – Bulk Add

In the Patient Groups module, when you add a bulk recall to a patient group or work group, you are presented with the usual Recall Add form which also displays the new Recall Status field. The Recall Status defaults to Outstanding but you are able to change this selection to <none>, Cancelled or Completed.
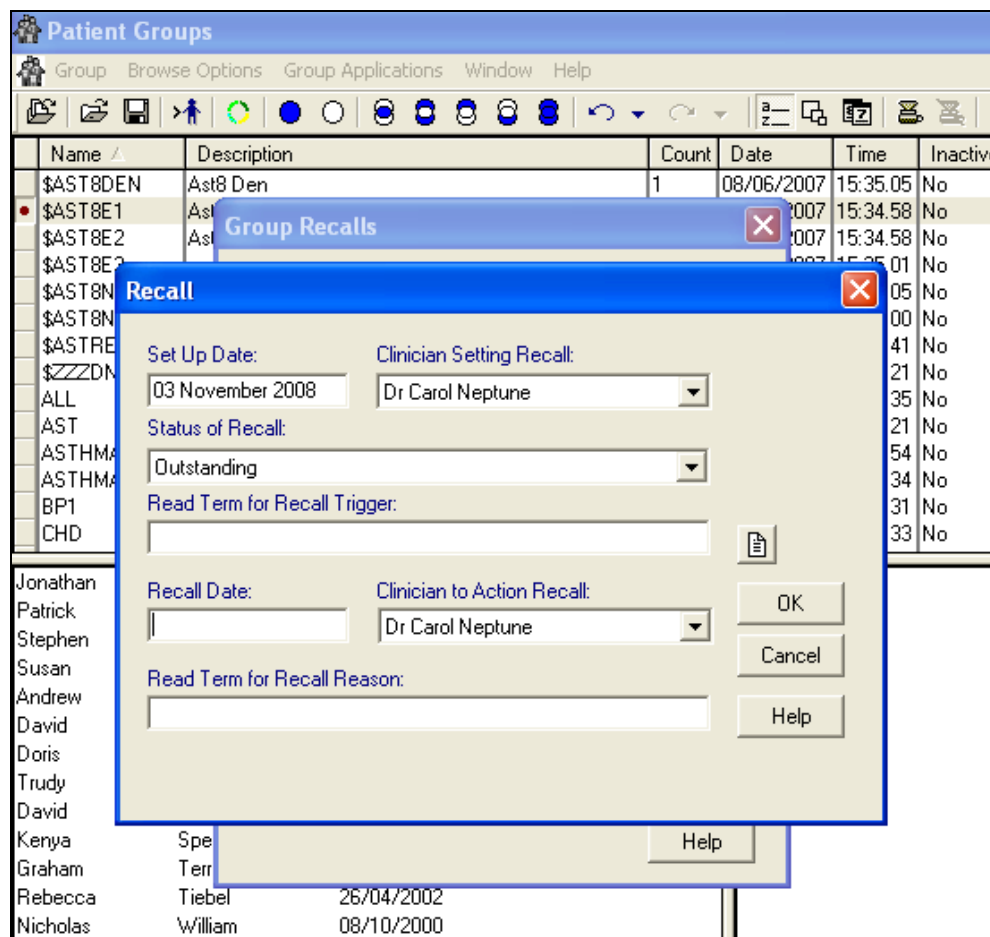
Recall – Add in Patient Groups

Recall Enhancements and GP2GP Messages

For recalls received in a GP2GP message, as recalls from non-Vision practices arrive in Vision as Degraded Records, you can adjust the Recall Status to Outstanding, Complete or Cancelled at the point of reviewing the incoming data for the patient. Recalls in Vision GP2GP message will carry the same status as from the previous practice.

Recall Enhancements and Appointments

In the Appointments module, if you have Show Recall set to display (from Maintenance – System Constants – Bookings), when booking appointments you will see any outstanding recalls within the selected time period. Cancelled and completed recalls do not display.
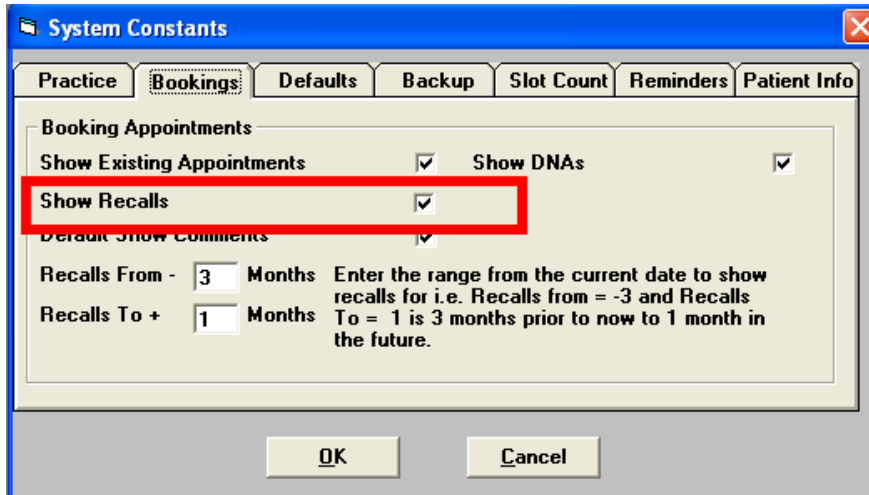
Maintenance – System Constants – Bookings - Show recalls
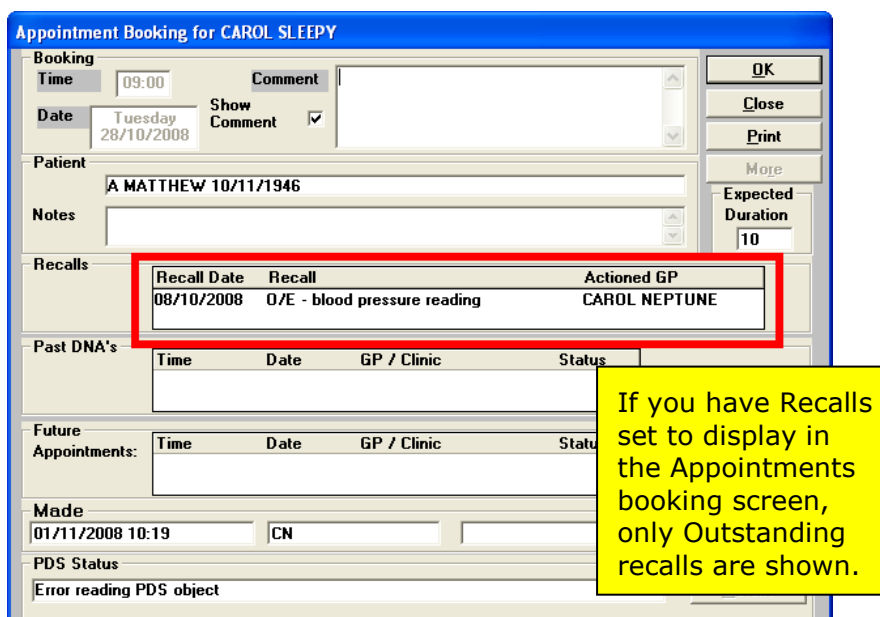
Appointment Booking Form with Outstanding Recalls Only

Data Entry Cautions

Data Entry Cautions have been introduced into Consultation Manager. This should help you with the management of recalls and general data entry, as well as to accommodate for the automatic exclusion messages for Scottish practices using SCCRS (see page 58).

- You can set up an exclusion period and reason for exclusion for a patient relating to a specific structured data area (SDA).

- Any outstanding recalls within this exclusion period are automatically cancelled.

- On adding a new recall, data entry or new caution within the exclusion period for the same SDA, you will be alerted with the caution details and can override if required.

There are many ways in which your practice can use data entry cautions as automatic decision support, such as:

- To prevent inappropriate procedures being performed. For example, a smear entry for a patient with a hysterectomy.

- To advise on more appropriate actions which may be pertinent to a patient.

- Advise a user to seek guidance when performing a procedure. For example, to consult a colleague, make them aware that a new guideline has been created or to consult a knowledge base.

- Make users aware of other factors which may not be specifically alerted. For example, if a patient has died.

- Provide general guidance for certain procedures, for example, creating a new problem.

Adding Data Entry Cautions

Data entry cautions can be added to the patient record as follows:

1. In Consultation Manager, select a patient and open a Consultation.
2. Select **Add – Data Entry Caution**.
3. Fill in the Data Entry Caution form as required.

   - **Date of Caution** Defaults to the current consultation date.
   - **Clinician Setting Caution** defaults to the current clinician or the registered GP, but can be manually changed.
   - **Read code for Caution** allows you to enter a Read code by standard Read select. When a data entry or recall with the same SDA or exact Read code as the caution is entered, you are prompted with the Data Entry Caution prompt.
   - The caution period can optionally be entered in the **From Date** and **To Date** fields. This determines the time period for the caution

alerts. You can leave the dates blank if required, which would mean that the caution will always be displayed or fill in either From Date or To Date individually.

- The **Reason for the Caution** is a free text field and displays as the reason for caution in the Data Entry Caution prompt.

4. Click OK to save.

5. The caution automatically cancels any outstanding recalls with the same SDA.
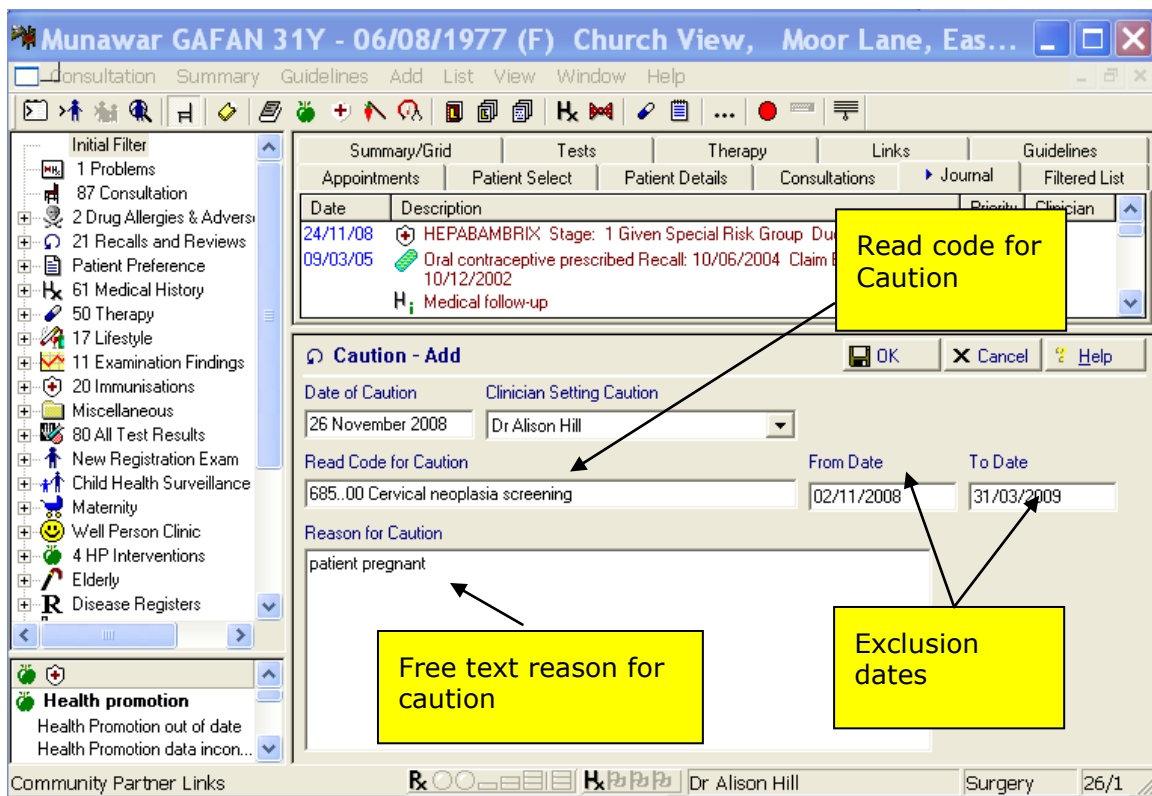
Add – Data Entry Caution

Data Entry Cautions on Entering Recalls

When you attempt to enter a recall, either from Recall – Add or within a data entry form, if there is a relevant Data Entry Caution with the same SDA or Read code, you are prompted with the Data Entry Caution warning.

1. For example, from Add – Recall, add a recall for Smear Screening.

2. On clicking OK to save, if there is a data entry caution during this time period, you are prompted with the following:
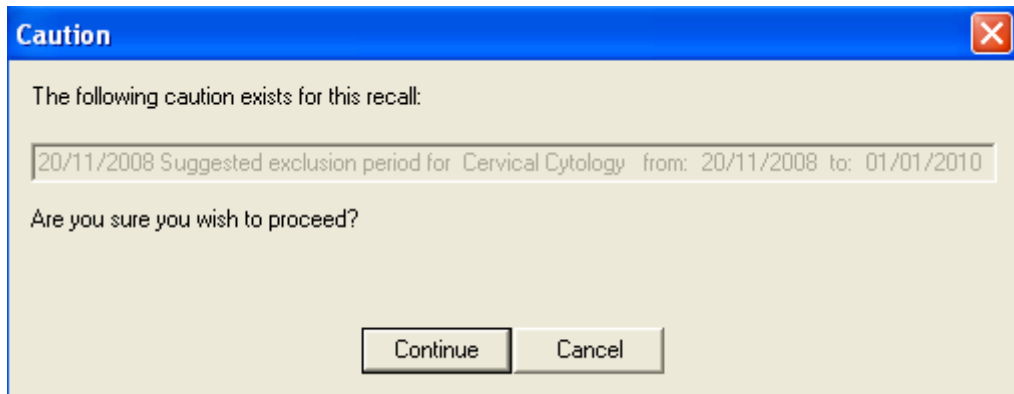
Data Entry Caution

Here you can see the details of the Caution and have the option either to **Continue** which closes the Caution and saves the recall; or **Cancel** which cancels the Caution prompt and returns you to the Add – Recall screen.

Data Entry Caution on entering Clinical Data

When adding data, Vision will check to see of a caution exists which has today's date and has the same SDA or exact Read code as the data being entered. You have the option whether to ignore the warning or cancel the data entry.
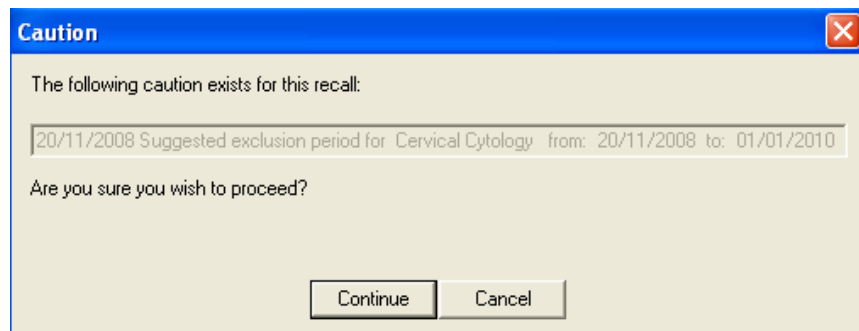
Data Entry Caution

Here you can see the details of the caution and have the option to either **Continue** which closes the Caution and saves the data entry; or **Cancel** which cancels the Caution prompt and returns you to the Add – Recall screen.

Removing Cautions

If a caution is deemed to be irrelevant, you can simply delete it from the journal via delete on the right click menu.

Viewing Existing Data Entry Cautions

Data Entry Cautions can be listed from within the Recalls and Reviews area of the navigation pane in Consultation Manager:
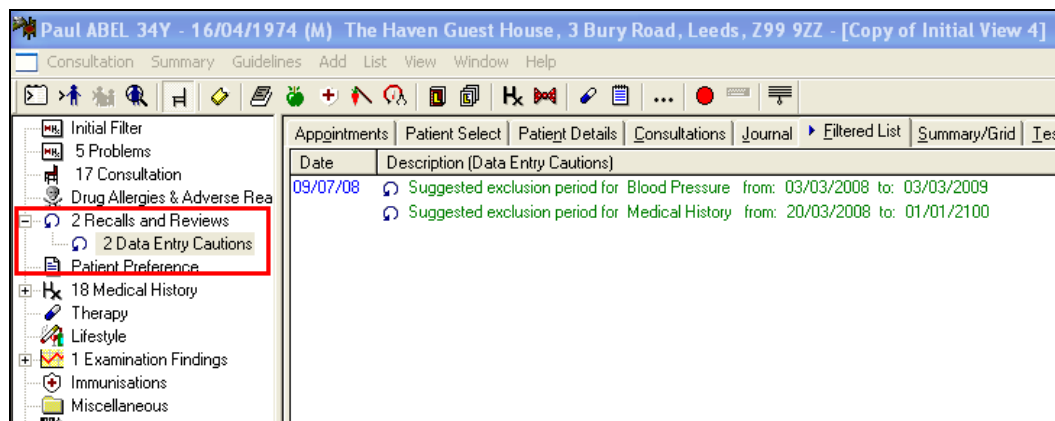
Data Entry Cautions Filtered List

Using the new Cautions Entity in Search and Reports

You can use the new Cautions entity in Search and Reports to find patients with a data entry caution in a given time period. For instance
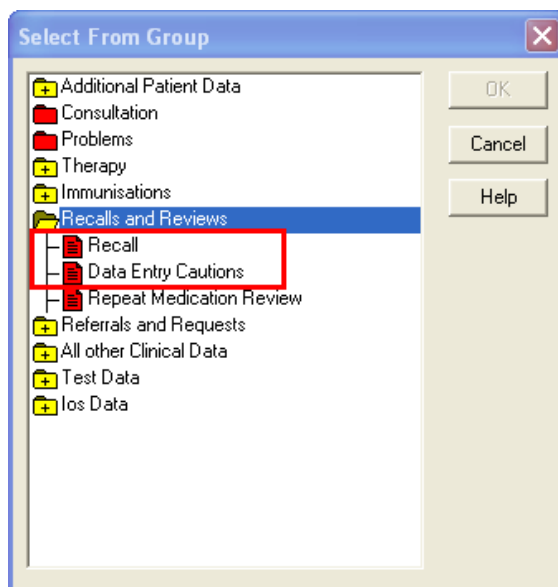
Searches – Add Entity -Select from Group – Data Entry Caution

Ambirix (combined Hepatitis A and B paediatric)

Ambirix, the new HepA and HepB combined immunisation for children aged 1-15 years, is now included in Type of Immunisation as Hepatitis A+B(Ambirix). The following compound immunisation code has been added:

HEPABAMBRIX: STAGE=1, STAGE=2

which files respectively under 65MD. First combined hepatitis A and B vaccination, and 65ME. Second combined hepatitis A and B vaccination.

> Note that the compound imms code for HepA+B (Twinrix Paediatric) is HEPABAMBPA (Stages 1, 2)

Various Consultation Manager changes

Historical Event date based on patient's age

Training Tip - The Event Date defaults to today's date on most Add forms, but if you are entering historical records, you can ask Vision to calculate the date based on the patient's age. For instance, delete out or highlight the date in Event Date, then type **at [n]** and press Enter, where [n] is the patient's age, eg **at 7**. Vision will find the year, eg 1947, when the patient was that age, eg aged 7.

Training Tip - Practices with only salaried GPs

Practices without partners or senior partners are becoming more commonplace, with some practices only having salaried GPs. Officially, salaried GPs have their own prescribing number and as far as the PPA is concerned, each salaried GP is treated as a partner in the practice. One of the salaried GPs should be specified as the senior partner (decided by the practice).

Removal of Classic Framework from Consultation Manager

From DLM 290, the Classic Framework will no longer be an option under Patient Record Views. Please move any users to a Vision 3 view as soon as convenient.

SDA Changes

Thyroid autoantibody

Thyroid autoantibody and Other autoantibodies

Read code 43Gd. Thyroid peroxidase antibody level is now associated with a numeric SDA so that it displays range, value, etc, and has been added to the **Thyroid Autoantibodies** Read code range, and removed from Other Autoantibodies:

> 43G5 Thyroid autoantibodies (default)
>
> 43Gd Thyroid peroxidase antibody level

Other autoantibodies:

> Range is now: 43G..00,43G8*-43GA*,43GC*-43Gc*,43Ge*-43Gz*,43a*,43m*,43r*,43N9*

Bowel Cancer Screening

6866 *Bowel cancer screening programme: faecal occult blood result* has been added to Faecal Occult Blood SDA.   It is stored under Microbiology.

Hepatitis B antibody

There is a new entity of **Hepatitis B antibody**. The Hepatitis B Antibody Read code default is 43B..12 Hepatitis B immunity test.

Hepatitis B Antibody Read code range:- 43B..12 (the default), 43B2*, 43B6*, 43d8*, 43dA*-43dC* (asterisked codes are new or changed)

Files in **SH-antigen**:

> 43B..12 Hepatitis B immunity test (default)
>
> 43B2.00 Hepatitis B immune
>
> 43B2.11 Hepatitis B antibody present
>
> 43B6.00 Hepatitis B non immune

File in **Other Infectious Titres**:

> 43d8.00 Hepatitis B surface antibody level
>
> 43dA.00 Hepatitis B core IgM level
>
> 43dB.00 Hepatitis B core antibody level
>
> 43dC.00 Hepatitis B e antibody level

SH-Antigen Read code range:- 43B..00, 43B..11, 43B..13, 43B1*, 43B3*-43B5*, 43B8*-43BA*, 43BZ*, 43d9*, 43jG*, 43k0*, 4J3D*, 4JRF*

Files in **SH-antigen**:

> 43B..00 SH-antigen (hepatitis B) test
>
> 43B..11 Australia antigen - SH
>
> 43B..13 Hep B surface antigen test

43B1* Blood sent: SH-antigen test

43B3*-43B5* (43B3 SH-antigen negative, 43B4 Hepatitis B surface antig +ve, 43B5 Hepatitis e antigen present)

43B8*-43BA* (43B8.00 Hepatitis B core antigen test, 43B9.00 Hepatitis B e antigen test, 43BA.00 Hepatitis B surface antigen negative)

43BZ* SH-antigen test NOS

Files in **Other Infectious Titres**

43d9* Hepatitis B surface antigen level

43jG* Hepatitis B nucleic acid detection

43k0* Hepatitis B e antigen level

Files in **Viral studies or Other bacteriology**

4J3D* Hepatitis B viral load

4JRF* Viral hepatitis screening test

Immunology Screening Test Read code range:

43c* Immunology screening test

4JR1* Hepatitis B screening test

Alcohol screening and Scoring Test Result

The 38D hierarchy of alcohol screening now goes to the Scoring Test Result SDA rather than Medical History. This will allow the Result of Scoring Test field to be used if necessary and optionally.

388u Fast alcohol screening test - Scoring Test Result, Result scoring test field available - filed under Tests

38D2 Single alcohol screening questionnaire - Scoring Test Result, Result scoring test field available, filed under Tests (previously filed to History).

38D3 Alcohol use disorders identification test - Scoring Test Result, Result scoring test field available - filed under Tests (previously filed to History)

38D4 Alcohol use disorder identification test consumption questionnaire - Scoring Test Result, Result scoring test field available - filed under Tests (previously filed to History)

38D5 Alcohol use disorder id test Piccinelli consumption questionnaire - Scoring Test Result, Result scoring test field displayed - filed under Tests (previously filed to History)

The following are filed under Medical History:

8HkG Referral to specialist alcohol treatment service - No result scoring test field available - filed under Medical History

9k1B Extended intervention for excessive alcohol consumption complt - No result of scoring test field available - filed under Medical History.

Ferritin

Results for ferritin have been filing to the Serum Ferritin SDA (Biochemistry - Other) if entered manually as 42R4. or filed from Mail Administrator. If, however, filed electronically from Mail Manager, it was filing to Other Lab Tests. This is because of the two synonyms of 42R4.

In future, all ferritin results regardless will file to Serum Ferritin.

> **Note**   Existing ferritin results in Other Lab Tests will have be moved manually.

GSFS Palliative Care Guideline Changes

- There are some changes to the *GSFS Palliative Care Guideline.

- The order of some sections has changed. **On Palliative Care** is now the next section after Patient Details.

- Note that there are occasionally display problems with errant entries or buttons under On Palliative Care. We hope to fix this in a future DLM, but in the meantime, the remedy is to refresh the guideline: keeping with the same patient, click on the left white arrow on the guideline toolbar to return to the Local Guideline Index (or close the guideline if viewing elsewhere than the Guidelines tab), then re-enter the guideline again. The display should now be correct.

- There is a new section **All Cancer Diagnoses**, which picks up any historical Read code from chapter B% Neoplasms.

- In **Key Professionals**, Marie Curie (ZL22800 Under care of Marie Curie nurse) is an additional option in **Under the care of**.

- Palliative Care Medical Data has been renamed **Palliative Care Data Summary**.

- The Care Plan button has been renamed Palliative Care Plan.

- Date Resus Status Agreed has been removed from the Palliative Care Plan.

- **Patient's wishes for resuscitation** (Terminal Phase) has three buttons: Resuscitation Status unknown / Wishes to be Resuscitated / Does NOT wish to be Resuscitated

- **Preferred Place of Care/Death** - This now has its own SDA Patient Preference. PLEASE RE-ENTER ANY PREFERRED PLACE OF CARE/DEATH RECORDS THAT WERE MADE PRIOR TO DLM 280 INSTALL, as these were stored in Medical History. If not re-entered, the Preferred Place of Care/Death will not be picked up by the OOH Summary Report in Scotland.

Scotland changes for DLM 280

Summary of Scottish Changes

The following items, which are included in DLM 280, are relevant to Scottish practices. To access the full corresponding user guides from the INPS website, follow the link reference for each section.

- Prescribing Safety changes - Never and Suppress All have been reintroduced (see page 48)

- Archiving eAMS messages - completed eAMS messages will archive automatically. Incomplete messages must be archived manually at least once a week (see page 49)

- eAMS - GMC codes, Health Board codes, switching to paper prescriptions. See page 53

- SCI Diabetic Collaboration (SCI DC) - Patient Consent and Back Population - see page 54

- SCI Pathology - see page 56

- SCI Gateway Referrals troubleshooting - see page 56

- Scottish Cervical Call Recall System (SCCRS) - electronic smear results, exclusions and recalls can be sent direct to Vision via Mail Manager, and these messages subsequently filed to the patient record (see page 58)

Prescribing Safety Changes

- In Scotland, the rules have been relaxed, and you can now select **Never** as a display option for contraindications, precautions and prescriber warnings (Consultation - Options - Setup - Drug Check).

- **Suppress All** is now an option for Drug Doubling Warnings for Scottish practices

If you try to reduce the levels of warnings, for example, from Patient Specific to Never for contraindications, you will be warned:

The optional suppression of drug disease contraindications is not part of the original SEF specification. Users should note that potentially important clinical warnings may be suppressed by selecting this option. Are you sure you wish to proceed? Select Yes to continue or No to cancel.

eAMS

Archiving AMS Messages

For the updated ePharmacy user guide, go to the INPS website
www.inps.co.uk under My Vision - Downloads - DLM – DLM 280 - Click **here**
for the DLM 280 User Guides, on the map, click on Scotland, select
ePharmacy.

With the advent of ePharmacy (AMS), a large number of messages are being
generated by practices (usually one for each prescription printed). **Vision Mail
Manager** allows you to archive older messages and to view current messages in a
variety of ways.

Messages can be:

- either complete, in which case they will be archived automatically;

- or incomplete, with a status of Transmission Error, which you need
to archive manually on at least a weekly basis.

Autoarchiving of complete messages

From DLM 280 onwards, all 'Complete' messages will be archived automatically
within a few minutes of achieving that status. Completed messages will "disappear"
from the Mail Manager message list pane and only being visible by clicking View -
Archive View.

If you are viewing the details of a particular message via the tabs near the bottom of
the main Mail Manager pane at the point at which it gets archived, clicking a new tab
will result in the details disappearing and being replaced by the legend *Message no
longer valid for selected filter*. You would need to enter Archive View to see it again
(this view toggles on and off via the View menu).

Completed messages have run the full cycle: they have been sent successfully from
the practice via the message store to the pharmacy; an acknowledgement received is
sent from the message store; the acknowledgement is processed through GPC in
Vision and matched up with the outgoing message.
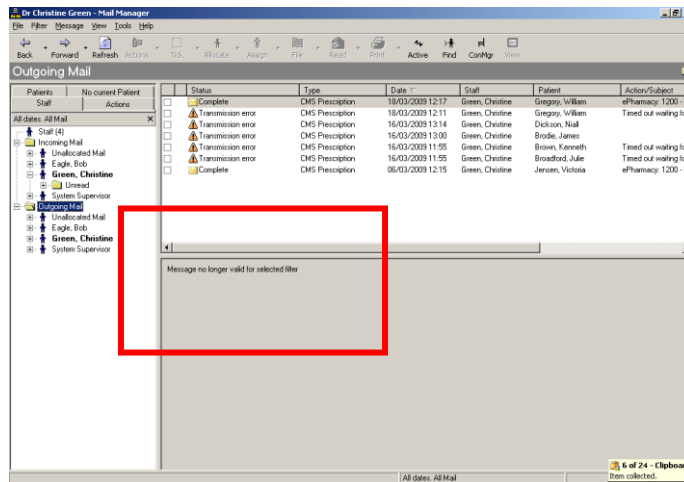
How to archive incomplete AMS messages

To keep Mail Manager running at optimal speed and to keep the view from becoming cluttered, we recommend that you archive manually any incomplete messages on at least a weekly basis. Follow the steps outlined below.

Incomplete messages usually have a status of Transmission Error and occur if there has been a break in the cycle of a complete message described above, or if the message were not sent in the first place, for example, if Mail Gateway remain closed for a length of time.

1. To archive messages within Mail Manager, click **File - Archive...** on the menu bar. This opens the **Archive Messages** dialog.
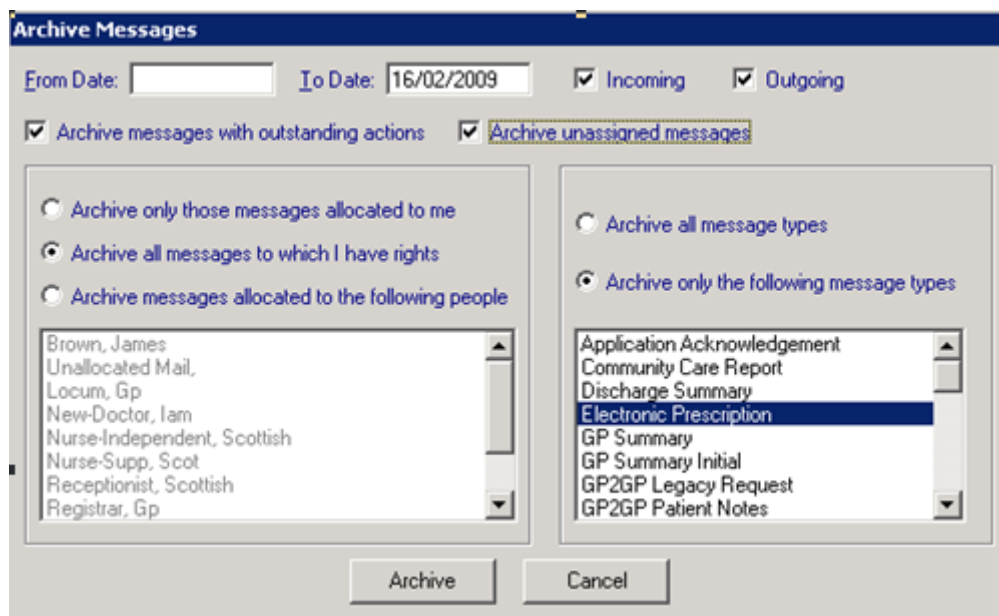
2. If the **From Date** is left blank, all messages up to the **To Date** will be archived. Note that you cannot currently archive messages dated within the last 30 days, although you can filter them from your Mail Manager view.

3. Tick both **Archive messages with outstanding actions** (these are incomplete actions) and **Archive unassigned messages** (though you are unlikely to see these).

4. The radio buttons on the left let you select which users' messages to archive. If the current user has rights to all users' mail, selecting the middle radio button - **Archive all messages to which I have rights** - will archive messages belonging to everyone (for details of how to grant these rights, see page 52).

5. The radio buttons on the right let you choose which message types to archive. Click **Archive only the following message types** and select **Electronic Prescription** messages from the list.

How often should I archive messages?

We recommend that archiving be carried out weekly and that it be done on the server, where it will have less impact on system performance.

Can I still access Archived Messages?

Archived messages can be viewed by clicking **View** on the menu bar, then selecting **Archive View**. The text Archive View will appear in red near the bottom right-hand corner of the screen to let you know you are viewing archived messages. To return to the normal view, click **View - Archive View** again.

Granting Access to All Users' Mail

1. Open Vision's **Control Panel** module.

2. On the menu bar, click **View** - **Mail Maintenance** and the list of staff mail folders will appear.

3. Right click the folder belonging to the staff member to whom you wish to grant access to everyone's mail (in this case we have selected the **System Supervisor**), and click **Add All**.
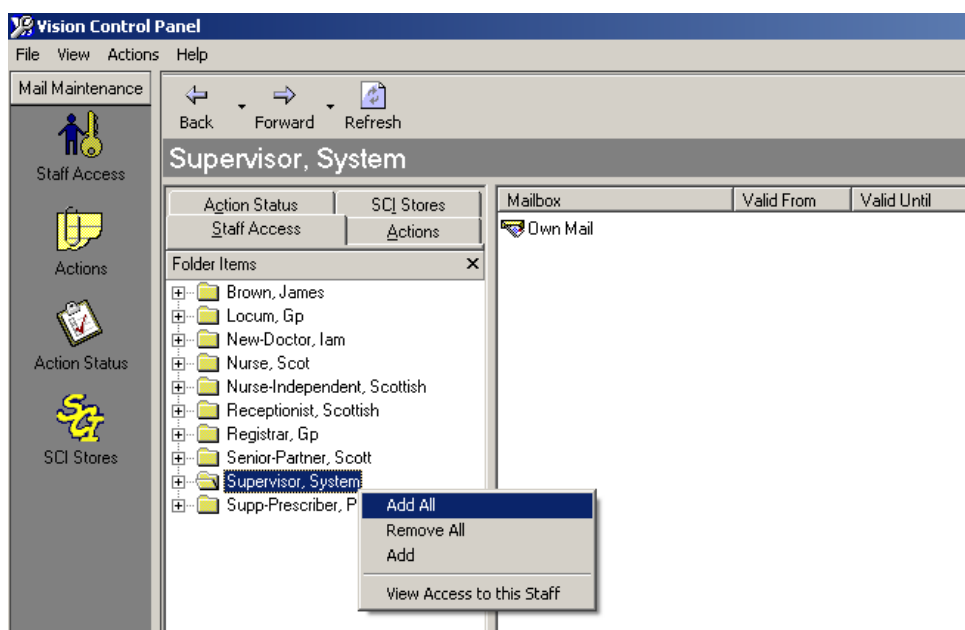
4. Click **Yes** to confirm when prompted; the mail folders belonging to all other staff members will now be listed along with the user's **Own Mail** folder in the main area of the window.

5. If this user logs in to Vision to run Mail Manager Archiving, they will be able to archive messages belonging to all users by selecting the **Archive all messages to which I have rights** option.

eAMS - switching to paper prescriptions

If you need to switch to a paper prescription when no preparation is recorded against a repeat master, a more user friendly message is now displayed:
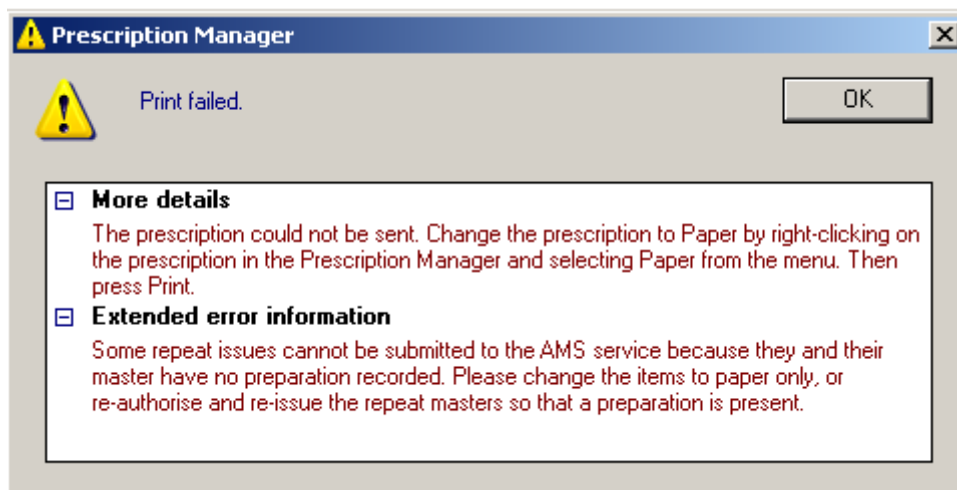
eAMS - GMC codes and locums and registrars

From DLM 280 onwards, a Locum or GP Registrar will pick up the Responsible Partner's GMC code if their own is not recorded in Control Panel, in the same way that they currently pick up the Responsible Partner's prescriber number.

eAMS - Health Board code

Users will no longer be prevented from prescribing eAMS items if their Health Board code is not recorded.
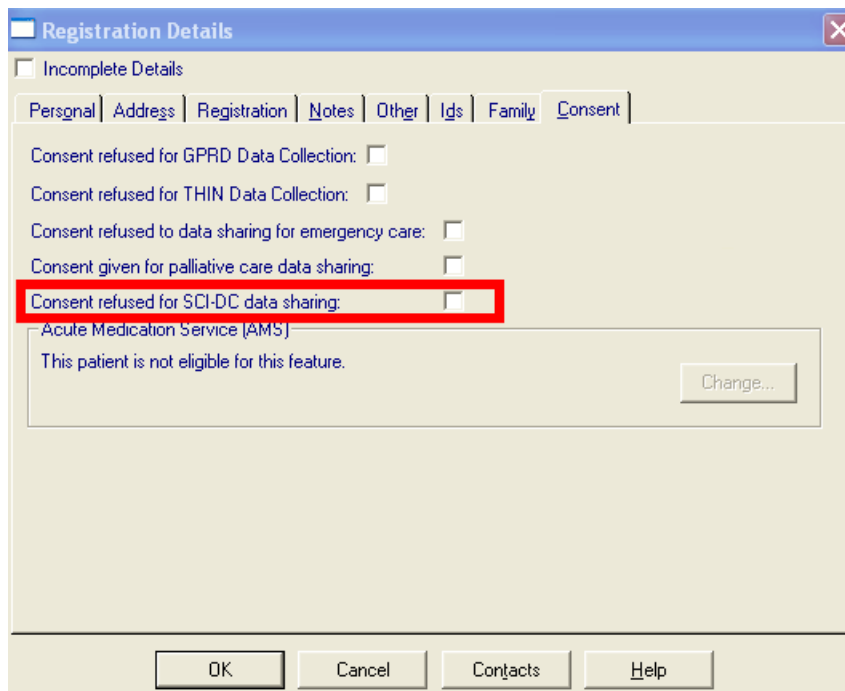
SCI Diabetic Collaboration (SCI DC)

The SCI Diabetic Collaboration functionality now allows for:

- **Patient Consent** - There is now an option in the Registration module which allows you to record if the patient wishes to dissent from participation in the SCI Diabetic Care scheme. The patient can change their mind and re-consent at any stage.

- **Patient Consent Refusal Report** - In line with the recording of patient consent, there is also a preset report which reports on all patients who have dissented from the SCI-DC service.

- **SCI-DC Back Population** - Any diabetic information that is added to a third party system for participating patients will now be electronically sent and filed to Vision from the SCI-DC Network. These SCI-DC third party messages are received via Mail Manager and can be managed in the same way as other XML messages.

For the updated SCI DC user guide, go to the INPS website www.inps.co.uk under My Vision - Downloads - DLM – DLM 280 - Click **here** for the DLM 280 User Guides, on the map, click on Scotland, select SCI DC.

This explains how, in order to benefit from the full functionality of SCI-DC, you need to make sure that:

- You have received DLM 280 (to check what DLM Version you are running go to the front screen of Vision go to **Help-About Vision**).

- You have been enabled for SCI DC.

- You have set up your GPC Scheduler for SCI-DC Extract.

- eLinks is set up on your system.

- Mail Manager is set up (i.e. Set-up mailboxes, staff access and the necessary actions).

- You have switched on SCI DC Back Population from the SCI-DC web interface.

- You have recorded the patients that wish to dissent on the SCI-DC web interface.

- In Mail Manager, you have ticked the box against SCI Diabetes Collaboration in Tools - Options - Autofiling, so that messages are filed automatically into patient records.
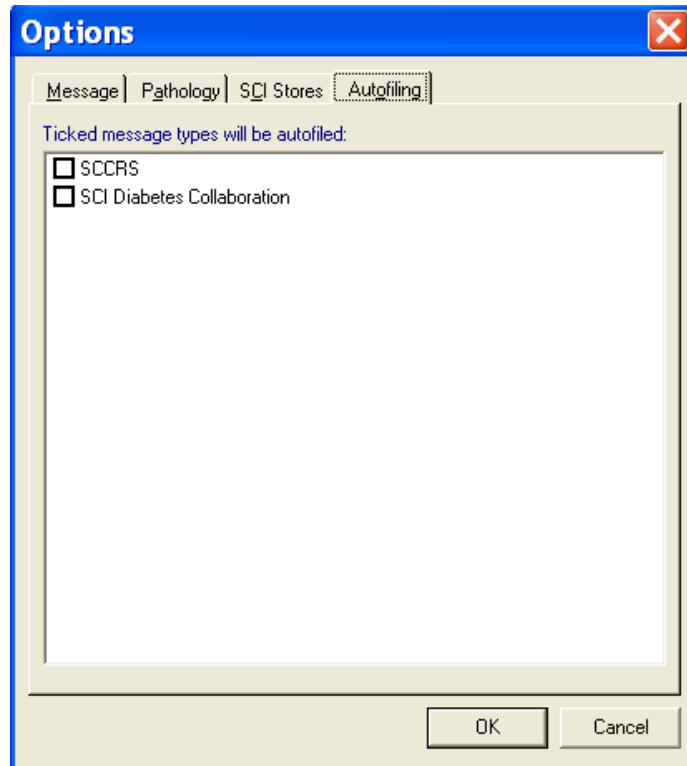
SCI Pathology

- Please ensure that GMC codes are entered for each GP in Control Panel – File Maintenance.

- If autofiling fails, then the words "Filing Failed" will show against the message. Manual filing is then required once the remedy for failed filing (for example, allocating or assigning) has been carried out.

- Read codes not in chapter 4 or 5 or the unbounded Read code list can now be filed into Vision in 9b04 Comment note.

- GMP code can now be mapped to any member of staff in Mail Manager - Tools - Local IDs.

For the updated SCI Pathology user guide, go to the INPS website www.inps.co.uk under My Vision - Downloads - DLM – Click **here** for the DLM 280 User Guides, on the map, click on Scotland, select SCI Pathology.

SCI Gateway Referrals troubleshooting

The updated SCI Gateway Referrals user guide can be downloaded from the INPS website www.inps.co.uk under My Vision - Downloads - DLM – DLM 280 - Click **here** for the DLM 280 User Guides, on the map, click on Scotland, select SCI Gateway Referrals.

The SCI Gateway Referrals User Guide has been updated to reflect a SCI Gateway Referral made:

- either in a patient context (ie selecting a patient first before logging on to SCI Gateway;

- or in a practice context, where no patient is first selected before logging on to SCI Gateway.

The Troubleshooting section has been amended with more detailed remedies for errors that may occur. The Event Log now stores errors for historical purposes.

- *An Unexpected error occurred retrieving the patient details* - Do not pre-populate the smoking, alcohol, and exercise questions. If error persists, create the referral again.

- *No GMC Code found for patient's registered GP* - Check that the patient's registered GP has a GMC code set up in Control Panel - File Maintenance - Staff.

- *Failed to get target @ practnum* - Go into Control Panel - File Maintenance - Practice and make sure the National Identifier is entered.

- *The patient details could not be validated*. *No Patient information has been received* - contact the Vision Helpline.

- The completion of incomplete date formats for partial dates is explained.

Scottish Cervical Call Recall System (SCCRS)

For the SCCRS user guide, go to the INPS website www.inps.co.uk under My Vision - Downloads - DLM – DLM 280 - Click **here** for the DLM 280 User Guides, on the map, click on Scotland, select SCCRS.

From DLM 280 and when the central eLinks team switches it on, the Scottish Cervical Call Recall System (SCCRS) can send electronic **smear results**, **exclusions** and **recalls** direct to Vision via Mail Manager. These messages can be subsequently filed to the patient record.
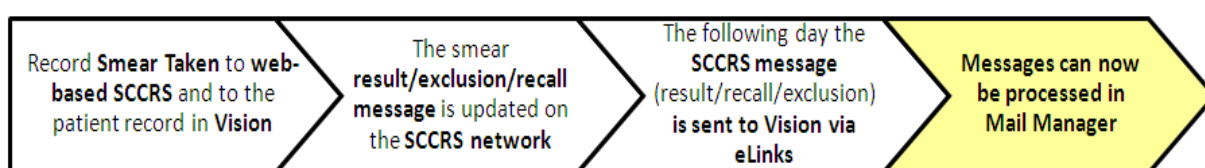
The SCCRS-GP integration with Vision will **not** replace the current administrative functions of the web-based SCCRS system, such as recording a smear or managing call-recall lists etc. It will allow the Vision system to contain all relevant SCCRS messages, ensuring a more complete patient record. There are currently no requirements for the GP system to send messages to update the central recall system with details of smears taken. It is likely that the central system is unable to process incoming messages of this type.

To accommodate this new functionality, some enhancements have been made to the existing **recall** system and a new **Data Entry Caution** SDA has been created.   This is explained in Recall Enhancements and Data Entry Cautions from page 21 in this user guide, and in the SCCRS User Guide.

In Mail Manager, make sure you have ticked the box against SCCRS in Tools - Options - Autofiling, so that messages are filed automatically into patient records.
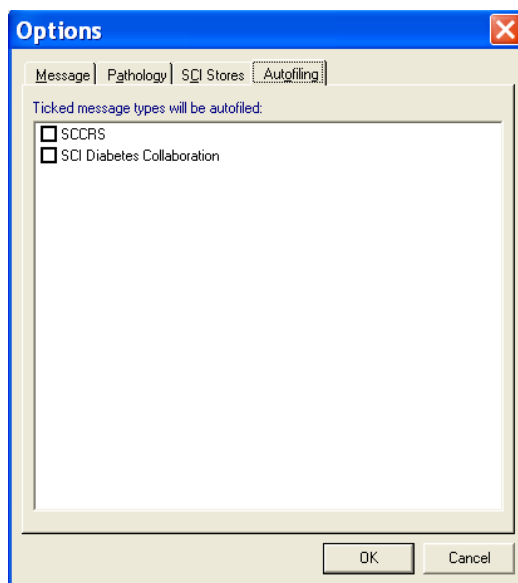
England and Wales changes

Electronic Test Requesting (ICE/tQuest)

Electronic test requesting provides an integrated link directly from the patient record in Consultation Manager to the laboratory system via a secure NHSNet connection. Vision can now link with two providers **in England and Wales**. Although the functionality is present in DLM 280, you should contact your hospital trust for further information about enabling test requesting.

> You will find the User Guides for Test Requesting User Guide in Vision - ICE and tQuest Integration User guide on the INPS website www.inps.co.uk under My Vision - Downloads - DLM – DLM 280 - Click **here** for the DLM 280 User Guides, on the map, click on England or Wales, select Test Requesting.

This user guide describes the Vision interface with the tQuest and ICE websites where the requests are made. As these website pages can be customised, for example, by the PCT, and their display and options vary, you are referred to the tQuest and ICE training and user guides in your local area for further details within the websites.

Electronic MED3 changes

A new electronic MED3 Doctor's statement has been introduced in selected volunteer practices in Wales, as a key part of the Department of Work and Pensions' (DWP) eMED3 Proof of Concept (PoC) project. This implementation aims to prove key concepts of electronic generation and recording of sick notes in primary care.

The ability to add a MED3 form in a MED3 SDA in Consultation Manager is available to all countries but only the pilot sites are able to print the MED3 form.

There are some enhancements to the MED3 form:

- You can now see the Refrain from Work duration on the data entry on the Journal.
- MED3 details will now print on the Insurance Report.
- When entering refrain from work durations, in the For field, you cannot enter a duration of more than 6 months. In the OR Until field, you cannot enter a duration of more 14 days from the date of the MED3 recording.

> For the MED3 user guide, go to the INPS website www.inps.co.uk under My Vision - Downloads - DLM – DLM 280 - Click **here** for the DLM 280 User Guides, on the map, click on Wales, select MED3 User Guide.

THIN London Practices – Cancer Linkage Report

THIN may contact specific practices running THIN data collection in London, requesting them to set up and run the Cancer Linkage extract. As part of their national cancer survey, Epic have requested that all THIN practices in London send an anonymous one off upload of their cancer register. You will receive information directly from Epic about this.

> For the user guide, go to the INPS website www.inps.co.uk under My Vision - Downloads - DLM – DLM 280 - Click **here** for the DLM 280 User Guides, on the map, click on England, select EPIC Cancer Linkage.

GP2GP changes for DLM 280

- Non-practice based staff derived from GP2GP messages should no longer appear in Control Panel staff lists or Appointments Book Owners.

Wales - 2D Prescription Barcoding

From DLM 280, 2D Barcoded prescriptions can be printed in Wales. A two dimensional barcode will print on a prescription containing the exact same data that is printed in text, including drug name, form, strength, dosage etc. This barcode can be scanned using a handheld scanner by the pharmacist and will transfer all of the data held on the prescription onto the pharmacy software.

To accommodate for 2D Barcoding, you must have Advanced Printing enabled.

> For the user guide, go to the INPS website www.inps.co.uk under My Vision - Downloads - DLM – DLM 280 - Click **here** for the DLM 280 User Guides, on the map, click on Wales, select Advanced Printing Wales user guide.