Vision 3

DLM 290

Consultation Manager

Choose and Book

Registration and PDS

Mail Manager

GP2GP 1.1a

Summary Care Record 3.3

INPS

Table of Editions and Contents

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11.05.09	DLM 290 - 2202	First Draft	.Doc
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20.08.09	DLM 290 – 2276	Feedback on new consent model from TWHI CfH.	.PDF sent to pilot website
15.09.09	DLM 290 - 2342	Swine Flu Read addition, deduct patient with Smartcard in advice, pause initial upload stops re-index. New Style Guide applied.	.PDF
03.11.09	290	SCR enabled by INPS once PCT agreement established and training given.	.PDF

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Contents

Summary of Changes in DLM 290 **3**
Consultation Manager Summary of Changes 3
Consultation Manager - Bug Fixes 6
Choose and Book Summary of Changes 6
Registration and PDS Summary of Changes 6
Appointments Summary of Changes 8
Mail Manager Summary of Changes 8
GP2GP Summary of Changes 9
Summary Care Record (SCR) Summary of Changes 10

Consultation Manager Changes **12**
Drug Allergies/Adverse Reactions - Potentially fatal 12
Contraindicated procedures removed from Allergy picklist 13
Clinician or user column against Journal data entry 13
Identifying the user /clinician on a History entry 15
All view from patient Mailbox 16
Removal of Classic Framework View 17
Text Search in Consultation Manager 18
Bowel Cancer screening Read code added to FOB SDA 18
Preferred Pharmacy on Private Prescriptions 19
Medication Review Clinician - Clarification 19
SDA Changes 19

Consultation Manager – Bug Fixes **20**
Adding data to a patient record in Display Only mode 20
Deleting Patients from Guidelines 20
Select Patient by Road 20

Immunisation Changes **21**
Pandemic Influenza – Manufacturer Details/Unknown Brand 21
Immunisations - Hepatitis A and Typhoid 22
HEP A Recall Intervals 23
Pneumococcal conjugate 23

5 in 1 vaccine weighting in Target Reports **24**

PDS Mismatch Screen in Appointments **26**
PDS Synchronisation Screen in Appointments 26
Switching off the PDS Mismatch Prompts in Appointments 28

Mail Manager Changes **29**
Message Allocation 29
Bulk Archive – Outstanding Actions 29
Warning for Messages Assigned to Inactive Patients 29
Action Free Text in View Mail for Patient 30
Mail Manager – Transfer Requests Option 31

Choose and Book Changes 32
New UBRN Merge Field 32
Training Tip - Searching On Choose and Book Referrals 32
SCR Dissent and CAB 34

Registration and PDS Changes 35
Reallocate (Scotland) 35
PDS Mismatch Screen 36
Communication Numbers on Spine Added to Vision 37
PDS Registration Links Amendment 39
PDS and Vision Updates recorded in Event Log 39
PDS Confirm Update 39
PDS Address Confirmation for new registrations 40
Main Address 41
Previous Registered Address 41
Permanent Registered Address for Temporary Resident 42
Business/Other Address 42
Transfer Contact to Patient 43

GP2GP 1.1a Changes 44
GP2GP Priority Mapper 44
Immunisation Data from EMIS practices 47
GP2GP Therapy Changes - GP2GP Incoming Repeats 48
Previously Active Medication Problem Heading 49
GP2GP Therapy Changes - Discontinued Medication 50
Current Non-Smoker 50
Note about DocMan Attachments 50
Additional Entities added to GP2GP 51
Other Import Changes 51

Summary Care Record 3.3 Changes 52
Initial Upload 52
Start/Resume Stop /Pause Times 52
Patient Count 53
Stop Time Reached 53
Pause Time reached 54
Resume cancelled 54
Cancel Upload 55
New patients 55
Tailoring the SCR before the initial upload is started 55
SCR Consent and Patient Preference Changes 56
Revised Consent Model 56
Applying the Revised Consent Model to the Current Preferences Screen 57
Patient Preferences Prompt New Display Options 58
Switching off Patient Preferences Prompt 59
SCR Management Changes 60
Creating Local Summaries 60
SCR Preview without SDS Login 60
Inactive Repeats from GP2GP Messages 60
PSIS Tab 61
Dealing with Multiple Summaries 65
3rd Party Update to SCR 66
Unlinked Patient 67
Event Log for SCR Changes 67
Important Information - Deducting Patients 67

Summary of Changes in DLM 290

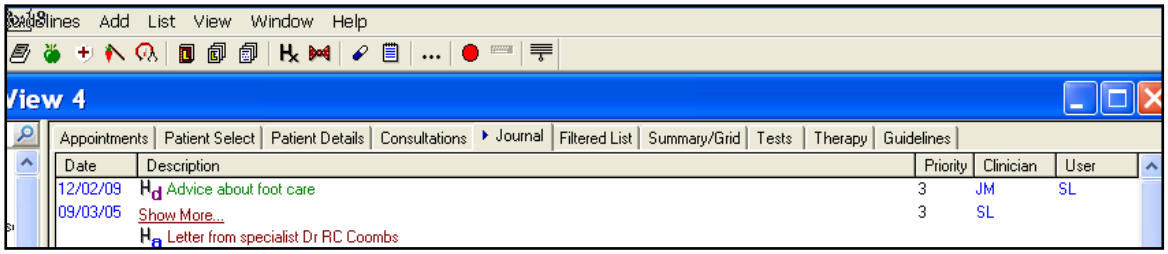
Consultation Manager Summary of Changes

Potentially Fatal Drug Allergy

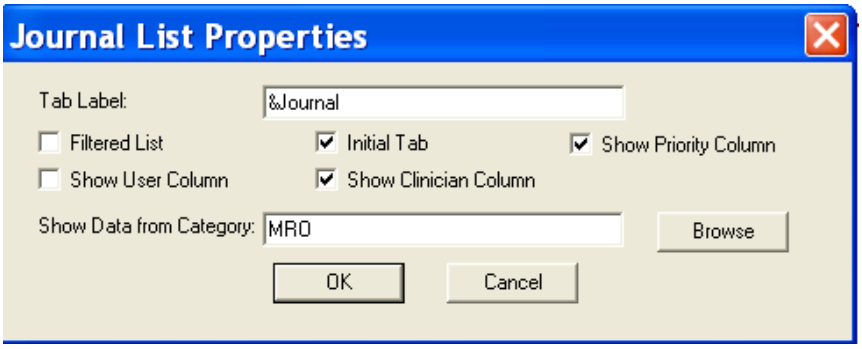
- You will be prevented from prescribing therapy items which are marked with a Severity of Potentially Fatal on the Drug Allergy/Adverse Reaction screen. See "Drug Allergies/Adverse Reactions - Potentially fatal" on page 12.

User Column

- There is now an optional **User column** in addition to the Clinician column against a record in the following views in Consultation Manager: Journal, History, Tests, Filtered, Summary /Grid, Therapy. The user column displays the initials of an admin user who has entered data. See "Clinician or user column against Journal data entry" on page 13.

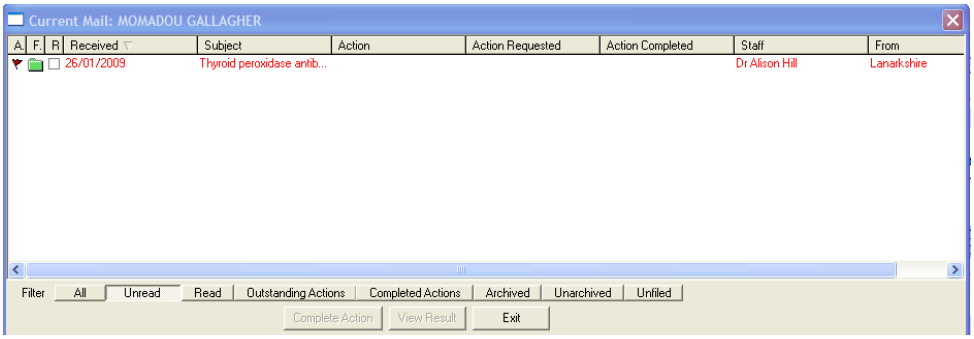


This can be enabled from Show User Column on View Options (right click on the tab header).

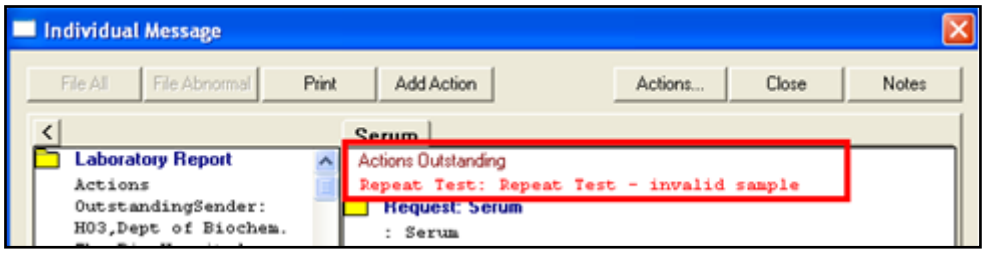


Patient Mailbox – All View

- There is now an **All View** tab in Patient Mail Box which displays every message for the patient. There are two further tabs for Archived and Unarchived. See "All view from patient Mailbox" on page 16.

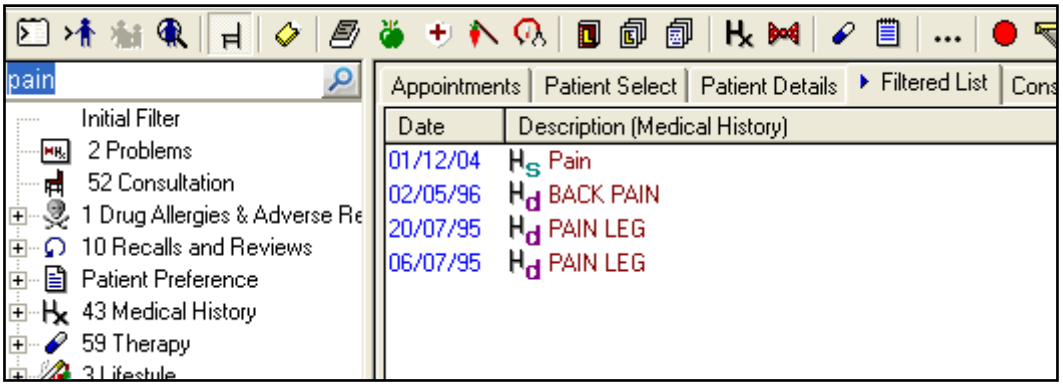


- Action text added in the Add Action window is now displayed in the text of the result which is visible from the Patient Mailbox in Consultation Manager (highlight a result and select View Result).



Consultation Manager Search Text

- You can now **search for specific text** in a patient record, using a Vision 3 view which has a navigation pane i.e. View 4 or higher. Type in your search text, e.g. pain, in the window at the top of the navigation pane, above Initial Filter. The result is shown on the filtered list and contain records with the keyword you typed in. See "Text Search in Consultation Manager" on page 18.



Preferred Pharmacy

- **Preferred Pharmacy** now prints on the right-hand side of private prescriptions

SDA Changes

- Changes to Cholesterol and Framingham Scores SDAs.

Immunisations

- You are now able to select the specific manufacturer (Baxter or GSK, in practice or by other healthcare provider) or unknown brand when entering a Pandemic Influenza record. See "Pandemic Influenza – Manufacturer Details" on page 21.
- Hepatitis A due date of next vaccination changes. See "HEP A Recall Intervals" on page 23.
- Hepatitis A and Typhoid changed to new Hepatitis A (2 Stage) (Stage 1 and booster, at 6m interval).
- Pneumococcal conjugate - change of stage. See "Pneumococcal conjugate" on page 23.

Search and Reports – Immunisations Target Report

- From DLM 290, target reports will weight the 5 in 1 vaccine as 50% of total in childhood immunisations.

Removal of Classic Framework

- The Classic Framework view is no longer available in Consultation Manager. Any user still using this option will be forced to choose one of the Vision 3 views. For classic framework users, the following message is displayed in Consultation Manager: *The Classic Framework views have been removed. You will now be using the Vision 3 Framework.* See "Removal of Classic Framework View" on page 17.

GP2GP Changes (England)

- There are new features to deal with GP2GP transferred-in records. See "Immunisation Data from EMIS practices" on page 47, "GP2GP Therapy Changes - GP2GP Incoming Repeats" on page 48, "GP2GP Therapy Changes - Discontinued Medication" on page 50, "Current Non-Smoker" on page 50.

PDS changes (England)

- The PDS Mismatch screen has been revised, and there are other PDS changes. See "PDS Mismatch Screen" on page 36.

SCR changes (England)

- There are SCR (National Summary) changes in DLM 290. See "Summary Care Record 3.3 " on page 52.

Consultation Manager - Bug Fixes

Vision Guideline Problem Fixed

- As mentioned on the helpline blog, there has been an issue in Consultation Manager where users could potentially delete patients from the Guideline view. This has now been fixed in DLM 290.

Display Only mode and data entry

- The problem which allowed users to enter data in Consultation Manager whilst in display only mode has now been fixed.

Patient Select - Patient Road

- The bug which rendered the **active** check box ineffective when selecting a patient by road has now been fixed.

Choose and Book Summary of Changes

- UBRN is now available as a merge field when creating referral letter templates. See "New UBRN Merge Field" on page 32.
- If a patient refuses SCR consent, they will still be eligible for choose and book referrals. See "SCR Dissent and CAB" on page 34.

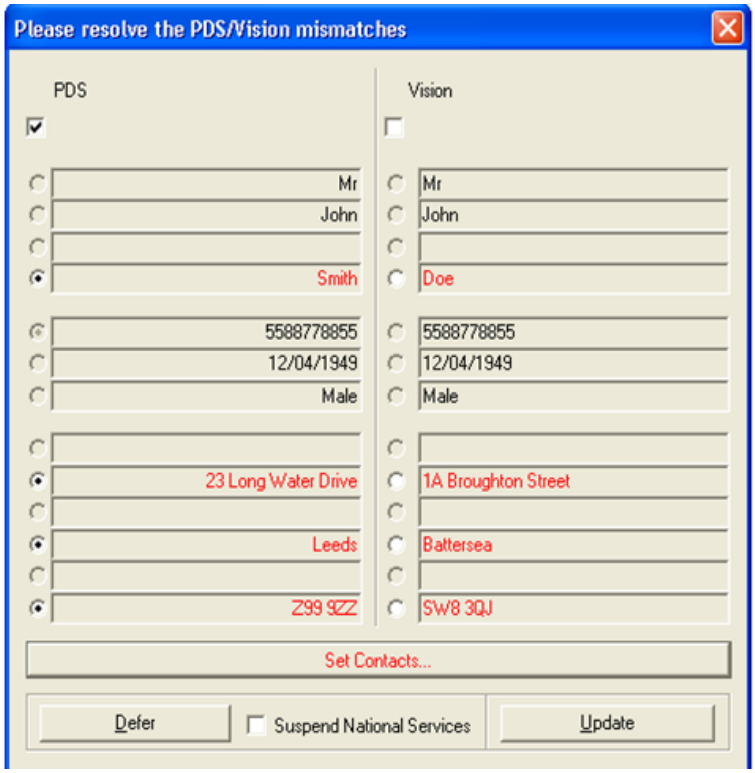
Registration and PDS Summary of Changes

Patient Reallocation (Scotland)

- The options for reallocating patients between GPs have been tidied. In Scotland, you can now transfer patients (either all, or from a group) from one GP to another, either by Registered GP or by Usual GP. The Acceptance date will not change. See "Reallocate (Scotland)" on page 35.

PDS Changes in DLM 290 (England)

- A new PDS mismatch screen has been designed to allow you to select specific demographic changes with radio buttons, rather than updating all or nothing. See "PDS Mismatch Screen" on page 36.



- Telephone number mismatches are now also highlighted in the Set Contacts section of the PDS Mismatch screen. See "Communication Numbers on Spine Added to Vision" on page 37.
- PDS Confirmation Screen – you can now enable an extra prompt which asks if you are sure you want to update PDS or Vision with Demographic changes. See "PDS Confirm Update" on page 39.
- PDS updates now trigger a Registration Links amendment message.
- PDS updates are now recorded in the Event Log module.
- PDS Address Confirmation - When you register a patient found on PDS in Vision, you are now given the option of how you would like the address to be stored in Vision. You can select from Main address, Previous Registered Address, Permanent Registered Address for Temporary Resident, Business, Other. See "PDS Address Confirmation for new registrations" on page 40.
- Transfer Contact to Patient – After finding a patient on the PDS system, Vision checks to see if the patient has been previously added to the Vision system as a patient. From DLM 290, Vision will also check if the patient has been recorded as a contact and give you the option of transferring their information to the Registration screen. See "Transfer Contact to Patient" on page 43.
- Following CfH guidance, for patients who are “Stop Noted” i.e. sensitive patients, Consultation Manager will display “Synchronisation Not Available”.

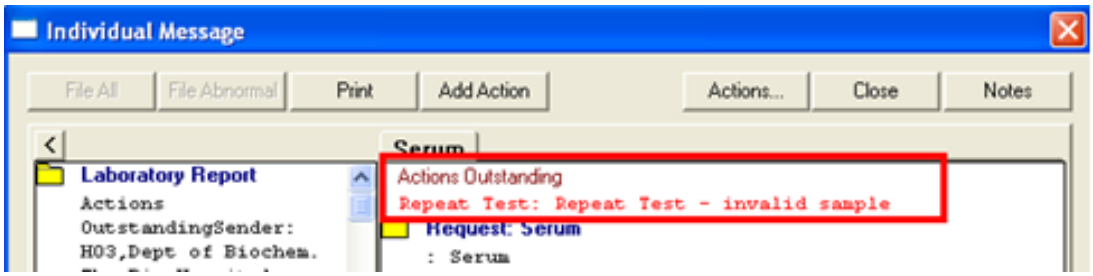
Appointments Summary of Changes

- From DLM 290, when you are booking appointments on the Appointments booking form, the PDS mismatch screen automatically appears for Patients found on the PDS system with a PDS/Vision Mismatch. You can also disable the prompt from System Maintenance. See "PDS Synchronisation Screen in Appointments" on page 26.

Mail Manager Summary of Changes

Note – We are currently working on significant enhancements to Mail Manager to be included in a future DLM. You will be informed of this in due course.

- Messages are now automatically allocated to the patient's usual GP where the intended recipient does not have access to Mail Manager. If there is no usual GP, messages are deemed unallocated and should be processed in the usual manner.
- Due to PMIP requirements, you are no longer able to bulk archive pathology messages which have an outstanding action.
- Action text added in the Add Action window is now displayed in the text of the result which is visible from the Patient Mailbox (select a result line then View Result) in Consultation Manager.



- From DLM 290, when you view a message which has been assigned to an inactive, immediately necessary, or expired temporary resident patient, you are prompted with: "*Warning: this message is assigned to an inactive patient*."
- When you bulk process messages, i.e. select three messages and allocate, the Mail Manager message list is now instantly updated - you do not need to refresh.
- The wording in Mail Manager – Tools – Options has changed so that the GP2GP selections for incoming GP2GP requests now read: Allocate Requests to responsible GP and Treat Requests as Unallocated. See "
- Mail Manager – Transfer Requests Option" on page 31.

GP2GP Summary of Changes

- A global priority mapping tool has been introduced to allow practices to define their priorities, according to a set of data categories (called external priorities), for incoming and outgoing GP2GP Vision messages. See "GP2GP Priority Mapper" on page 44.
- To accommodate for incoming immunisation data from EMIS practices, 10 immunisations codes used specifically by EMIS have been added to the Vision Immunisation SDA list. See "Immunisation Data from EMIS practices" on page 47.
- Transferred repeats now appear with for inactive repeats and for active transferred repeats in the Repeats list in Consultation Manager. Active repeats are also stored in the "Previously Active Medication imported via GP2GP" problem heading. See "GP2GP Therapy Changes - GP2GP Incoming Repeats" on page 48.
- Discontinued medication is now added as a medical history with the Read code 8B3R.Drug Therapy Discontinued. See "GP2GP Therapy Changes - Discontinued Medication" on page 50.
- The transferred Read code 137L Current Non-Smoker now automatically selects the ex-smoker radio button on the Smoking SDA. See "Current Non-Smoker" on page 50.
- Data about palliative Care and Med3 are now included in the GP2GP transfer message. There are some pathology additions: #677 Other Lab Result Information, #678 Hepatitis B Antibody; and a change to existing entity: #515 Thyroid autoantibodies – now includes numeric value.
- BMI data transferred with a weight entity within the same consultation and entry date is now combined in the Vision weight entity. See "BMI Transferred Data" on page 51.
- You are now able to delete erroneous transferred medication review data. See "Deletion of Medication Reviews" on page 51.
- The wording has changed for GP2GP options in Mail Manager – Tools – Options to make them more user friendly. See "Mail Manager – Transfer Requests Option" on page 31.

Summary Care Record (SCR) Summary of Changes

Initial Upload Changes

- We have introduced a facility which allows you to specify start/resume and stop/pause times for the initial upload. This allows for timed processes, such as the backup, to run and not interfere with the upload process (with the exception of the reindex). See "Start/Resume Stop /Pause Times" on page 52.
- There is now also a **Total Patients Uploaded** count and an **Upload Time Per Patient** display which appears on the Initial Upload progress bar. You can also see how many messages have been sent to the message queue. See "Start/Resume Stop /Pause Times" on page 52.
- If a new patient is made permanent before the Initial Upload is completed, but after SCR functionality has been enabled, they will **NOT** be included in the Initial Upload.
- You are now able to tailor the content of the SCR before the Initial Upload is run. See "Tailoring the SCR before the initial upload is started" on page 55.

Consent Changes

- CfH have now issued a **revised consent model** which should be used in accordance with the existing preferences screen. See "SCR Consent and Patient Preference Changes" on page 56.
- To accommodate user requests, we have moved the Preferences prompt so that it appears at the start of the consultation rather than at the end. See "Patient Preferences Prompt New Display Options" on page 58.
- You can also disable the automatic preferences prompt on a per user basis if required. This is done from Consultation – Options – Set up in Consultation Manager. See "Switching off Patient Preferences Prompt" on page 59.
- When a patient changes their consent status to Dissent, a blank summary is generated and sent to the Spine automatically. There is now no longer a need to press **Send**.
- Recording dissent for the SCR scheme will now not interfere with any of the other national services programmes i.e. you should still be able to create a Choose and Booked Referral and send GP2GP messages for a patient who has dissented to SCR.

SCR Management Changes

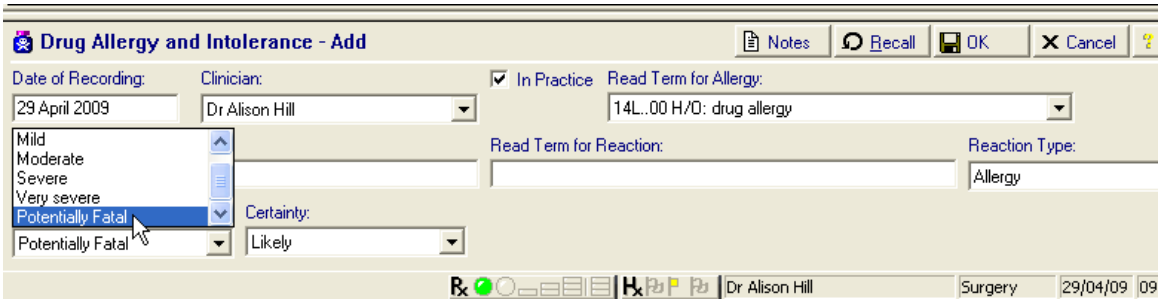
- You can see a preview of the SCR without being logged into Vision with a Smart Card. See "SCR Preview without SDS Login" on page 60.
- You can now maintain a **local summary** for patients who do not wish to be part of the SCR programme. This information is stored in the patient record only. See "Creating Local Summaries" on page 60.
- **Multiple Normal Summaries** – previously if there were multiple summaries, the last summary was automatically replaced with the most recent summary. From DLM 290, you are able to select which summary should be replaced. See "Dealing with Multiple Summaries" on page 65.
- **SCR Withdrawal**. You are now able to view and withdraw SCR messages by viewing patient SCRs from the PSIS tab. See "Withdrawing Summaries" on page 63.
- When a user tries to access SCR data for a patient who has dissented, a warning message appears stating that the **Caldicott Guardian** will be informed of this inquiry. See "Caldicott Warning – Consent Override" on page 62.
- The **Event log** now audits all changes to preference and SCR updates.
- If a third party healthcare professional has edited the SCR, you are warned with the following message (see "3rd Party Update to SCR" on page 66.):

- Inactive Repeat Master information received from GP2GP messages will not be included in the SCR.

Consultation Manager Changes

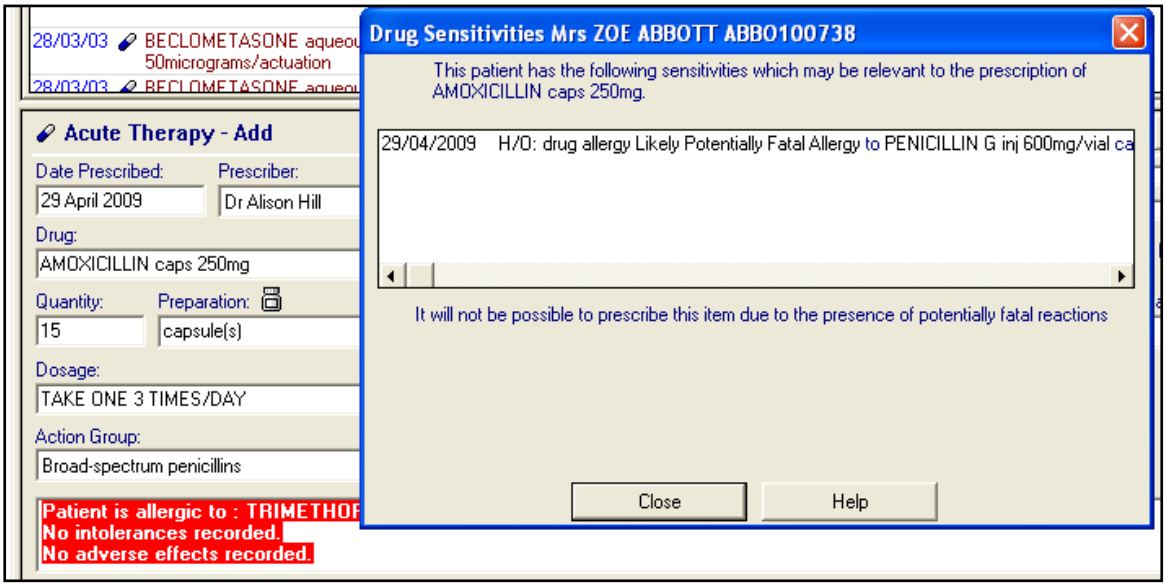
Drug Allergies/Adverse Reactions - Potentially fatal

From DLM 290, the severity option "Fatal" has now been amended to **Potentially Fatal**.



Allergy Add Screen showing the picklist for Severity

Furthermore, when you try to prescribe items with a severity of Potentially Fatal. The Drug Sensitivities warning is displayed stating that "*It will not be possible to prescribe this item due to the presence of potentially fatal reactions.*



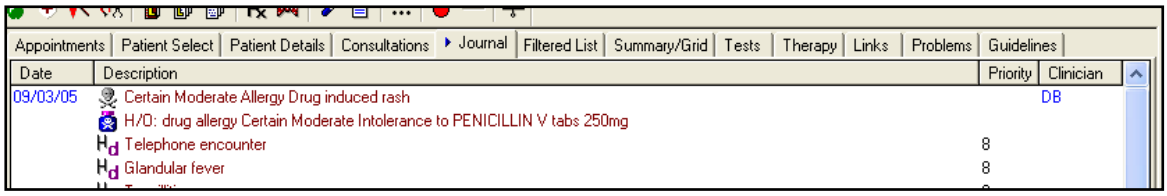
Contraindicated procedures removed from Allergy picklist

Two Read codes: **8I2Z Procedure contraindicated NOS** and **8I2a DXA scan contraindicated** have been removed from the Read code picklist in Drug Allergy and Intolerance - Add. Entry of either of these codes in the Read term add box will lead to a medical history entry.

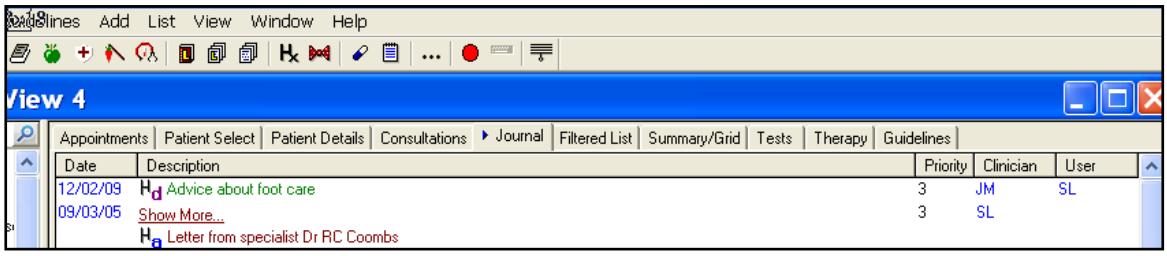
Clinician or user column against Journal data entry

In Consultation Manager, you can now display the initials of the person who entered data in the following tab views:

- Journal
- History
- Tests
- Filtered
- Therapy
- Consultation
- Summary/Grid



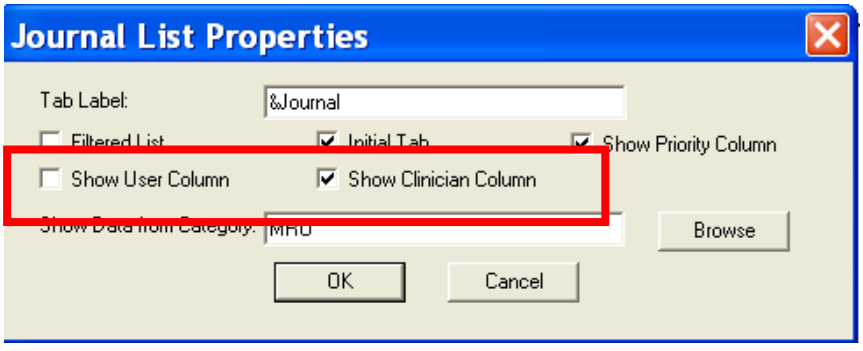
Journal view before DLM 290 - with Clinician column



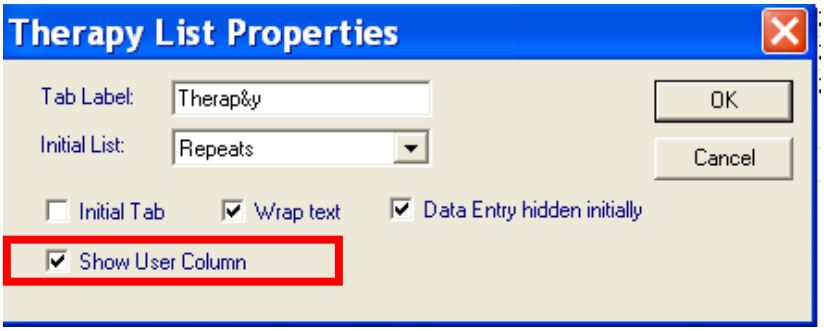
Journal view showing both Clinician and User column post DLM 290

The advantage of this is that you can simultaneously view the initials of the person who made the data entry, as well as the patient's clinician (or in the case of Therapy, the prescriber). To enable this feature:

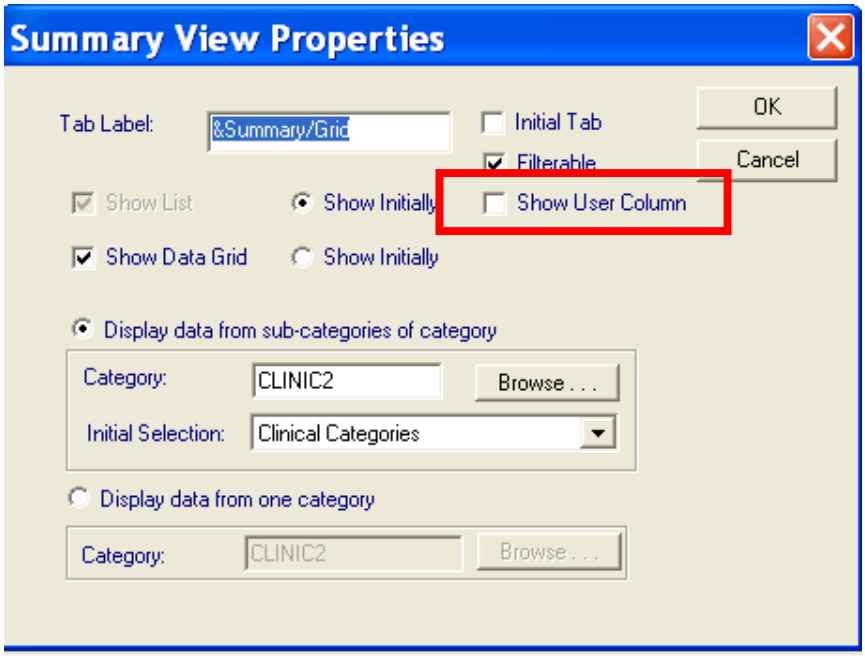
1. Right click on the required Tab heading and select View options.
2. There is a new tick box **Show User Column**. There is also a tick box **Show Clinician Column**. You can tick one or both of these options.



View Options with new Show User Column and Show Clinician Column



Therapy Tab Options – Show User Column



Summary Tab Options – Show User Column

3. Click OK to save.
4. When prompted with *In order to save the changes you have made may be reflected in the view, you must close and reopen the Consultation Framework. Do you wish to do this now?* Select Yes.

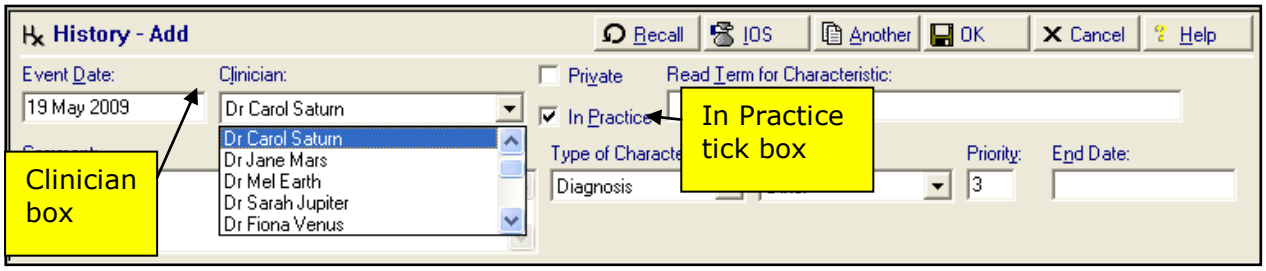
Identifying the user /clinician on a History entry

Before DLM 178, in the History Add form, the Clinician box was automatically populated with the patient's registered GP. If required, administrative users (i.e. not clinicians) could easily change this Clinician entry to display the name of user currently logged on. This was done by double clicking on the In Practice tick box. From here they were also able to select from a list all the users, including admin staff.

After DLM 178, when double clicking on the tick box In Practice in History Add, it would not change to the logged on user but stayed with the registered GP. If the user clicked on the box once, it would only display the clinical staff at the practice only.

From DLM 290, the following happens:

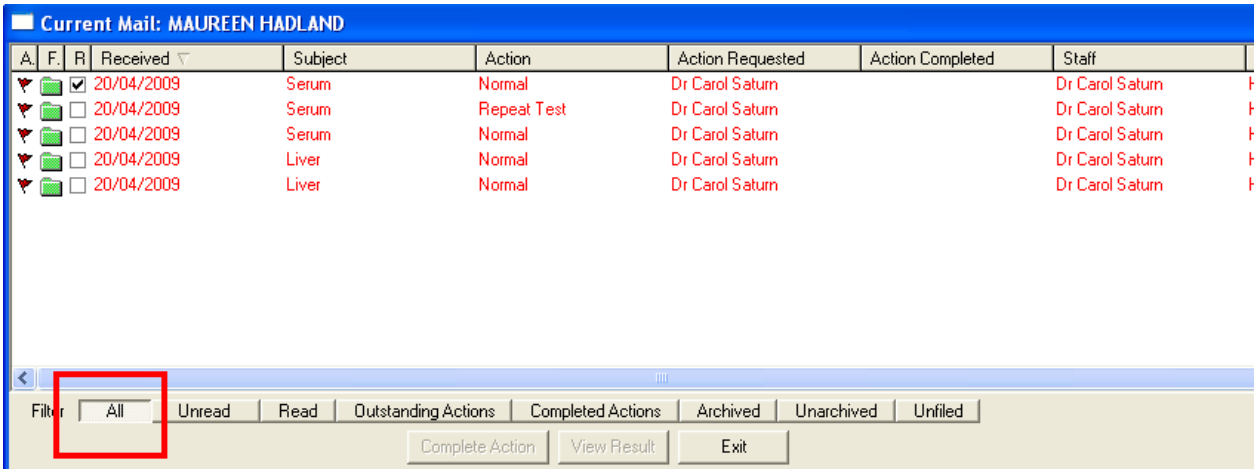
- When **History Add is initially displayed**, the Clinician box displays the patient's registered GP. You can also select from a list of active clinical staff (it is also selected if this GP is inactive - in this case it appears as the only inactive clinician in the list).
- When **In Practice is unticked**, the Clinician box displays the patient's registered GP. You can select from a list of all active/inactive clinical and administration staff.
- When **In Practice is ticked**, the Clinician box displays the user who is currently logged in. You can also select from all ACTIVE clinical and administration staff.



History Add Form

All view from patient Mailbox

In Consultation Manager- View Mail For Patient , you are now able to select the All button to display every message for the patient regardless of status.



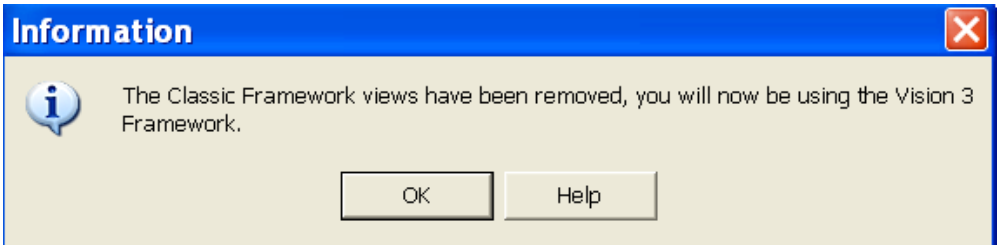
View Mail for Patient – All Tab

Removal of Classic Framework View

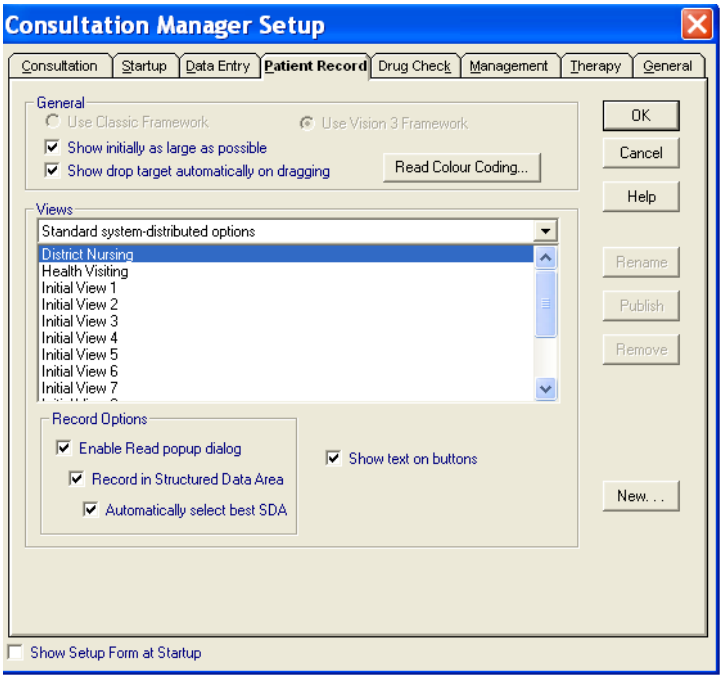
From DLM 290, you will see that the Classic Framework is no longer a view option in Consultation Manager. We have taken this course of action for the following reasons:

- Screens that have not been updated for over 4 years. They do not take advantage any functionality added since then.
- The Classic Framework required constant regression testing to make sure they have not been broken by changes in the system.
- Removing them will mean everyone is able to use the software in a consistent way and take full advantage of the rich features in the V3 versions.

If your Consultation Manager View was previously set to Classic Framework, on receipt of DLM 290 you will automatically be allocated the **Initial View 4 screen**. On entering Consultation Manager the following message is displayed: *The Classic Framework views have been removed, you will now be using the Vision 3 Framework*.



You are able to adjust your consultation screens from within Consultation Manager, before or after receiving DLM 290, from **Consultation – Options Setup** where you can select from a list of pre-defined screens or design your own. Please see on-screen help in Consultation Manager for further information.

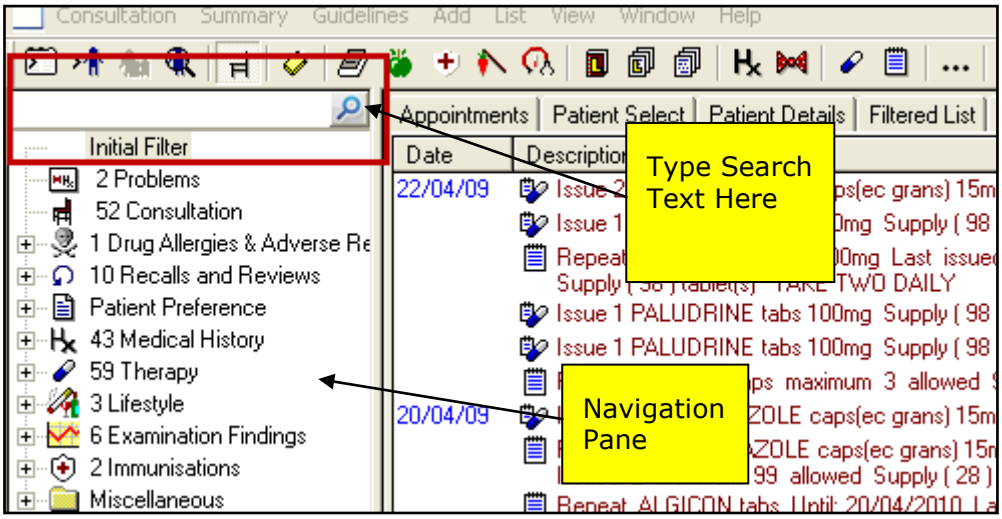


Patient Record options now has Use Classic Framework disabled

Text Search in Consultation Manager

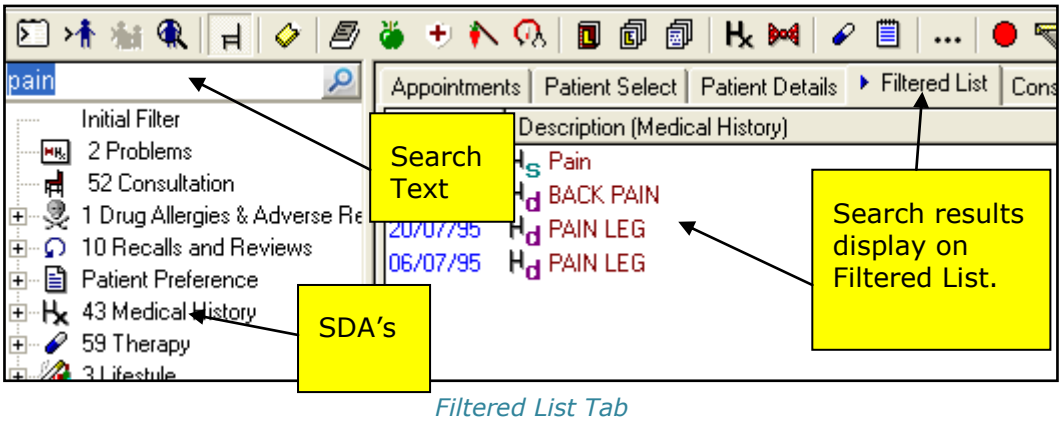
From DLM 290, you can run a text search for all items on the patient record. You need to use a view with a navigation pane i.e. View 4 or higher.

1. Type in the keyword that you would like to find in the **Text Search** box, i.e. pain. Note that you can only use one word in the search box.
2. Press enter or press to search.



Consultation Manager – Search Text Box

3. The results are displayed in the filtered list tab.



Filtered List Tab

Bowel Cancer screening Read code added to FOB SDA

Entry of the Read code **6866.00 Bowel Cancer screening programme: faecal occult blood result** is now entered in the Faecal Occult Blood SDA.

Preferred Pharmacy on Private Prescriptions

A Preferred Pharmacy code now appears on the right-hand side of private prescriptions. This is for any non-dispensing patient with a preferred pharmacy record entered in Patient Details - Preferences.

Medication Review Clinician - Clarification

When clicking on the medication review in Therapy, the reviewing clinician defaults to the person who set up the review, not the person currently logged on, even if that is a member of the admin staff.

This is because the reviewing clinician field is set by the person setting up the review. It is therefore not a default. The clinician and reviewing clinician pick lists should only contain clinicians.

SDA Changes

Cholesterol

The following Read codes have now been added to the Cholesterol SDA stored under Biochemistry (Routine):

#44PK Serum Fasting Total Cholesterol

#44PL Non HDL Cholesterol Level

VD Framingham Scores

#ZV7B2Screening for other/unspecified cardiovascular disease has been added to the Scoring Test entity. It is stored under Other Diagnostic Tests.

Consultation Manager – Bug Fixes

Adding data to a patient record in Display Only mode

Previous to 290, the following occurred in Consultation Manager - A first GP has a patient selected. When a second GP clicked on the Select Patient icon, selected the same patient, and it came up in display mode, the icons were greyed out. However, if the second GP then clicked on the Select Patient icon again and cancelled it, the icons then become active and both GPs could input data.

This has been corrected and will no longer happen.

Deleting Patients from Guidelines

A problem was discovered in Vision Guidelines which allowed users to "delete" patient details. This was detailed on the helpline blog. This problem has now been rectified in DLM 290.

If you believe that you have "lost" patient records this way, please contact Helpline with details of the patients involved and they will restore the view of the patient.

Select Patient by Road

The bug which rendered the **active** check box ineffective when selecting a patient by road has now been fixed.

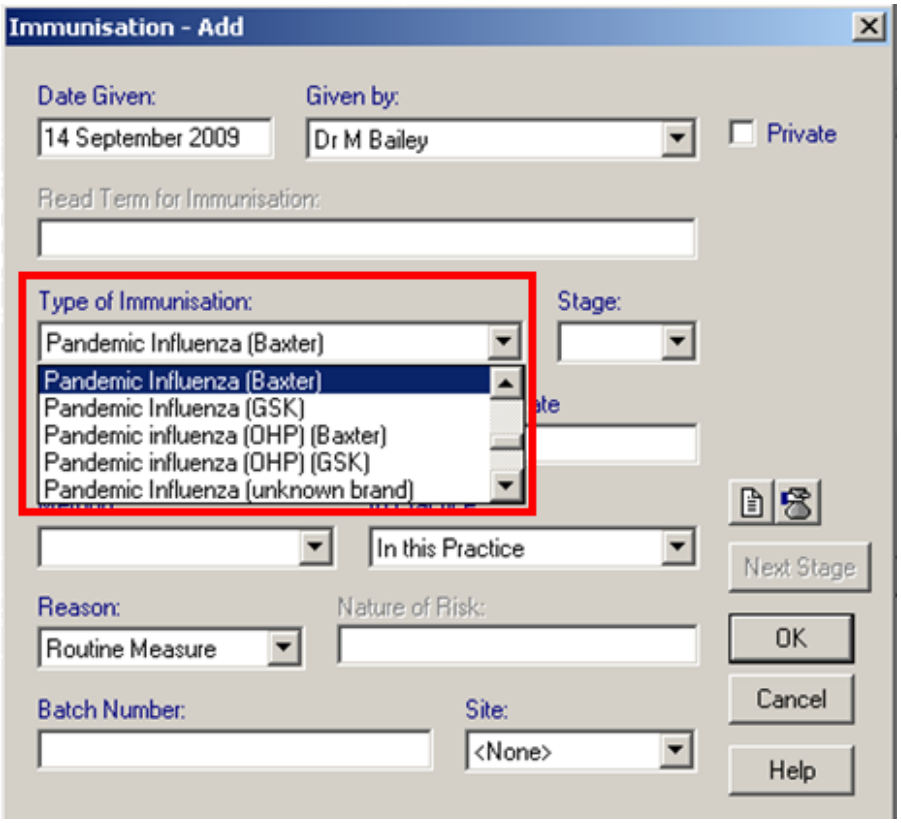
Immunisation Changes

Pandemic Influenza – Manufacturer Details/Unknown Brand

When entering pandemic influenza data, you are now able to select the specific manufacturer details (in practice or by other healthcare provider) or choose unknown brand:

1. In Consultation Manager, with an open consultation, select **Add - Immunisations**.
2. Press P or scroll down until you find Pandemic Influenza. You can select from:

Pandemic Influenza (GSK)	**Stage 1** - #65E0 - First Pandemic Influenza Vaccination **Stage 2** - #65E1 - Second Pandemic Influenza Vaccination
Pandemic Influenza (Baxter)	**Stage 1** - #65E0 - First Pandemic Influenza Vaccination **Stage 2** - #65E1 - Second Pandemic Influenza Vaccination
Pandemic Influenza (OHP) (GSK)	**Stage 1** - #65E3 - 1st pandemic influenza vac given by other healthcare provider **Stage 2** - #65E4 - 2nd pandemic influenza vac given by other healthcare provider
Pandemic Influenza (OHP) (Baxter)	**Stage 1** - #65E3 - 1st pandemic influenza vac given by other healthcare provider **Stage 2** - #65E4 - 2nd pandemic influenza vac given by other healthcare provider
Pandemic Influenza (Unknown Brand)	**Stage 1** - #65E0 - First Pandemic Influenza Vaccination **Stage 2** - #65E1 -Second Pandemic Influenza Vaccination



Select Pandemic Influenza from the Type of Immunisation list

3. Fill in any other required details and click OK to Save.
4. The immunisation details are added to the Journal.

Immunisations - Hepatitis A and Typhoid

Previously: Previously when Hepatitis A and Typhoid (Hepatyrix) and Hepatitis A and Typhoid (Viatim) were added, the Hepatitis A component was coming up as three doses instead of 1 dose and booster.

Hepatitis A and Typhoid (Hepatyrix)(HEPATYP), Hepatitis A (HEPATITIS_A), Typhoid (Typherix)(TYPTYPHERIX)

Hepatitis A and Typhoid (Viatim)(HEPATYP2), Hepatitis A (HEPATITIS_A), Typhoid (Typhim Vi)(TYPTYPHIM)

Change in DLM 290: A new Hepatitis A generic has been added, with two entries, called **Hepatitis A (2 Stage** (HEPA2), as copies of Hepatitis A Stage 1 and Stage B, with 6 months between Stage 1 and the booster.

Hepatitis A and Typhoid (Hepatyrix)(HEPATYP), **Hepatitis A (2 Stage) (HEPA2)**, Typhoid (Typherix)(TYPTYPHERIX)

Hepatitis A and Typhoid (Viatim)(HEPATYP2), **Hepatitis A (2 Stage)(HEPA2),** Typhoid (Typhim Vi)(TYPTYPHIM)

HEPA2	Hepatitis A (2 Stage)	1	65FA.00	1st hepatitis A vaccination - New in DLM 290
HEPA2	Hepatitis A (2 Stage)	B	65FD.00	Booster hepatitis A vaccin. - New in DLM 290

DLM 290 will upgrade and perform an audited update of the live records. This will mean that the immunisation records post 290 install will contain audited records with an immstype of Hepatitis A (HEPATITIS_A) and live records with an immstype of **Hepatitis A (2 Stage)**(HEPA2) for Stage 1 compounds HEPATYP and HEPATYP2.

HEP A Recall Intervals

If you add a vaccination for Hepatitis A 1st dose, the next Hepatitis A vaccination is shown as a 1 month interval. If you add a Hepatitis A Booster, the next vaccination is shown as a 5 month interval.

Pneumococcal conjugate

For pneumococcal conjugate, the immunisation stages are now 1st, 2nd, 3rd, booster or single (and not as previously 1st, 2nd, 3rd and booster).

5 in 1 vaccine weighting in Target Reports

Prior to DLM 290, target reports did not weight the 5 in 1 vaccine as **50%** of total in childhood imms giving a false percentage of achievement.

The new weightings in DLM 290 are as follows:

- '5 in 1' – **50%**
- Measles/Mumps/Rubella – **25%**
- Meningitis C – **25%**

Example shown below:

Children targeted: 56

Total completed imms: 148

90% of 168 : 151

70% of 168: 118

Current target percentage 90.2%

Calculations:

Before DLM 290:

Children targeted multiplied by 3. 90% and 70% output as a percentage of this value.

e.g. **56** x 3 =**168**

"Current Target percentage is" calculated as ((((148)*1000)/168)+0.5)/10 to 1 decimal place

After DLM 290:

Children targeted multiplied by 4. 90% and 70% output as a percentage of this value.

e.g. **56** x 4 =**224**

New Weightings are as follows:

MenC	25%
MMR	25%
5 in 1	50%

5 in 1 count is doubled to take into account the 50% weighting.

Therefore 5 in 1 totals now 108 rather than 54, which means that the overall total will increase to 202.

"Current Target percentage is" calculated as ((((202)*1000)/224)+0.5)/10 to 1 decimal place

Changes to imms reports are:

x4 Children targeted rather than x3 when calculating 90% and 70% of figure.

5 in 1 value now multiplied by 2 because of weighting 50% factor

* displayed against all figures displayed that takes this new calculation into account.

"*5 in 2 is doubled to account for 50% weighting" also displayed in report.

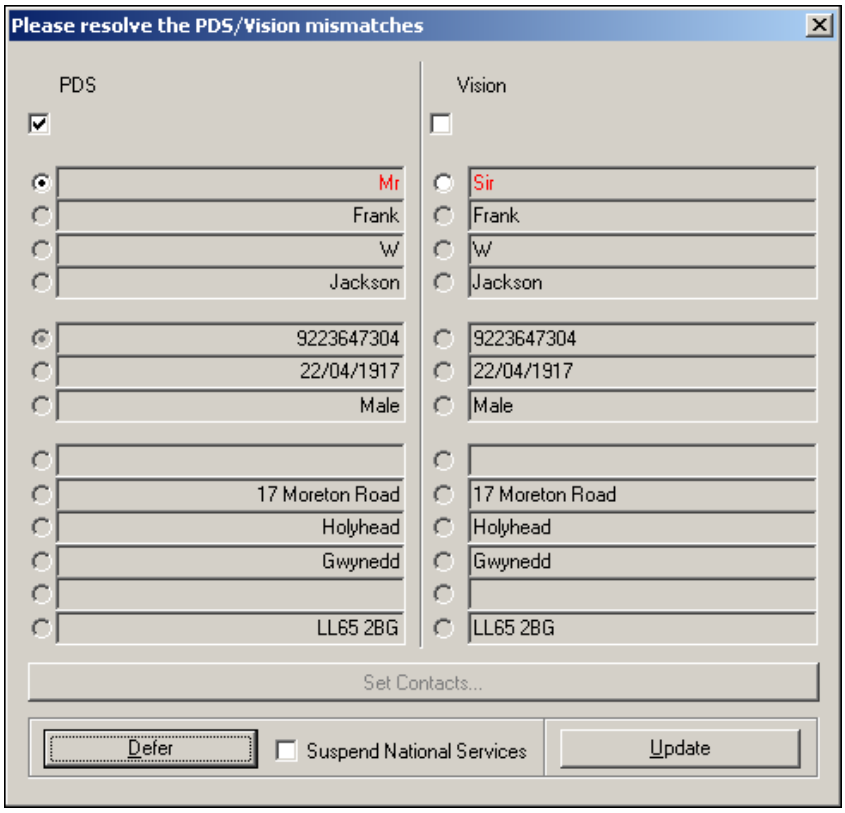
PDS Mismatch Screen in Appointments

PDS Synchronisation Screen in Appointments

From DLM 290, whilst booking appointments in the Appointments module, Vision now runs a synchronisation check with the Patient Demographic Service:

PDS Mismatch Screen

When you are booking appointments on the Appointments booking form, the PDS mismatch screen automatically displays for Patients found on the PDS system with a PDS/Vision Mismatch:

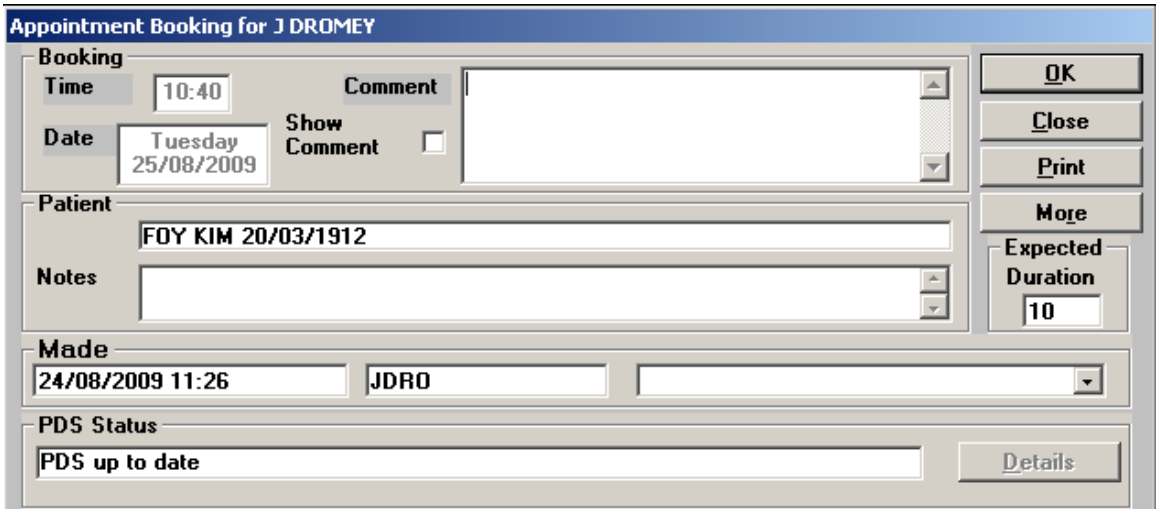


PDS mismatch screen

For details on how to manage the new PDS mismatch Screen see "PDS Mismatch Screen" on page 36.

Synchronised Patients

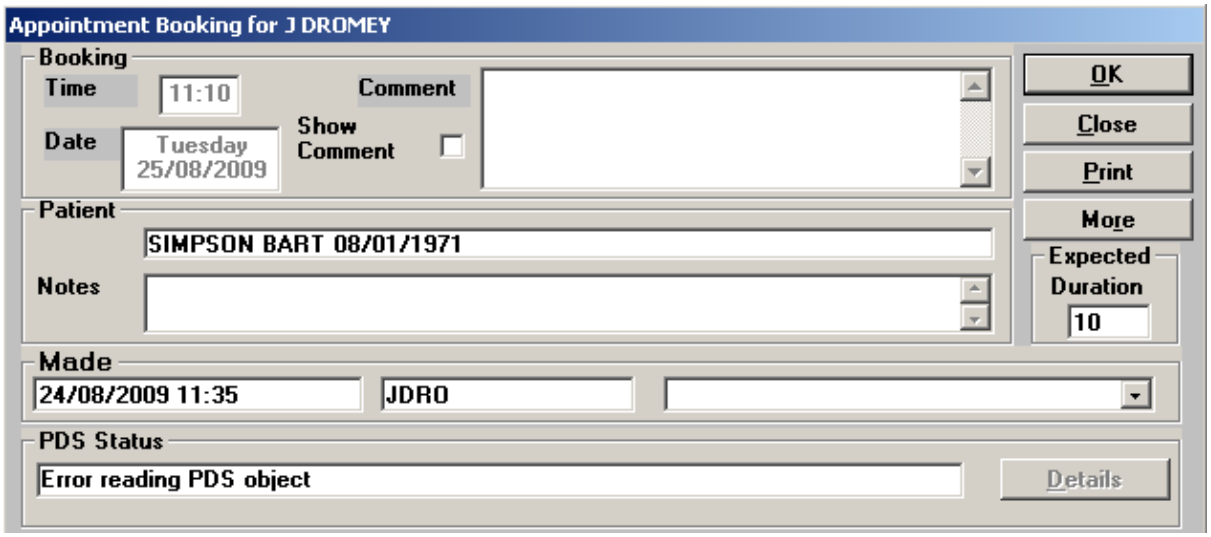
For patients whose PDS details completely match with the Vision demographic details, the PDS status bar displays *PDS Up to Date* and you are not prompted at all. You can continue with the appointment booking as usual.



PDS matched patient

Patients not found on PDS

For patients who are not found on PDS, the PDS Status Bar displays *Error Reading PDS Object* and you are not prompted with the PDS mismatch screen. You can continue with the appointment booking as usual.



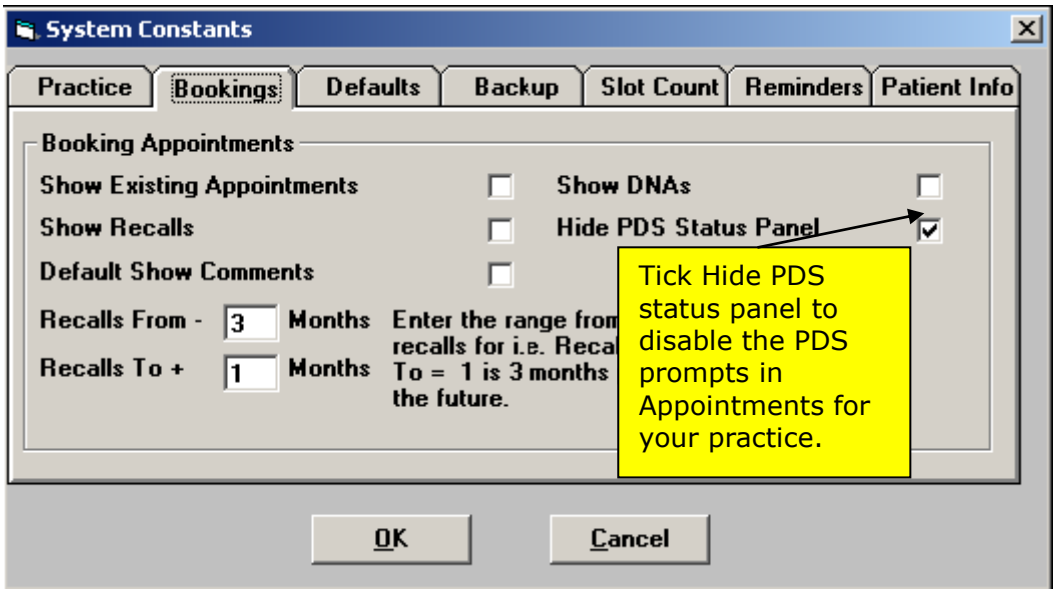
Patient Not Found on PDS

Switching off the PDS Mismatch Prompts in Appointments

To disable the PDS Mismatch prompts in Appointments for all users:

> **Note** - You must have full access rights to the Appointments module to change the "PDS Status Panel" settings.

1. Go to **Maintenance – System Constants** and select the **Bookings** Tab.
2. Tick the box for **Hide PDS Status Panel**.



System Constants – Hide PDS Status Panel

3. Click OK to Save.
4. The PDS Status panel is hidden for all users and no further PDS prompts will display in Appointments.

Mail Manager Changes

Note – We are currently working on significant enhancements to Mail Manager to be included in a future DLM. You will be informed of this in due course

Message Allocation

Messages are now automatically allocated to the patient's usual GP where the intended recipient does not have access to Mail Manager. If there is no usual GP, messages are deemed unallocated and should be processed in the usual manner.

Bulk Archive – Outstanding Actions

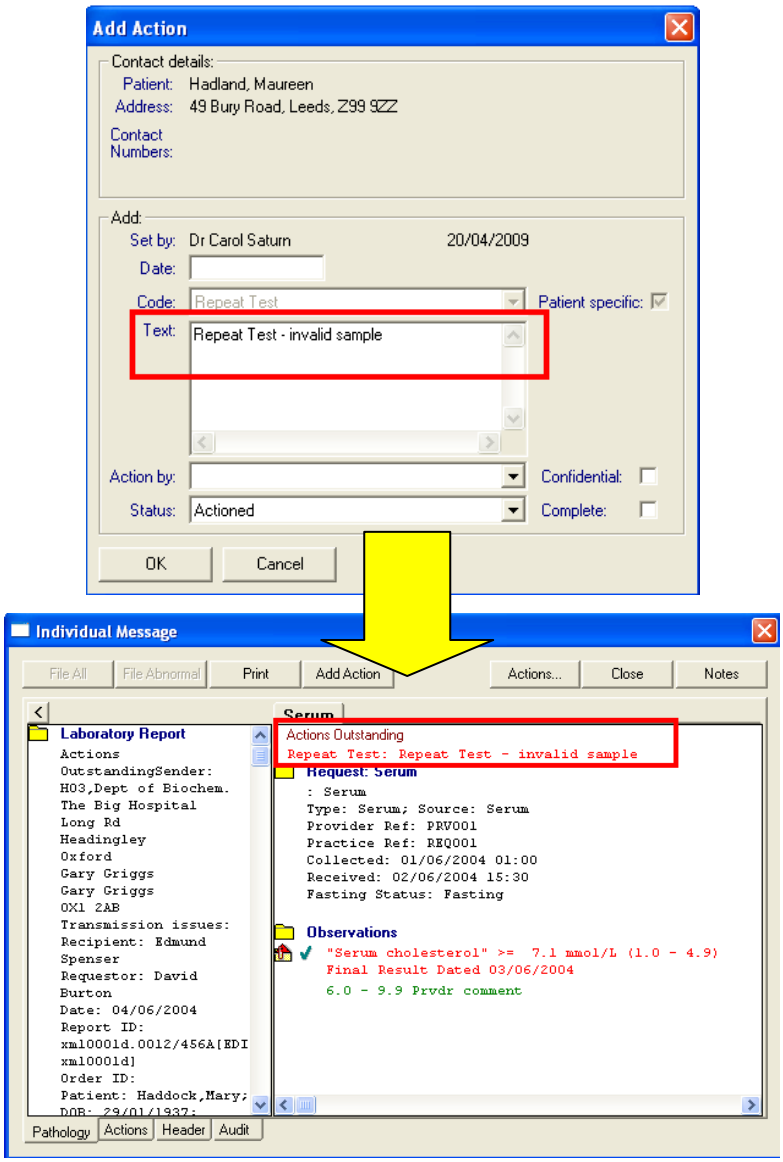
Pathology messages with outstanding actions are no longer included in the bulk archiving process. This is due to PMIP requirements.

Warning for Messages Assigned to Inactive Patients

From DLM 290, when you view a message which has been assigned to an inactive, immediately necessary, or expired temporary resident patient, you are prompted with: "Warning: this message is assigned to an inactive patient.":

Action Free Text in View Mail for Patient

Text added to the Add Action screen in Mail Manager is now also displayed in the results screen in Patient Mailbox in Consultation Manager.

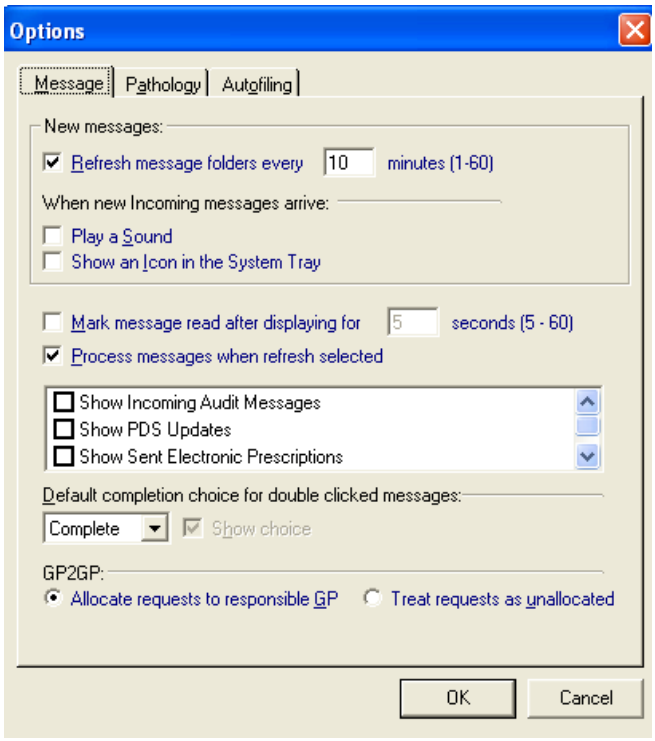


Free text in Add Action – Mail box in Mail Manager

Mail Manager – Transfer Requests Option

We have changed the wording in Mail Manager – Tools – Options GP2GP so that the GP2GP selections for incoming GP2GP requests now read:

- **Allocate Requests to responsible GP** and
- **Treat Requests as Unallocated.**

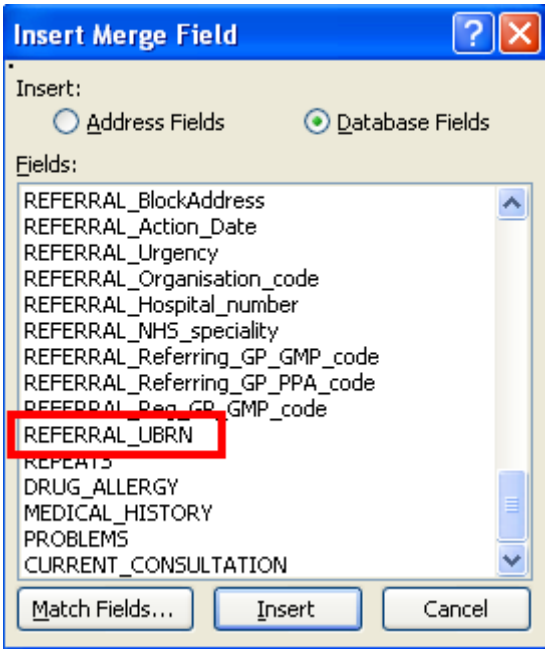


Tools – Options – GP2GP

Choose and Book Changes

New UBRN Merge Field

You are now able to add a UBRN merge field (unique booking number for Choose and Book referrals) to a referral letter template in **Utilities – Word Processor**.



UBRN in the merge field list

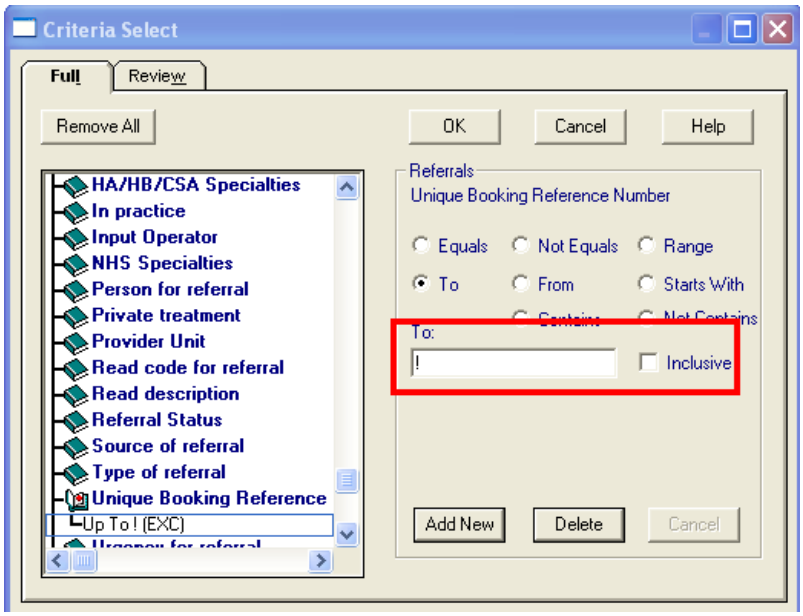
Training Tip - Searching On Choose and Book Referrals

You can search on the unique booking reference number field to find out how many referrals have been booked or not booked through Choose and Book:

1. In Search and Reports, select New Ad Hoc Search .
2. Click on **Patient Details** and then the **Selections** button.
3. Select **Registration Status** from the Patient Details list and click on Add New.
4. Select Applied and Permanent from the list. Click OK.
5. Select **Add Entity – Referrals and Request – Referrals**. The referrals entity is added to the Search Details screen.
6. Click on the Referrals entity and then the **Selections** button.
7. Click on the Date for Referral heading Click on Add New and enter a date range.
8. Next, scroll down and select the Unique Booking Reference Number. Click on Add New:

To search on referrals which <u>have not</u> been generated in Choose and Book:

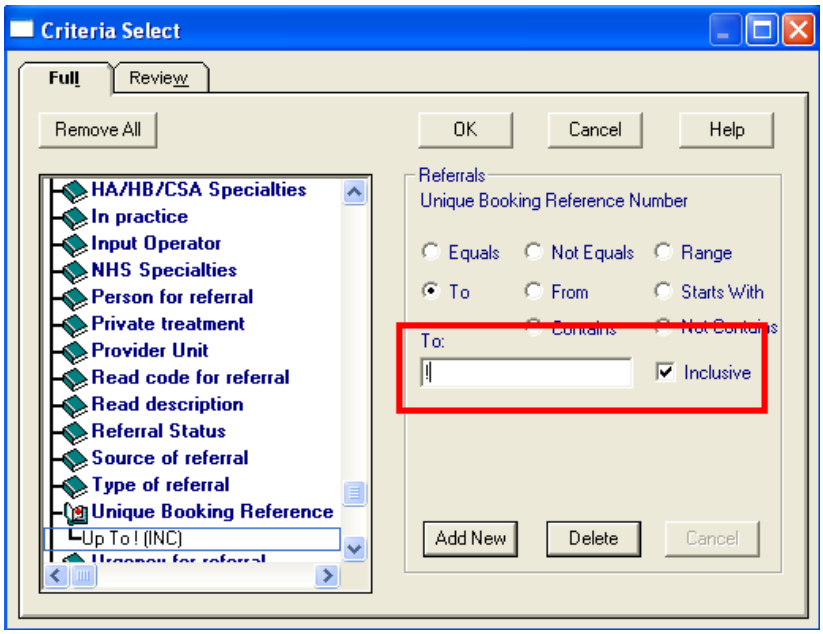
Select the **To** option. In the To field type ! and deselect the Inclusive tickbox.



Searching for non-CAB Referrals

To search on referrals which <u>have</u> been generated in Choose and Book:

Select the **To** option. In the To field type ! and leave inclusive selected.



Searching for CAB Referrals

9. Click OK.
10. Press Run to start the search.

SCR Dissent and CAB

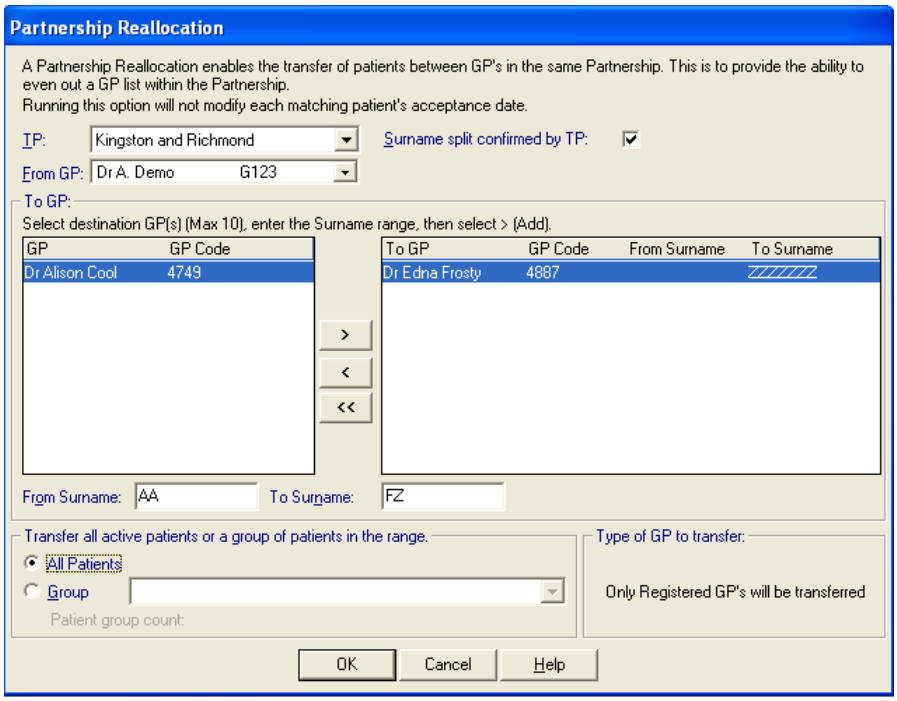
Previously, when a patient dissented from having a Summary Care Record, it also meant that they were not able to be referred using Choose and Book. These two forms of consent are now separate, so it is possible for patients to dissent from SCR and still be referred through Choose and Book and vice versa.

Registration and PDS Changes

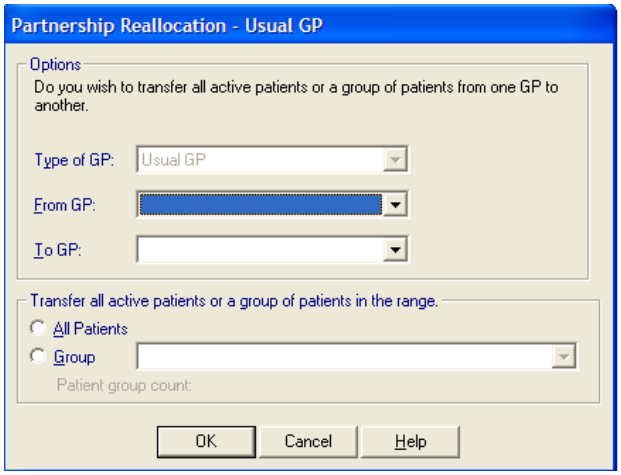
Reallocate (Scotland)

The Partnership Reallocation options, either by Registered GP or by Usual GP, have been standardised across all countries. In Scotland, you can now transfer patients (either all, or from a group) from one GP to another; refer to the on-screen help within Registration for details of how to do this. The Acceptance date will not change. Use the menu option under Transfer of either:

- Partnership Reallocation - Reg GP
- Partnership Reallocation - Usual GP



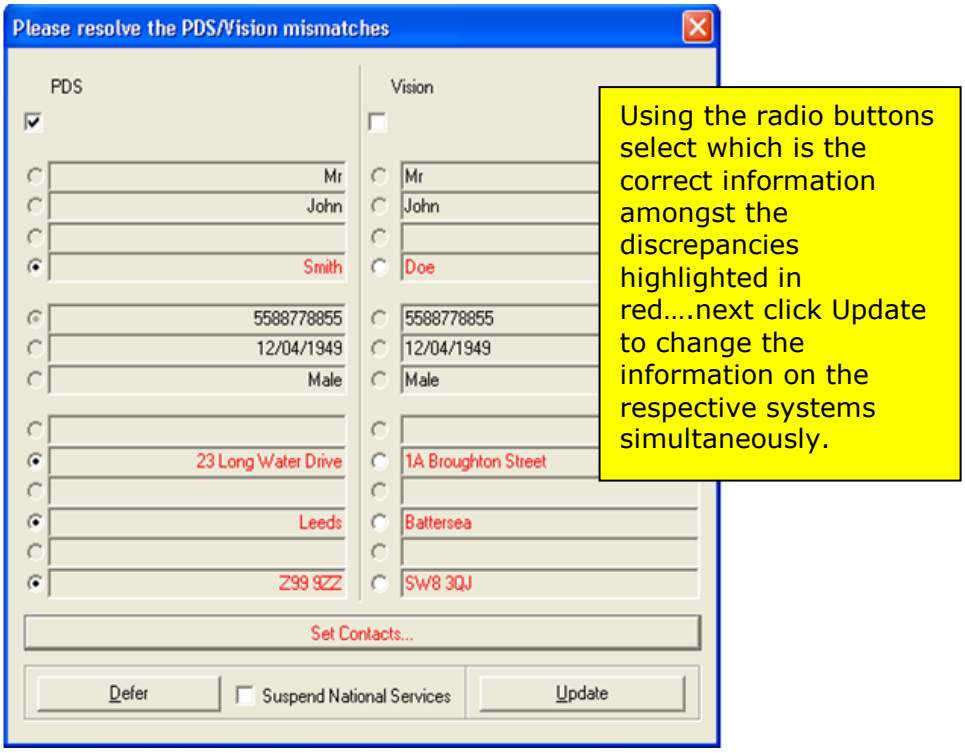
Partnership Reallocation - Reg GP



Partnership Reallocation - Usual GP

PDS Mismatch Screen

When selecting a patient in Consultation Manager when logged into Vision with your Smart card, Vision runs a check with the PDS system to make sure data is the same. If there are discrepancies, the PDS Mismatch screen displays. Previously, you had to choose which system held the correct information, PDS or Vision. From DLM 290, you can pick elements from each system which are correct and update both simultaneously.



New PDS Mismatch Screen

For example, the screenshot above, may show under PDS that the surname is Smith, and under Vision, the surname is Doe, both highlighted in red.

- If Doe is the correct surname: tick the Vision column of radio buttons against the name Doe, then click Update.
- If Smith is correct as listed under PDS: tick the radio buttons on the extreme left on the same line as Smith and click Update.

Communication Numbers on Spine Added to Vision

The new Set Contacts button in the PDS mismatch screen now also appears in red if there are telephone number discrepancies between PDS and Vision:

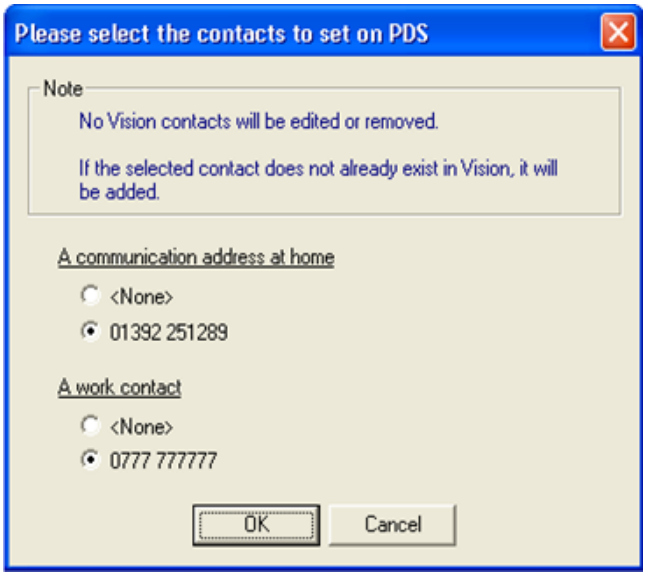
Set Contacts – Telephone Number Discrepancy

Click on the **Set Contacts** button to display the telephone number discrepancies. There are two possible scenarios:

Telephone Number on Spine not Vision

If there is a telephone number on the Spine but not in Vision (i.e. this can occur if the telephone number has been added to the Spine during a Choose and Book Referral):

1. The PDS Mismatch screen appears when you select the patient.
2. Click on **Set Contacts**. The telephone number(s) held on the Spine is displayed.
3. Select the radio button next to the number(s) you wish to add to Vision or select **None** to omit a number.
4. Click OK to return to the PDS mismatch screen.
5. If you have opted to add the numbers to Vision, click **Update** and Vision will be updated accordingly.

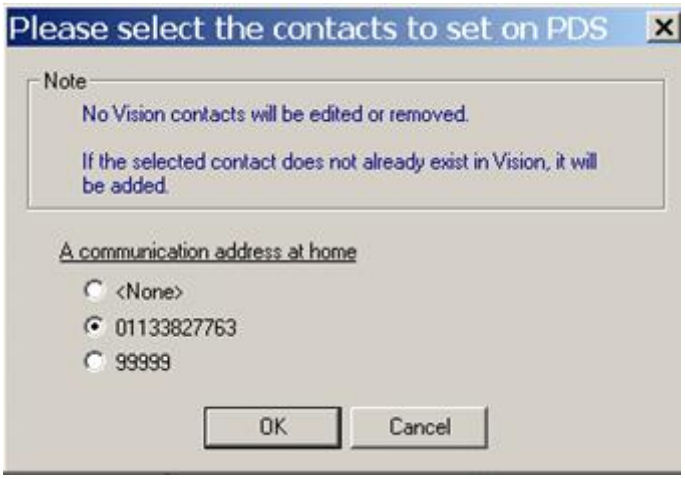


Telephone number found on Spine not in Vision

Different Telephone numbers on Spine and Vision

If the Spine and Vision have different telephone numbers:

1. The PDS Mismatch screen appears when you select the patient.
2. Click on **Set Contacts**. The telephone numbers on Vision and on the Spine are displayed.
3. Select the radio button next to the number(s) you wish to keep.
4. Click OK to return to the PDS mismatch screen.
5. Click **Update** and Vision and the Spine will be updated accordingly.



Spine and Vision telephone number mismatch

NOTE You will not be prompted to generally upload telephone numbers from Vision to the Spine. The only instance where telephone numbers are uploaded to the Spine is when Vision and the Spine have conflicting numbers.

PDS Registration Links Amendment

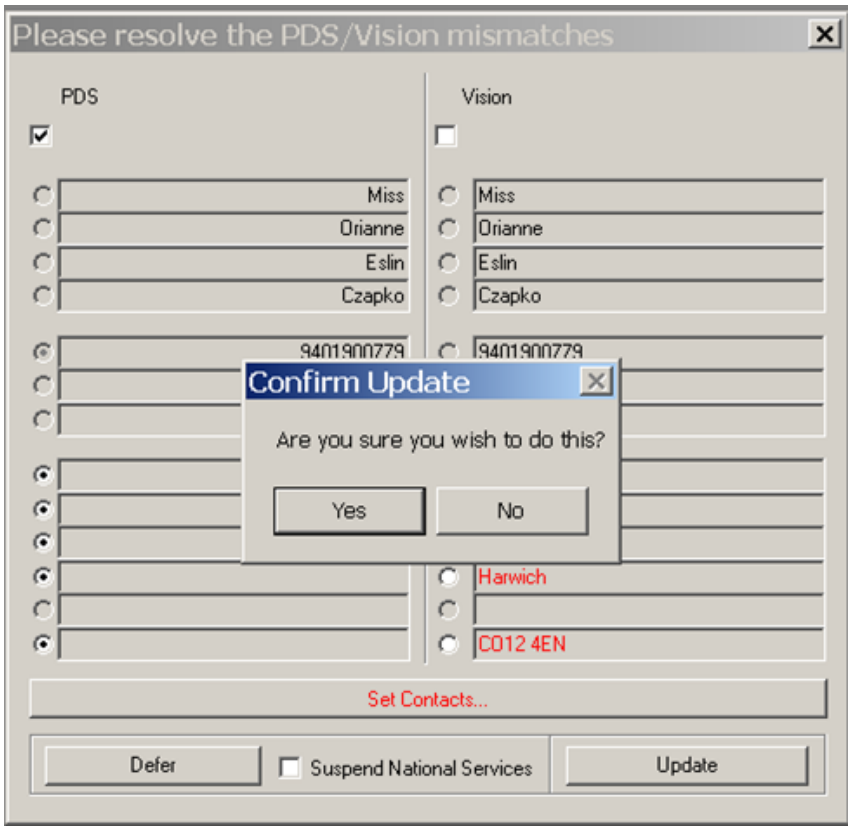
From DLM 290, all changes to demographic data via the Update Vision option on the PDS mismatch screen automatically generates a registration links amendment message (AMS message). These messages are sent to the NHAIS system along with any other amendments. You can monitor these outgoing amendments from the Daily Transactions section of the Transaction Management screen in the Registration Links module.

PDS and Vision Updates recorded in Event Log

All PDS and Vision updates are now recorded in the Vision Event Log. This can be accessed from the front screen of Vision via Management Tools – Event Log.

PDS Confirm Update

From DLM 290 you are presented with a **Confirm Update** additional prompt which appears when you select to update Vision or PDS information in Consultation Manager:



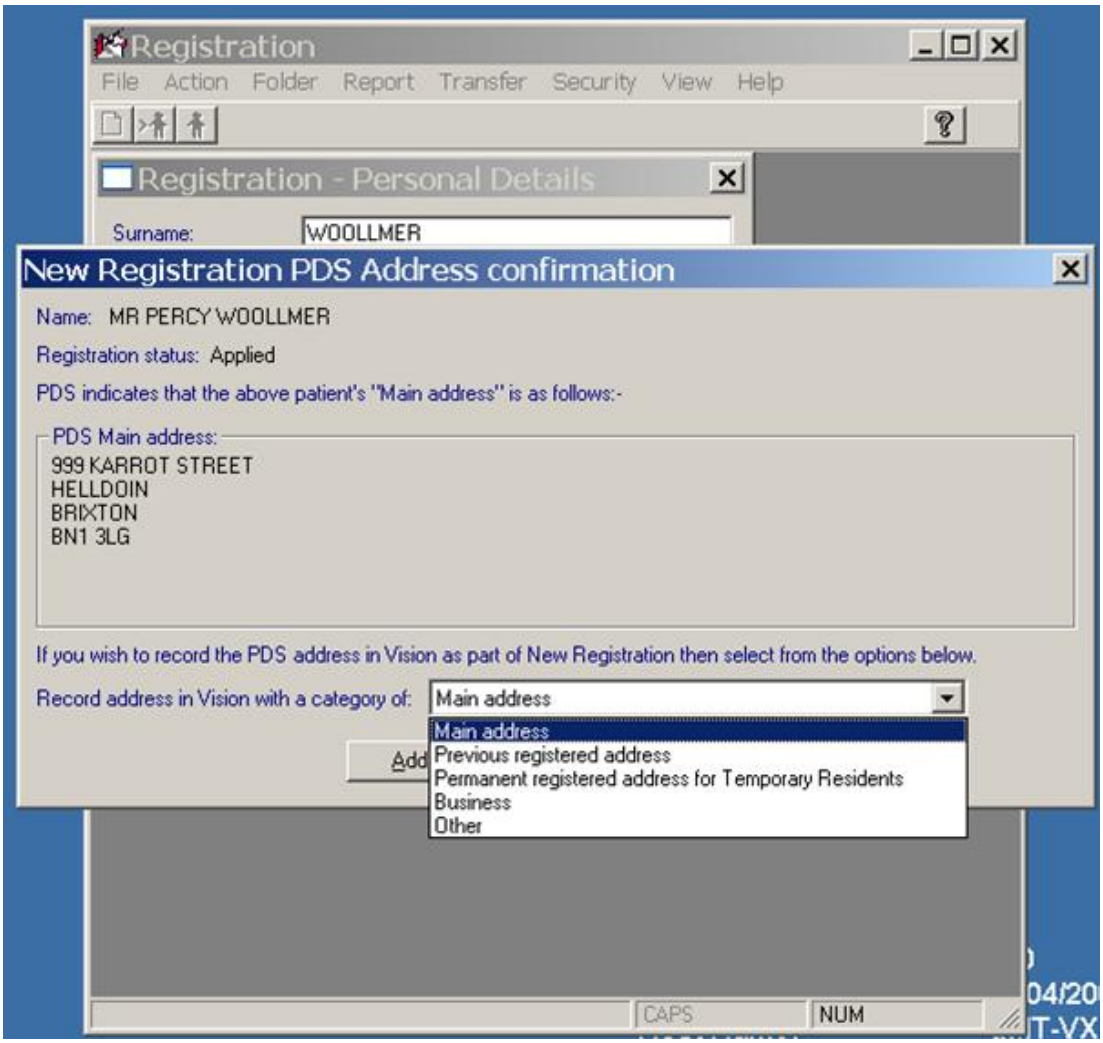
Confirm Update Prompt

Note – From DLM 295 you will be able to disable this prompt on a per user basis if required.

PDS Address Confirmation for new registrations

Previously, when registering a patient who has been found on the PDS system, the address from PDS was automatically placed in the Main Address details of the Vision Registration screen. From DLM 290, on clicking OK in the personal details screen in the Registration process, you are given the option to select which category the address belongs. You can choose from:

- **Main Address** (see Main Address on page 41)
- **Previous Registered Address** (see Previous Registered Address on page 41)
- **Permanent Registered Address for Temporary Resident** (see Permanent Registered Address for Temporary Resident on page 42)
- **Business/Other** (see Business/Other Address on page 42)

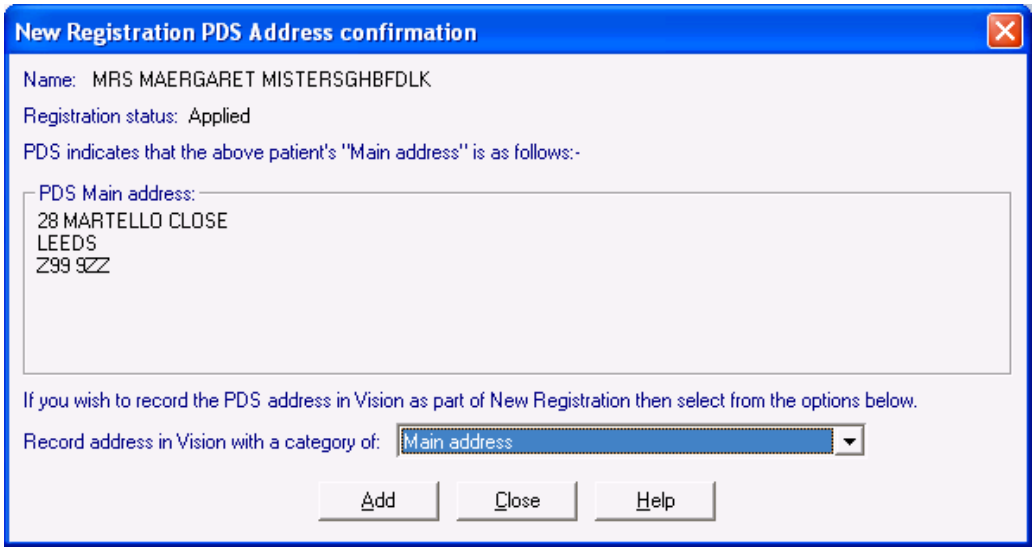


New Registration PDS Address Confirmation

Note – You can select **Close** to bypass this screen and add the details manually.

Main Address

If you decide that the address on PDS should be recorded as **Main Address** in Vision, the address is saved to Main Address category.

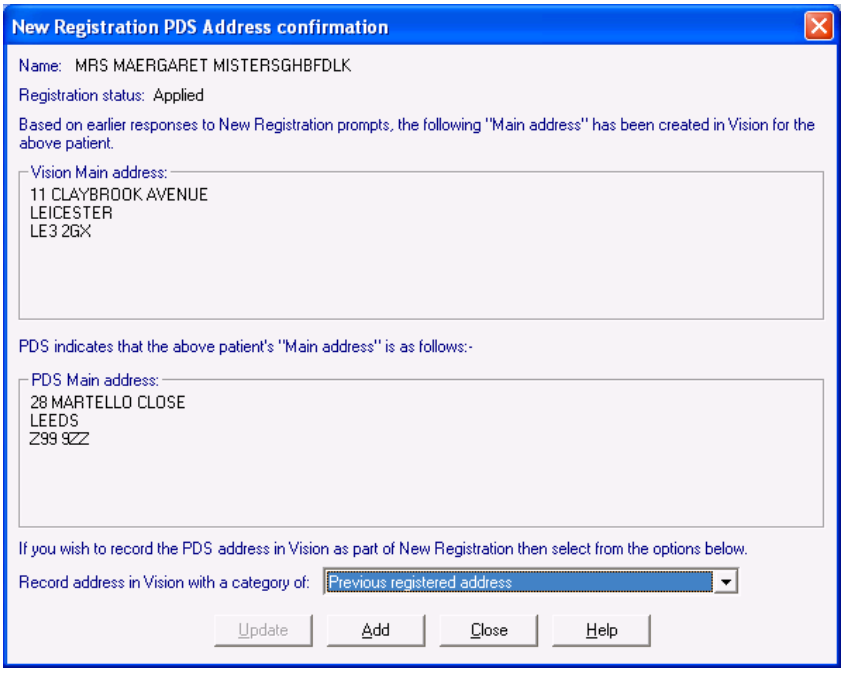


New Registration PDS Address Conformation - Main Address

Previous Registered Address

If you select **Previous Registered Address** for the address stored on PDS and the patient has no other address entries held in Vision, you will have to manually add the patients **Main Address** details.

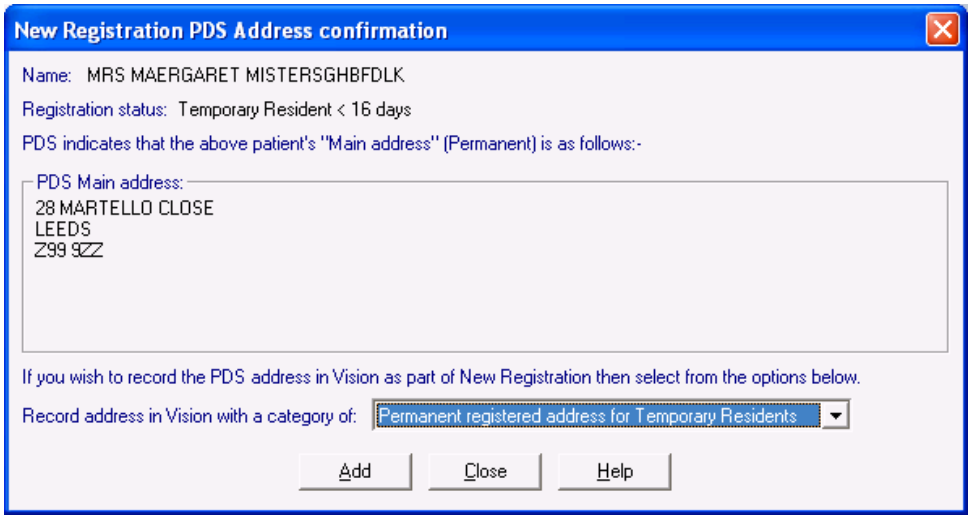
If the patient has registered at your practice before or has family or contact address details on Vision, these details will be used as the **Main Address** details and the **address on PDS** will be stored as the **Previous Registered Address** in Vision. This can of course be edited at any time.



New Registration PDS Address Conformation – Previous Registered Address

Permanent Registered Address for Temporary Resident

If you select **Permanent Registered Address for Temporary Resident** for a patient with no existing family or contact selected, you will need to add the temporary address to the main address screen manually.



New Registration PDS Address Conformation – Permanent Registered Address for Temporary Resident no previous address found in Vision

If you select **Permanent Registered Address for Temporary Resident** for a patient with existing family or contact selected, Vision will add the temporary address to the main address details and the Permanent address from PDS to **Permanent Registered Address for Temporary Residents**.

Business/Other Address

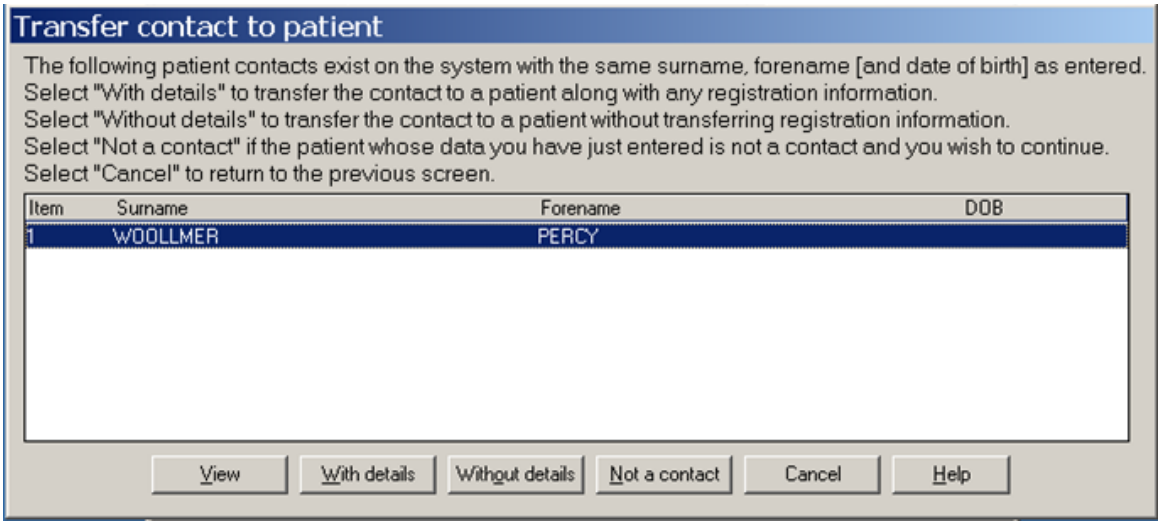
If you decide that the address on PDS should be recorded as business or other in Vision, then you must enter the main address manually if the patient has not been identified as part of a family or contact to another patient.

Transfer Contact to Patient

After finding a patient on the PDS system during registration, Vision checks to see if the patient has been previously added to the Vision system as a patient.

From DLM 290, Vision will also check if the patient has been recorded as a contact (e.g. carer) and give you the option of transferring their information to the Registration screen. You have the following options:

- **View** – allows you to look at the contact details before making a decision.
- **With Details** – transfers the contact to a patient along with any registration information.
- **Without Details** – transfers the contact to a patient without any registration information.
- **Not a Contact** – to continue and ignore the contact.
- **Cancel** – To return to the previous screen.



GP2GP 1.1a Changes

GP2GP Priority Mapper

Historically, Vision has supported the concept of a priority field on Medical History entries in Consultation Manager which allows for such entries to be categorised using a priority number between 0-9. These can be applied differently from one practice to the next. This has caused particular problems with the introduction of GP2GP, as it is essential that the recipient practice understands the intended meaning of the priority flag from the sending practice.

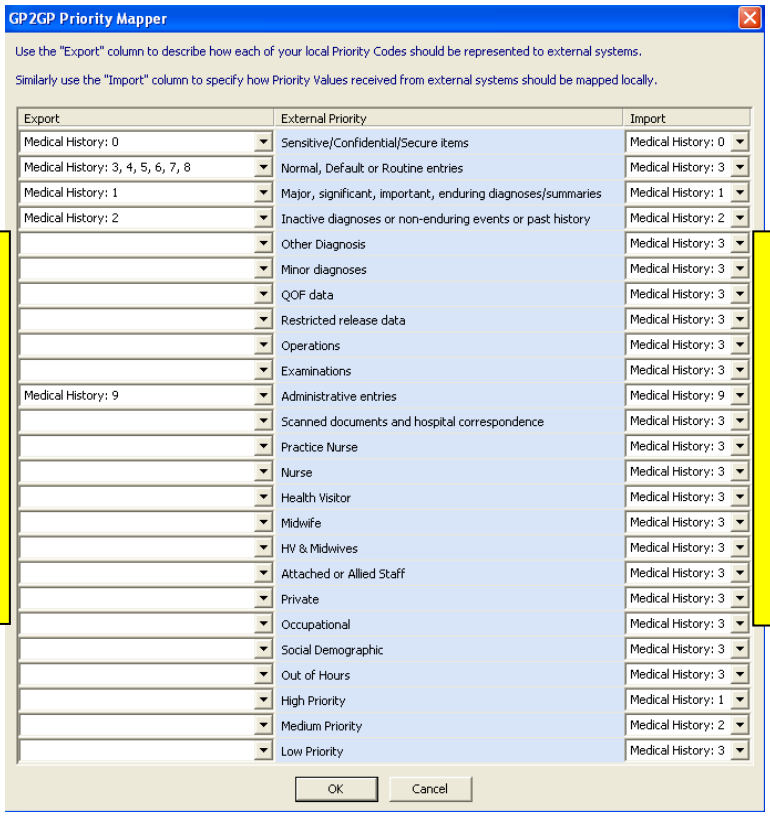
To address this issue, we have created a GP2GP Priority Mapper tool which allows you to map each medical history priority number used by your practice to a predefined data category/external priority for both incoming and outgoing GP2GP messages. The main benefit to your practice is that all transferred medical histories should carry the correct priority according to your practice protocol.

Setting the Priority Mapper – Mail Manager

The Priority Mapper is a practice wide setting and you must have System Manager rights in Vision to alter the settings. To access the GP2GP Priority Mapper:

1. In Mail Manager go to **Tools – GP2GP Priority Mapper**.

Export - Allows you to define the data categories/external priorities for **outgoing** medical history priorities.



Import - Allows you to define the medical history priorities for **incoming** data categories/external priorities.

Mail Manager – Tools Options – Priority Mapper

The GP2GP Priority Mapper is divided into three columns:

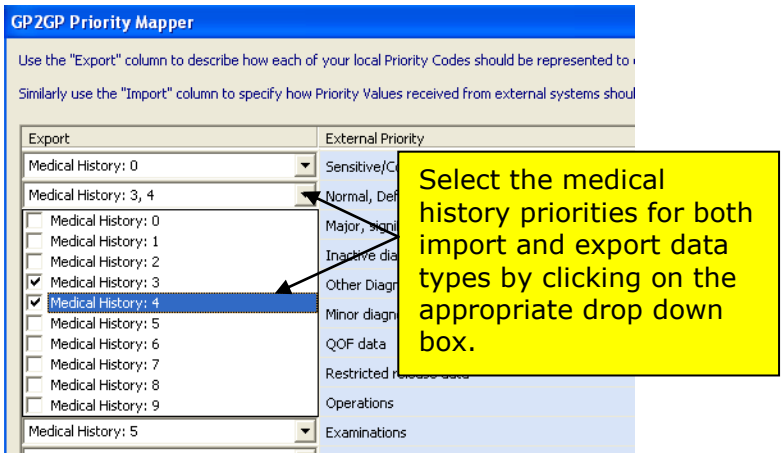
Export - Allows you to define the data categories/external priorities for outgoing medical history priorities. Each Vision priority 0-9 MUST be mapped to an external priority. You can map more than one priority to the same external priority.

External Priority - There are 25 external priorities (see below) which detail possible data categories for import and export priorities to map to. This list has been created after detailed consultation with existing practices:

Sensitive/confidential/secure items	Scanned documents and hospital correspondence
Normal, default or routine entries	Practice nurse
Major, Significant or important, enduring diagnoses and summary information	Nurse
Inactive diagnoses or non-enduring events or significant past histories	Health visitor
Other diagnoses	Midwife
Major diagnoses	HV & Midwives Attached or allied staff
QOF Data	Private
Restricted release data	Occupational
Operations	Social demographic
Examinations	Out of hours
Administrative entries	High priority
	Medium priority
	Low priority

Import - Allows you to define the medical history priorities for incoming data categories/external priorities.

2. Set your export and import preferences against the External Priority Definitions by clicking in each drop down box and selecting a corresponding priority. You can select more than one priority for each External Priority.



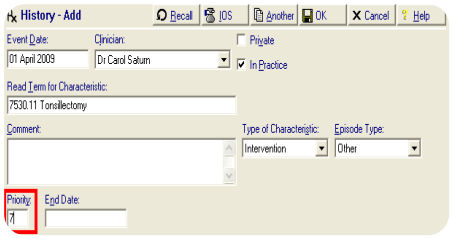
If you do not select a medical history priority for Export data, the data will automatically be mapped to Normal, Default or Routine entries.

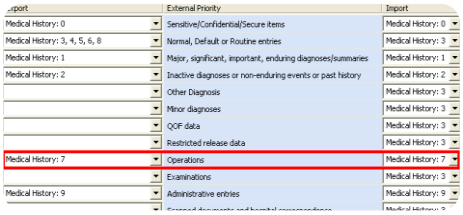
3. Click OK to Save changes.

Example - Exporting practice “meaning” of priority 7

In the example below, the **exporting practice** have set their Export Priority 7 to map to the “Operations” External Priority. This means that medical history with a priority 7 is defined as an operation.

Sending Practice Tonsillectomy with Priority 7.



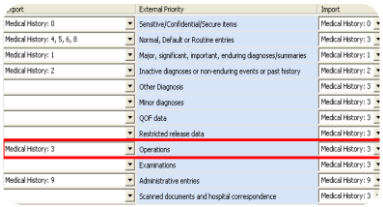


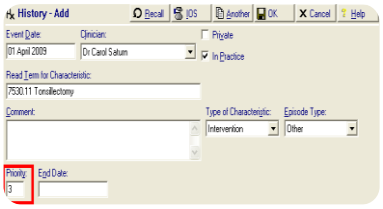
On transmission, the Priority Mapper maps priority 7 to the “Operations” external priority.

Importing practice priority for the “operations” external priority.

The **receiving practice** have their “Operations” External Priority to map to Import Priority 3. The Tonsillectomy medical history will be priority 3 when received by Vision.

On receipt of the GP2GP message, the Receiving Practice ‘s Priority Mapper maps the “Operations” external priority to Priority 3.





Immunisation Data from EMIS practices

To accommodate for incoming immunisation data from EMIS practices, we have added 10 immunisations codes used specifically by EMIS to the Vision **immunisation SDA list**. These are as follows:

- **65F6.00** 4th hepatitis B vaccination
- **65F7.00** 5th hepatitis B vaccination
- **65FM.00** 6th hepatitis B vaccination
- **65FP.00** 3rd hepatitis A junior vaccination
- **65H4.00** Booster diphtheria tetanus pertussis (DTaP) vaccination
- **65H5.00** First DTaP vaccination
- **65H6.00** Second DTaP vaccination
- **65H7.00** Third DTaP vaccination
- **657K.00** Booster pneumococcal vaccination
- **65FQ.00** Booster hepatitis A junior vaccination

Other immunisation Read codes which are not found in the Vision Immunisations SDA, will be added to the patient record as Medical History entries. These are also presented in an "Imported Immunisations" Problem heading.

Imported Immunisations

GP2GP Therapy Changes - GP2GP Incoming Repeats

Previously, active and inactive repeats appeared in the inactive filter of the therapy screen with the bow tie icon, depicting that they were third party entries. From DLM 290, both active and inactive repeats still display in the inactive filter, but you can now easily differentiate between active and inactive drugs by the icons for active imported medication and for inactive imported medication.

Active imported medication:

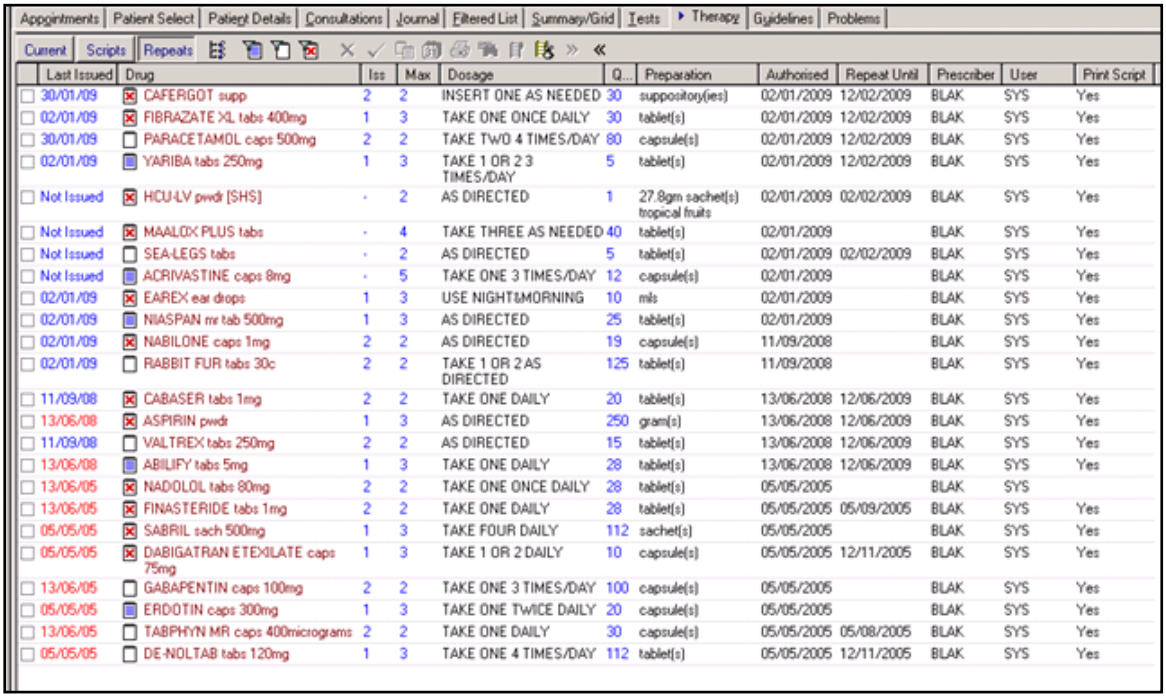
- Repeats with number of issues less than maximum permitted issues, with the until date blank or in the future.

Inactive imported medication

- Repeats with the number of issues equal to the maximum permitted issues, regardless of until date.
- Repeats with the until date in the past regardless of number of issues.

The screenshots below show the Vision sending practice's therapy data and how it is transferred to the receiving practice:

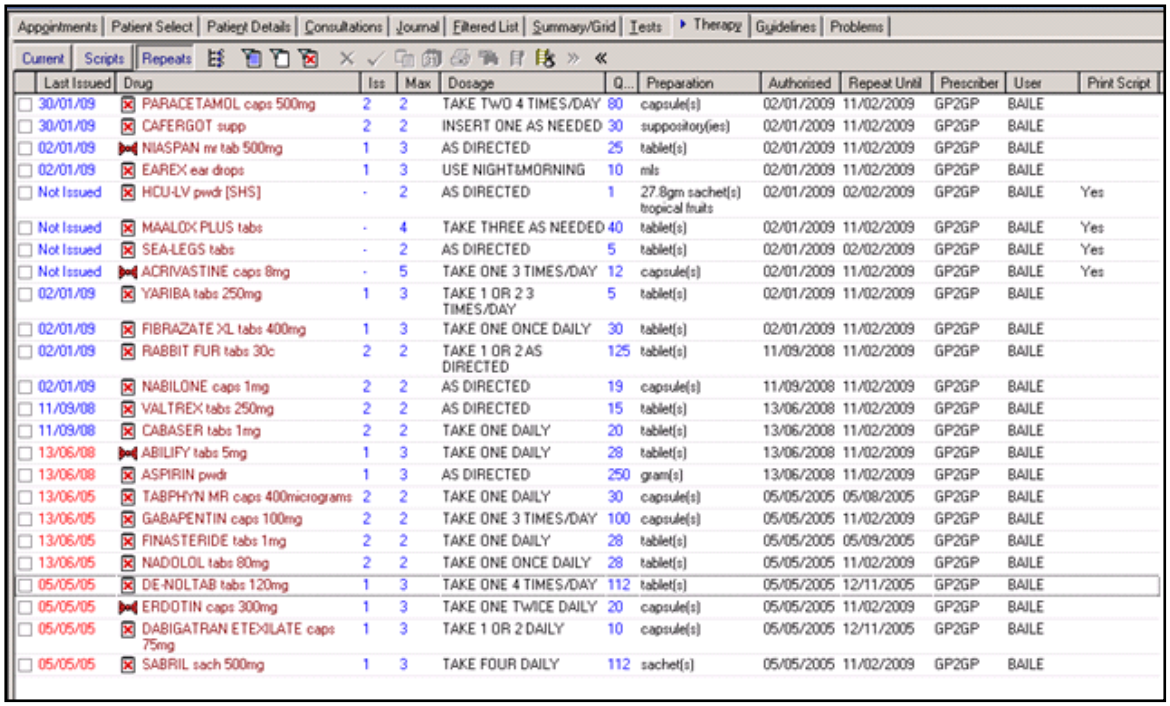
Sending Practice



Last Issued	Drug	Iss	Max	Dosage	Q...	Preparation	Authorised	Repeat Until	Prescriber	User	Print Script
30/01/09	CAFERGOT supp	2	2	INSERT ONE AS NEEDED	30	suppository(ies)	02/01/2009	12/02/2009	BLAK	SYS	Yes
02/01/09	FIBRAZATE XL tabs 400mg	1	3	TAKE ONE ONCE DAILY	30	tablet(s)	02/01/2009	12/02/2009	BLAK	SYS	Yes
30/01/09	PARACETAMOL caps 500mg	2	2	TAKE TWO 4 TIMES/DAY	80	capsule(s)	02/01/2009	12/02/2009	BLAK	SYS	Yes
02/01/09	YARIBA tabs 250mg	1	3	TAKE 1 OR 2 3 TIMES/DAY	5	tablet(s)	02/01/2009	12/02/2009	BLAK	SYS	Yes
Not Issued	HCU-LV pwdr [SHS]	-	2	AS DIRECTED	1	27.8gm sachet(s) tropical fruits	02/01/2009	02/02/2009	BLAK	SYS	Yes
Not Issued	MAALOX PLUS tabs	-	4	TAKE THREE AS NEEDED	40	tablet(s)	02/01/2009		BLAK	SYS	Yes
Not Issued	SEA-LEGS tabs	-	2	AS DIRECTED	5	tablet(s)	02/01/2009	02/02/2009	BLAK	SYS	Yes
Not Issued	ACRIVASTINE caps 8mg	-	5	TAKE ONE 3 TIMES/DAY	12	capsule(s)	02/01/2009		BLAK	SYS	Yes
02/01/09	EAREX ear drops	1	3	USE NIGHT&MORNING	10	mls	02/01/2009		BLAK	SYS	Yes
02/01/09	NIASPAN mr tab 500mg	1	3	AS DIRECTED	25	tablet(s)	02/01/2009		BLAK	SYS	Yes
02/01/09	NABILONE caps 1mg	2	2	AS DIRECTED	19	capsule(s)	11/09/2008		BLAK	SYS	Yes
02/01/09	RABBIT FUR tabs 30c	2	2	TAKE 1 OR 2 AS DIRECTED	125	tablet(s)	11/09/2008		BLAK	SYS	Yes
11/09/08	CABASER tabs 1mg	2	2	TAKE ONE DAILY	20	tablet(s)	13/06/2008	12/06/2009	BLAK	SYS	Yes
13/06/08	ASPIRIN pwdr	1	3	AS DIRECTED	250	gram(s)	13/06/2008	12/06/2009	BLAK	SYS	Yes
11/09/08	VALTREX tabs 250mg	2	2	AS DIRECTED	15	tablet(s)	13/06/2008	12/06/2009	BLAK	SYS	Yes
13/06/08	ABILIFY tabs 5mg	1	3	TAKE ONE DAILY	28	tablet(s)	13/06/2008	12/06/2009	BLAK	SYS	Yes
13/06/05	NADOLOL tabs 80mg	2	2	TAKE ONE ONCE DAILY	28	tablet(s)	05/05/2005		BLAK	SYS	
13/06/05	FINASTERIDE tabs 1mg	2	2	TAKE ONE DAILY	28	tablet(s)	05/05/2005	05/09/2005	BLAK	SYS	Yes
05/05/05	SABRIL sach 500mg	1	3	TAKE FOUR DAILY	112	sachet(s)	05/05/2005		BLAK	SYS	Yes
05/05/05	DABIGATRAN ETEXILATE caps 75mg	1	3	TAKE 1 OR 2 DAILY	10	capsule(s)	05/05/2005	12/11/2005	BLAK	SYS	Yes
13/06/05	GABAPENTIN caps 100mg	2	2	TAKE ONE 3 TIMES/DAY	100	capsule(s)	05/05/2005		BLAK	SYS	Yes
05/05/05	ERDOTIN caps 300mg	1	3	TAKE ONE TWICE DAILY	20	capsule(s)	05/05/2005		BLAK	SYS	Yes
13/06/05	TABPHYN MR caps 400micrograms	2	2	TAKE ONE DAILY	30	capsule(s)	05/05/2005	05/08/2005	BLAK	SYS	Yes
05/05/05	DE-NOLTAB tabs 120mg	1	3	TAKE ONE 4 TIMES/DAY	112	tablet(s)	05/05/2005	12/11/2005	BLAK	SYS	Yes

Sending Practice Therapy Data

Receiving Practice

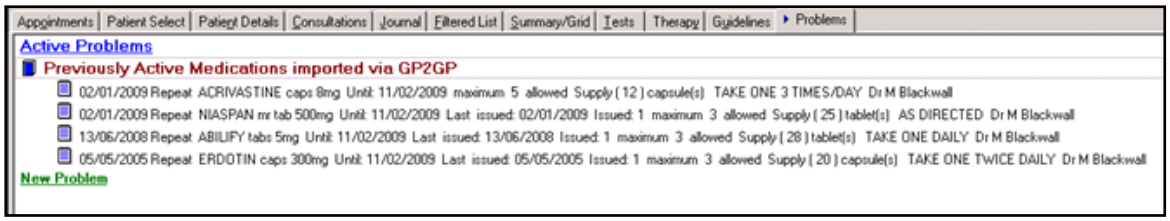


	Last Issued	Drug	Iss	Max	Dosage	Q...	Preparation	Authorised	Repeat Until	Prescriber	User	Print Script
☐	30/01/09	PARACETAMOL caps 500mg	2	2	TAKE TWO 4 TIMES/DAY	80	capsule(s)	02/01/2009	11/02/2009	GP2GP	BAILE	
☐	30/01/09	CAFERGOT supp	2	2	INSERT ONE AS NEEDED	30	suppository(ies)	02/01/2009	11/02/2009	GP2GP	BAILE	
☐	02/01/09	NIASPAN mr tab 500mg	1	3	AS DIRECTED	25	tablet(s)	02/01/2009	11/02/2009	GP2GP	BAILE	
☐	02/01/09	EAREX ear drops	1	3	USE NIGHT&MORNING	10	mls	02/01/2009	11/02/2009	GP2GP	BAILE	
☐	Not Issued	HCU-LV pwdr [SHS]	-	2	AS DIRECTED	1	27.8gm sachet(s) tropical fruits	02/01/2009	02/02/2009	GP2GP	BAILE	Yes
☐	Not Issued	MAALOX PLUS tabs	-	4	TAKE THREE AS NEEDED	40	tablet(s)	02/01/2009	11/02/2009	GP2GP	BAILE	Yes
☐	Not Issued	SEA-LEGS tabs	-	2	AS DIRECTED	5	tablet(s)	02/01/2009	02/02/2009	GP2GP	BAILE	Yes
☐	Not Issued	ACRIVASTINE caps 8mg	-	5	TAKE ONE 3 TIMES/DAY	12	capsule(s)	02/01/2009	11/02/2009	GP2GP	BAILE	Yes
☐	02/01/09	YARIBA tabs 250mg	1	3	TAKE 1 OR 2 3 TIMES/DAY	5	tablet(s)	02/01/2009	11/02/2009	GP2GP	BAILE	
☐	02/01/09	FIBRAZATE XL tabs 400mg	1	3	TAKE ONE ONCE DAILY	30	tablet(s)	02/01/2009	11/02/2009	GP2GP	BAILE	
☐	02/01/09	RABBIT FUR tabs 30c	2	2	TAKE 1 OR 2 AS DIRECTED	125	tablet(s)	11/09/2008	11/02/2009	GP2GP	BAILE	
☐	02/01/09	NABILONE caps 1mg	2	2	AS DIRECTED	19	capsule(s)	11/09/2008	11/02/2009	GP2GP	BAILE	
☐	11/09/08	VALTREX tabs 250mg	2	2	AS DIRECTED	15	tablet(s)	13/06/2008	11/02/2009	GP2GP	BAILE	
☐	11/09/08	CABASER tabs 1mg	2	2	TAKE ONE DAILY	20	tablet(s)	13/06/2008	11/02/2009	GP2GP	BAILE	
☐	13/06/08	ABILIFY tabs 5mg	1	3	TAKE ONE DAILY	28	tablet(s)	13/06/2008	11/02/2009	GP2GP	BAILE	
☐	13/06/08	ASPIRIN pwdr	1	3	AS DIRECTED	250	gram(s)	13/06/2008	11/02/2009	GP2GP	BAILE	
☐	13/06/05	TABPHYN MR caps 400micrograms	2	2	TAKE ONE DAILY	30	capsule(s)	05/05/2005	05/08/2005	GP2GP	BAILE	
☐	13/06/05	GABAPENTIN caps 100mg	2	2	TAKE ONE 3 TIMES/DAY	100	capsule(s)	05/05/2005	11/02/2009	GP2GP	BAILE	
☐	13/06/05	FINASTERIDE tabs 1mg	2	2	TAKE ONE DAILY	28	tablet(s)	05/05/2005	05/09/2005	GP2GP	BAILE	
☐	13/06/05	NADOLOL tabs 80mg	2	2	TAKE ONE ONCE DAILY	28	tablet(s)	05/05/2005	11/02/2009	GP2GP	BAILE	
☐	05/05/05	DE-NOLTAB tabs 120mg	1	3	TAKE ONE 4 TIMES/DAY	112	tablet(s)	05/05/2005	12/11/2005	GP2GP	BAILE	
☐	05/05/05	ERDOTIN caps 300mg	1	3	TAKE ONE TWICE DAILY	20	capsule(s)	05/05/2005	11/02/2009	GP2GP	BAILE	
☐	05/05/05	DABIGATRAN ETEXILATE caps 75mg	1	3	TAKE 1 OR 2 DAILY	10	capsule(s)	05/05/2005	12/11/2005	GP2GP	BAILE	
☐	05/05/05	SABRIL sach 500mg	1	3	TAKE FOUR DAILY	112	sachet(s)	05/05/2005	11/02/2009	GP2GP	BAILE	

Receiving Practice Imported Therapy Data

Previously Active Medication Problem Heading

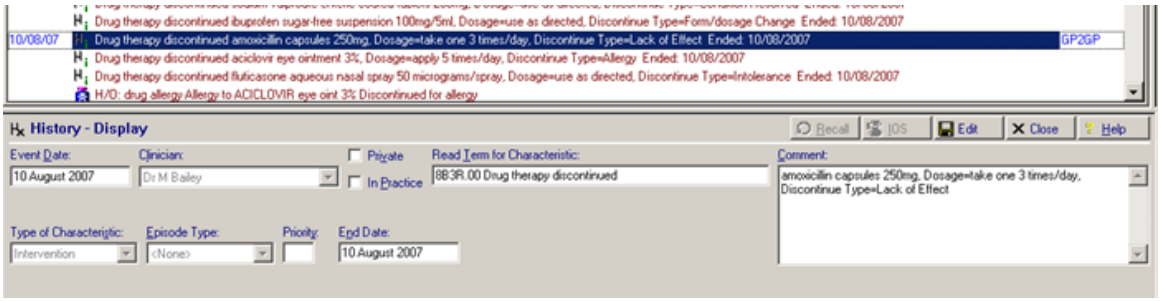
Active imported medication now only appears under "Previously Active Medication imported via GP2GP" active problem. Inactive imported medication is only visible from the inactive filter in the therapy tab.



Previously Active Medications imported via GP2GP

GP2GP Therapy Changes - Discontinued Medication

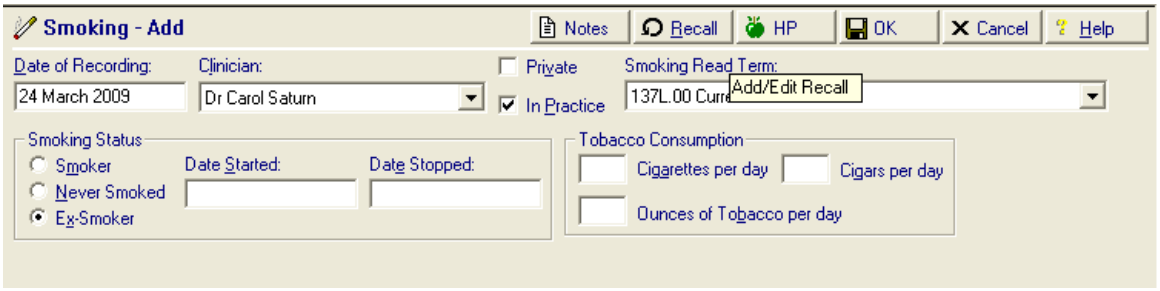
All medication received which is discontinued, is now added as a medical history entry with the Read code **#8B3R Drug Therapy Discontinued**. The details of the discontinued drug are stored in the comments section of the data form.



Transferred Discontinued Medication

Current Non-Smoker

From DLM 290, when you receive a **137L Current Non-Smoker** Read code via a GP2GP message, Vision now selects the ex-smoker smoking status on the Smoking SDA. This is also the case when adding the Read code manually in Consultation Manager.



Current non-smoker with

Note about DocMan Attachments

Note that whilst you can receive DocMan attachments via a GP2GP transfer which are visible in Consultation Manager, the attachment does not transfer to the DocMan programme in the receiving system.

Additional Entities added to GP2GP

The following entities are now included in the GP2GP transfer message:

Palliative Care

- #8CS Agreement of Care Plan (free text notes not included)
- #677K Cancer Home Care Pack Given (free text notes not included)
- #9e00.00 GP Out of Hours Service Notified of Cancer Care Plan (free text notes not included)

MED3

- #9D1 MED3 Doctor's Statement (free text notes not included)

Test Results

- #677 Other Lab Result Information
- #678 Hepatitis B Antibody
- Change to existing entity
- #515 Thyroid autoantibodies – now includes numeric value

Other Import Changes

BMI Transferred Data

Previously any BMI data received in a GP2GP transfer was stored in Vision under the BMI medical history. From DLM 290, any BMI data received which also has weight data with the same date in the same consultation, will be combined within the weight entity with no separate BMI entry recorded.

Deletion of Medication Reviews

It has been reported that some GP2GP transfers include Medication Review data which does not contain a review date and a clinician, which interfered with the review system. You are now able to delete transferred medication review data to overcome this problem.

Summary Care Record 3.3 Changes

The following sections list the changes introduced for Summary Care Record version 3.3. Please note that InPS will enable SCR at your practice once the appropriate arrangements have been made with your PCT and once you have received relevant training.

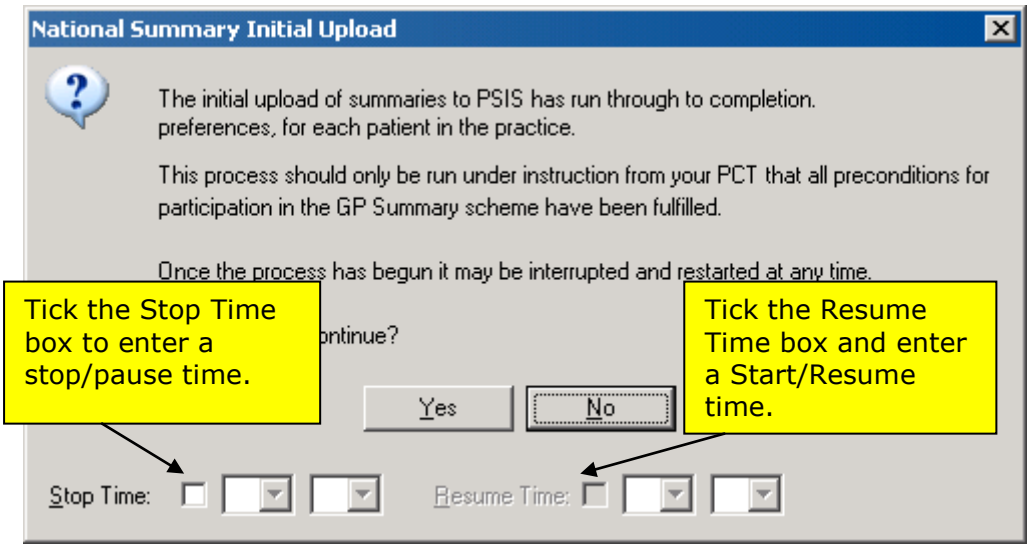
Initial Upload

Start/Resume Stop /Pause Times

You are now able to enter a time for when you would like the initial upload to start and finish. This means that you can leave the initial upload running overnight, but set a stop or pause time to avoid the initial upload conflicting with other processes, such as the backup.

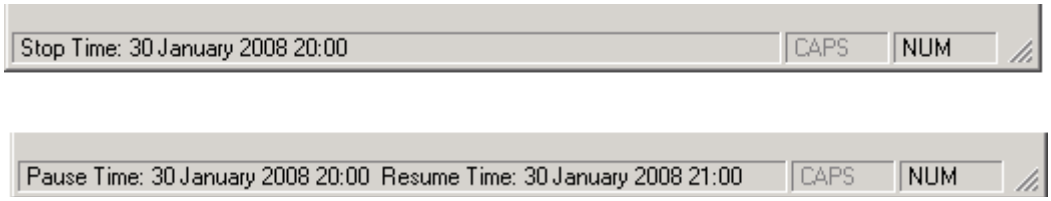
> **Note** – If you choose to pause the initial upload, your reindex will **NOT** run.

1. From the front screen of Vision, select **National Summary Initial Upload**.
2. Select **File – Upload**.
3. At the dialogue box, before starting the initial upload, you can now enter a stop time. Tick the box next to stop time and enter a convenient time for the process to stop. If you would like to enter a pause time rather than a stop time, you must also add a resume time in the adjacent box.



Initial Upload Start Dialogue

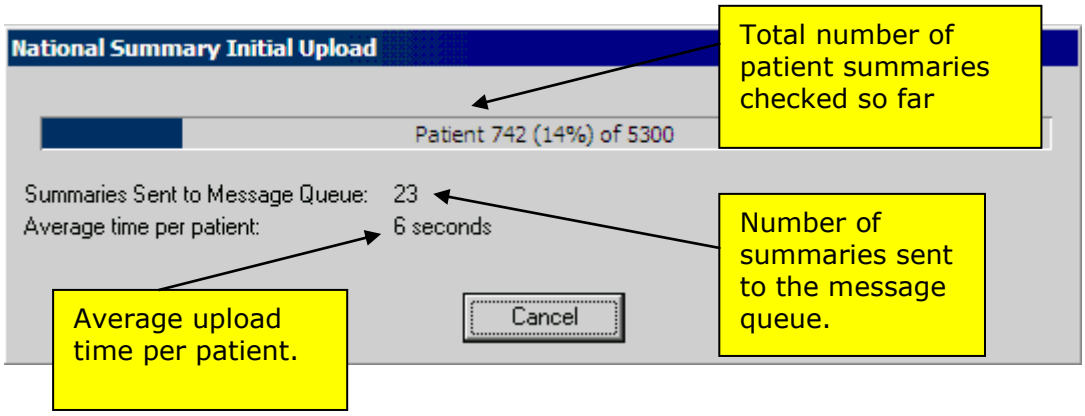
The Stop Time, Pause/Resume Time will be displayed in the Status Bar. This is also recorded in the log file.



Initial Upload Status Bar

Patient Count

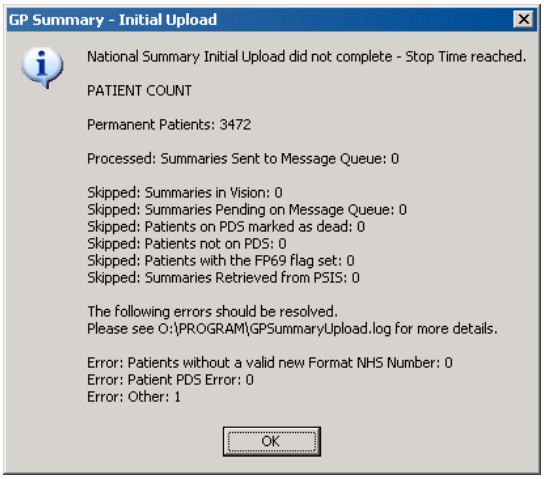
As the upload is running, the progress bar displays a patient count of the total number of summaries checked so far. The average upload time per patient and the number of messages sent to the message queue is also displayed.



Note Although the total number of summaries sent to the message queue is also displayed, this does not mean that the transmission of these messages has been successful. You MUST monitor the upload messages in Mail Manager.

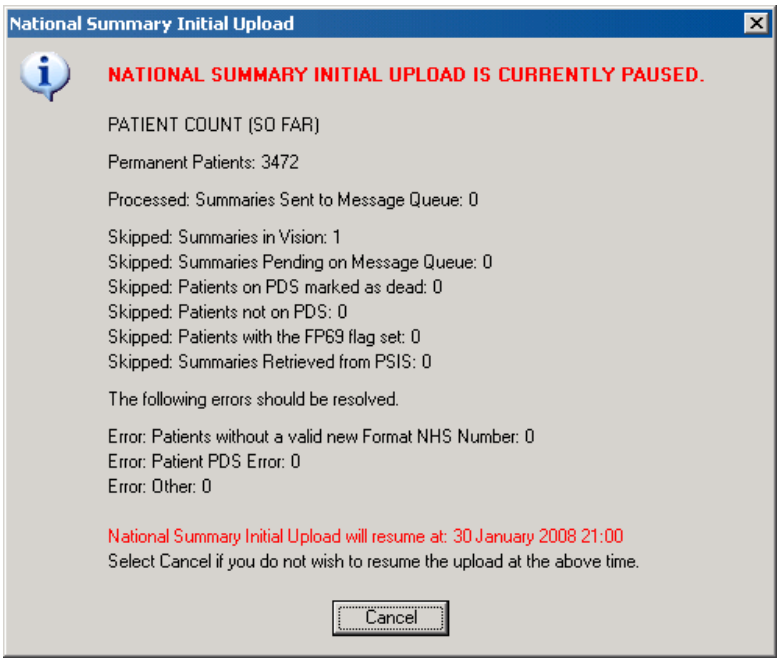
Stop Time Reached

Should the Stop Time be reached before the upload completes, it is recorded in the log file and you are prompted with the upload statistics so far. You will also be informed that *National Summary Initial Upload did not complete – stop time reached.*



Pause Time reached

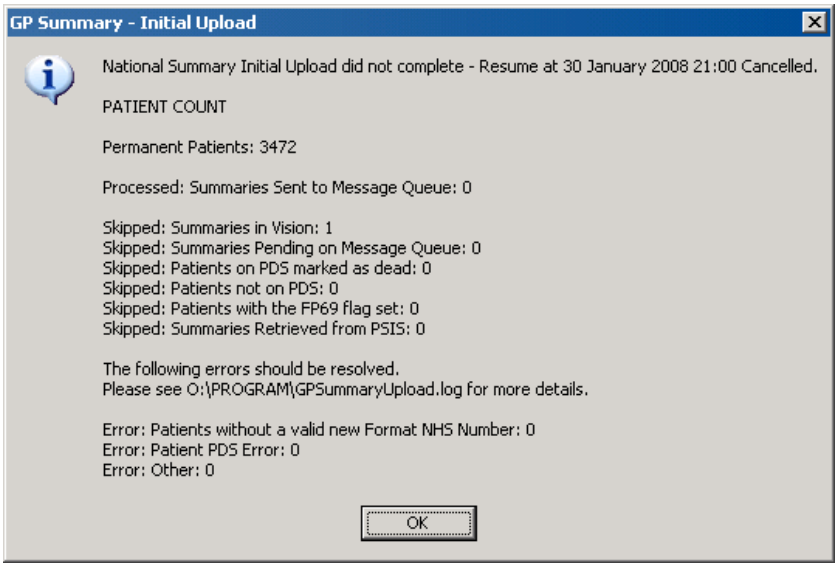
Should the Pause Time be reached before the upload completes, it will be logged and you are prompted with the upload statistics so far. You will also be informed that *National Summary Initial Upload is currently Paused*. The scheduled resume time is also displayed.



Initial Upload Paused

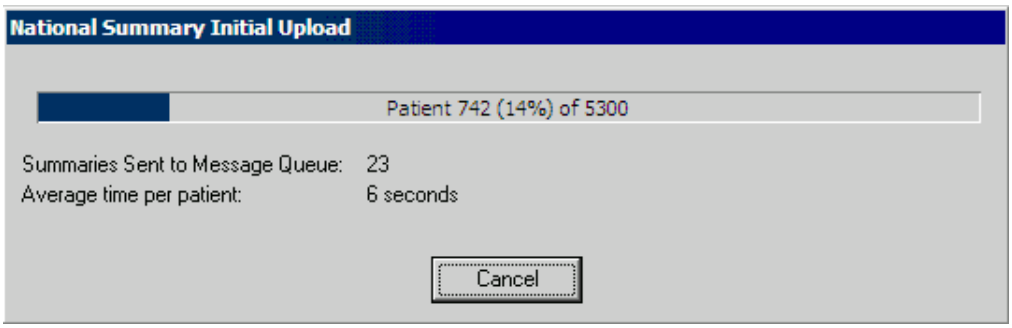
Resume cancelled

Press cancel to cancel the resume, if you do not want the Initial Upload to recommence at the time stated. The statistics dialog will then be shown with the fact that the Resume was cancelled.



Cancel Upload

Whilst the initial upload is running, you still have the option to cancel the process. If you do this, you are able to complete the initial upload process at a later stage.



Cancelling the initial upload

New patients

If a new patient is made permanent before the Initial Upload is completed, but after SCR functionality has been enabled, they will NOT be included in the Initial Upload.

Tailoring the SCR before the initial upload is started

From DLM 290, you can add supplementary data to a patient's National Summary before the initial upload is started. This is on the condition that the patient has decided that they want a summary and this has been recorded as a preference. After you have added data, the summary is saved and automatically sent when the initial upload is run. As this is a structured summary the message type will be GP Summary rather than Initial GP Summary.

Please see National Summary User Guide or on screen help for further information.

SCR Consent and Patient Preference Changes

Revised Consent Model

NHS CfH has revised the consent model for the Summary Care Record programme. The model simply states that patients can choose whether to have a Summary Care Record or not. Patients will be asked for permission to view their Summary Care Record at each point of care.

> **Note -** For practices who have already recorded patient consent status, please refer to guidance from CfH Summary Care Record programme.

Do you want a Summary Care Record?

For practices new to SCR, following the Public Information Programme (which gives patients a minimum of 12 weeks to respond), if the patient has requested that a Summary Care Record is created, or has raised no objection, a Summary Care Record is generated and sent to the Spine. Supplementary data can now also be added before or after the initial upload has run.

Do you want a Summary Care Record?

Can I look at your Summary Care Record?

All patients are now able to control who can access their SCR at each point of care. Healthcare staff must ask for permission to view the patient's record before accessing it. Patients can say no if they do not want their record to be accessed.

*Can I look at Your Summary Care Record?**

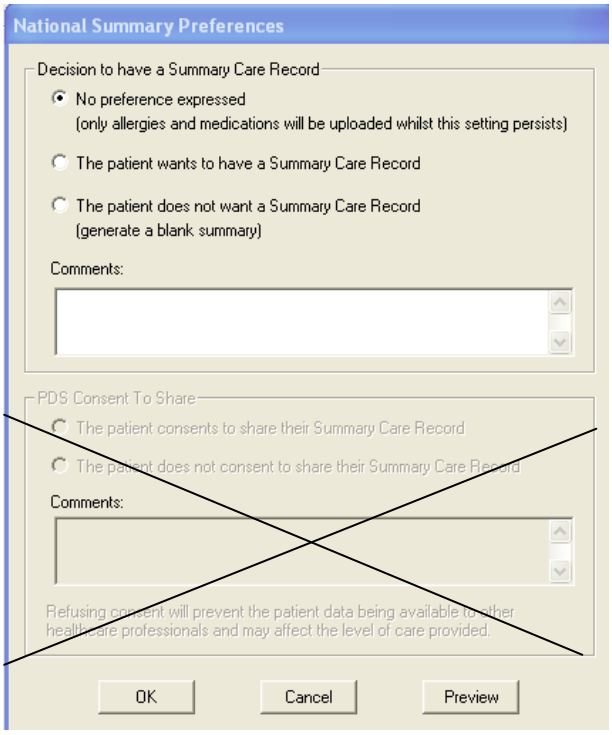
In an emergency situation where the patient is unable to be asked (such as if they are unconscious) the healthcare staff member may elect to access the record using Emergency Access, without asking the patient. This action would be recorded and will to be investigated to ensure that the access was appropriate.

Patients can decide to 'not be asked every time', but must understand this will allow all clinicians to access their record without seeking permission first.

Applying the Revised Consent Model to the Current Preferences Screen

Revised software requirements have been issued to account for the revised consent model, but until these are delivered, practices must apply the revised model to the existing software in Patient Preferences. Please note that **PDS Consent to Share is no longer relevant to the Summary Care Record**.

Note - For practices who have already recorded patient consent status, please await guidance from CfH Summary Care Record team.



PDS consent to share is no longer relevant to SCR

You have the same options as the previous consent model, although slightly different rules apply:

- **No preference expressed** is selected automatically if patient preference has not yet been recorded. This can also be selected if the patient wants to think about their decision or if you just want to upload critical data. An Initial Summary will still be sent to the Spine as part of the Initial Upload as consent is regarded as implied. The Summary only contains medication and allergy records.
- **The patient wants to have a Summary Care Record** – If t his option is selected, a summary consisting of critical data will be sent to the Spine. You can also choose to add Supplementary data to the SCR before or after the initial upload if this option is recorded.

A Read code of **93C2 Consent given for upload to national shared electronic record** is added to the patient's record.

- **The patient does not want a Summary Care Record** – If this option is selected, when the Initial upload is run, a blank summary will be sent to the Spine which states that the patient did not want to have an SCR. A Read code of **93C3 Refused Consent for upload to national shared electronic record** is added to the patient record. You can still maintain a local summary for the patient if you wish.

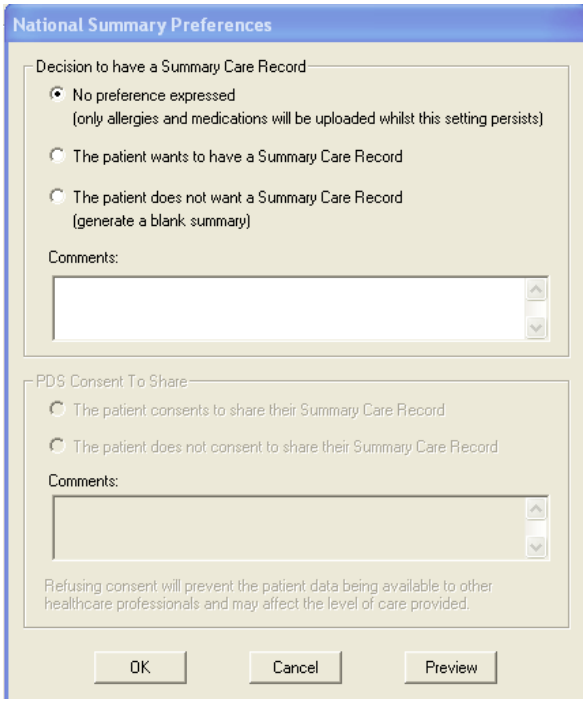
You can still enter the following Read codes onto the patient record as an alternative to using the Preferences screen:

- **93C2** Consent given for upload to national shared electronic record.
- **93C3** Refused Consent for upload to national shared electronic record.

Patient Preferences Prompt New Display Options

On receipt of DLM 290, you will notice that we have moved the Patient Preferences prompt so that it appears at the start of a patient consultation rather than at the end. To disable this on a per user basis see "Switching off Patient Preferences Prompt" on page 59.

1. In Consultation Manager, select a patient and start a consultation.
2. The Patient Preferences screen automatically appears if consent status has not previously been recorded and if this prompt has not been disabled.

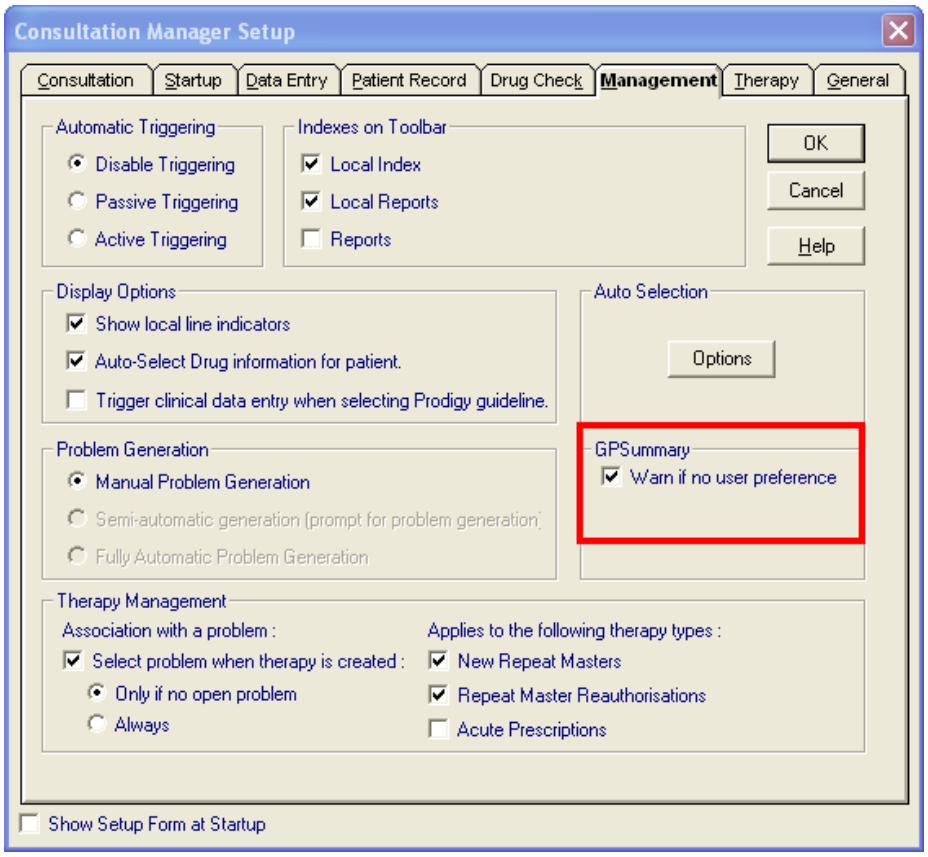


Patient Preferences Screen

Switching off Patient Preferences Prompt

You can disable the Patient Preferences prompt on a per user basis from Consultation Manager. Some practices use reminders for patients who have no preference recorded, hence the automatic prompt is not needed.

1. In Consultation Manager go to **Consultation – Options – Set up**.
2. From the Management tab, in the GP Summary section, remove the tick from Warn If No Preference.
3. Click OK to save.



Consultation – Options – Setup

SCR Management Changes

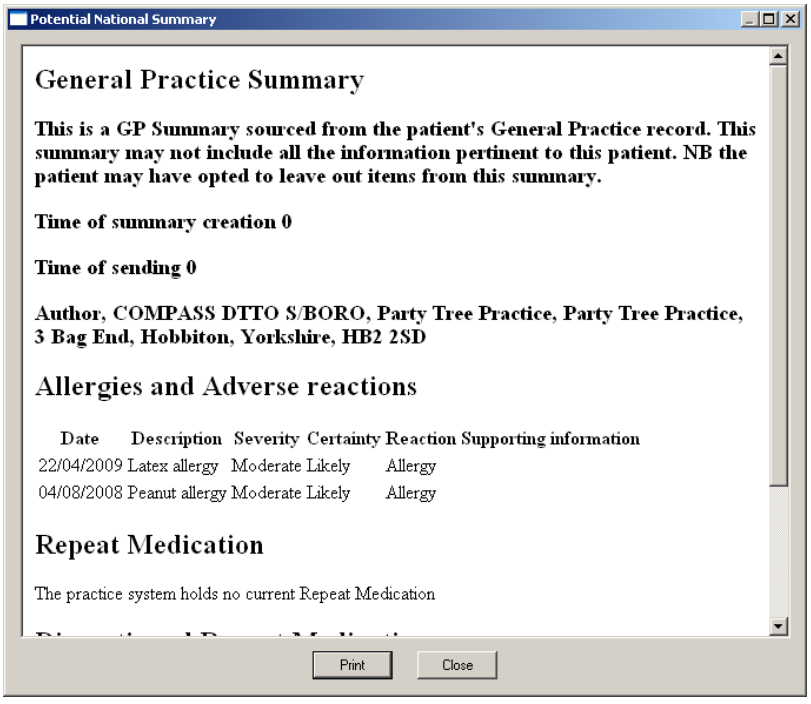
Creating Local Summaries

You are now able to create a local summary for patients using the SCR functionality. This can be done for patients who have opted **not** to have an official SCR on the national Spine and for those who have no preference expressed. This summary is stored locally in Vision and is **not** accessible to 3rd parties. However, the summary will be uploaded onto the Spine if the patient ever changes their preference to "I want a Summary Care Record". Local summaries are maintained in the same way as an SCR for upload but the send button is inactive and you must opt to save the summary.

SCR Preview without SDS Login

You no longer need to be logged in to Vision with your Smart card in order to view or print the SCR Preview. To access the SCR preview

1. In Consultation Manager, select a patient.
2. Go to **Patient Details - Preferences** and select **Preview**.
3. This displays a preview of the patient's SCR. You also have the option to print this.



Potential National Summary

Inactive Repeats from GP2GP Messages

Inactive repeat therapy information received from GP2GP messages is no longer included in the SCR critical data upload.

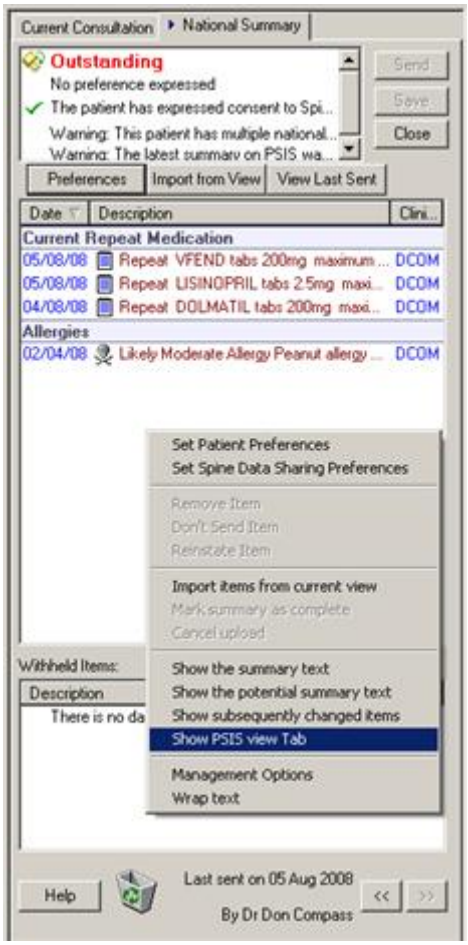
PSIS Tab

You can now view the most recent and any multiple normal summaries from the PSIS tab in Consultation Manager. From here you can view and withdraw current and previous SCR entries. Prior to DLM 290, you could only view this screen if there were multiple normal summaries.

View Current and Previous SCRs

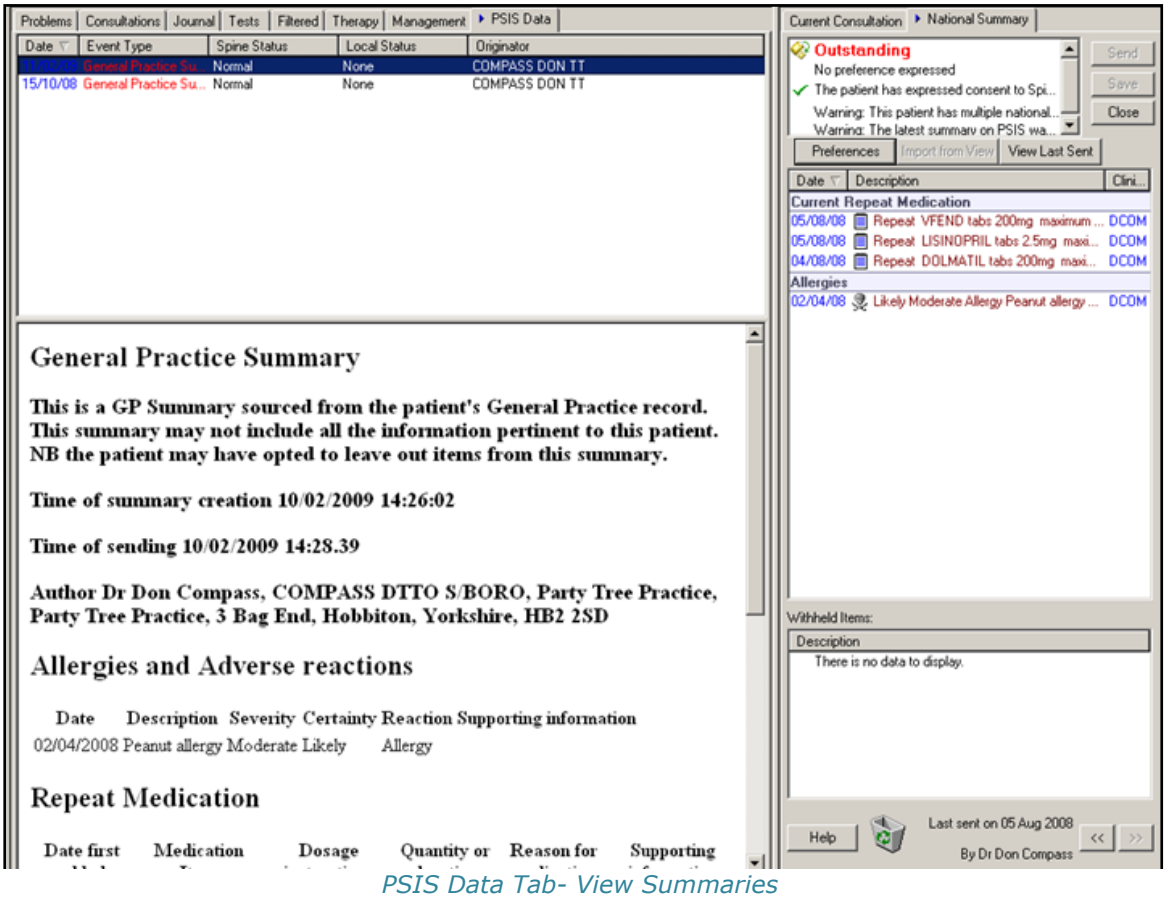
To view current and previous SCRs:

1. In Consultation Manager, go to **Summary – National Summary**.
2. Right click on the summary window and select **Show PSIS View Tab**.



National Summary – Show PSIS View Tab

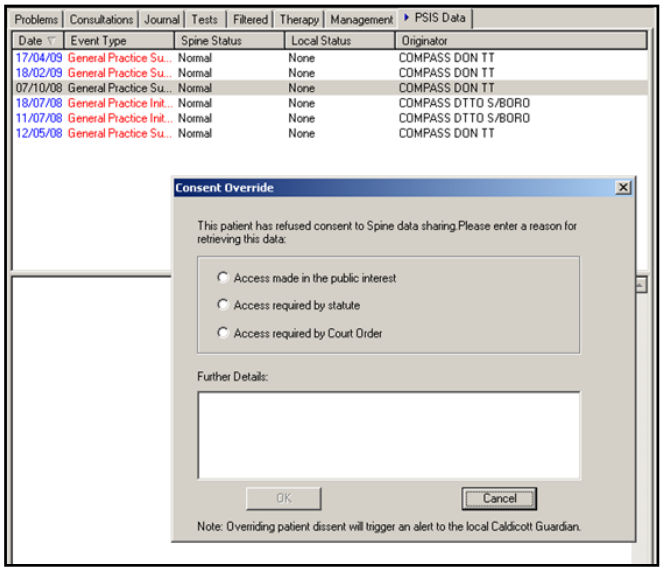
3. The PSIS Data tab displays the most recent and any multiple normal Summary entries. Click on a summary to display its contents in the viewing pane.



PSIS Data Tab- View Summaries

Caldicott Warning – Consent Override

If you select a summary from the PSIS tab for a patient who has dissented from the SCR programme, you are prompted with the dissent override warning: *"The patient has refused consent to Spine data sharing. Please enter a reason for retrieving this data. Note overriding patient dissent will trigger an alert to the local Caldicott guardian."*

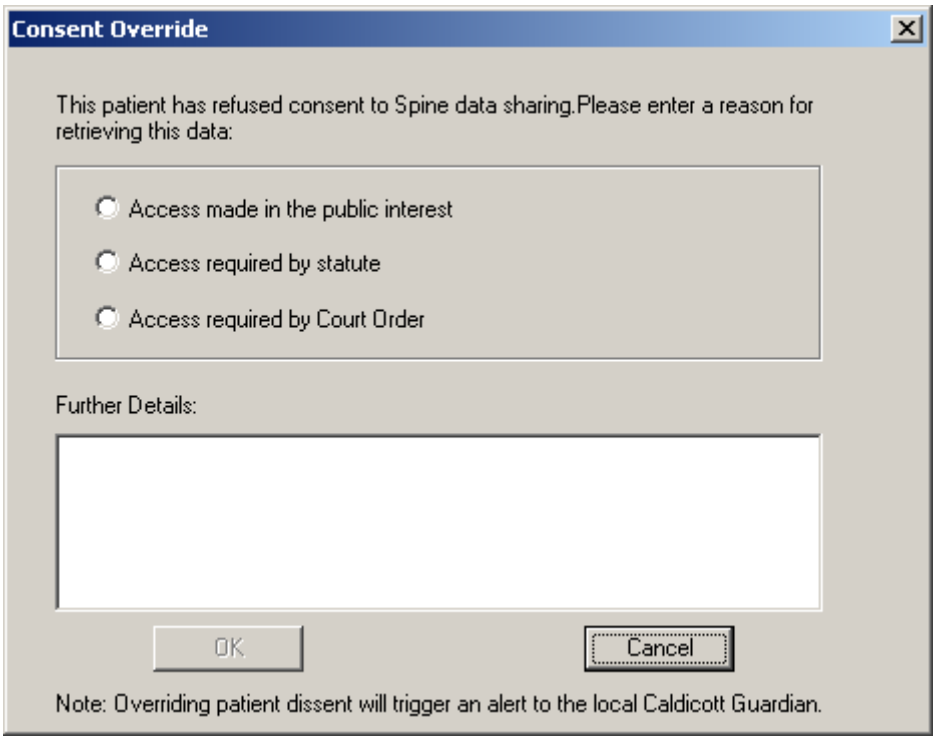


Consent Override

Select either Cancel to return to the PSIS Tab, or choose one of the following reasons for consent override:

- Access made in the public interest
- Access required by statute
- Access required by court order

A free text explanation must also be made in the further details section.

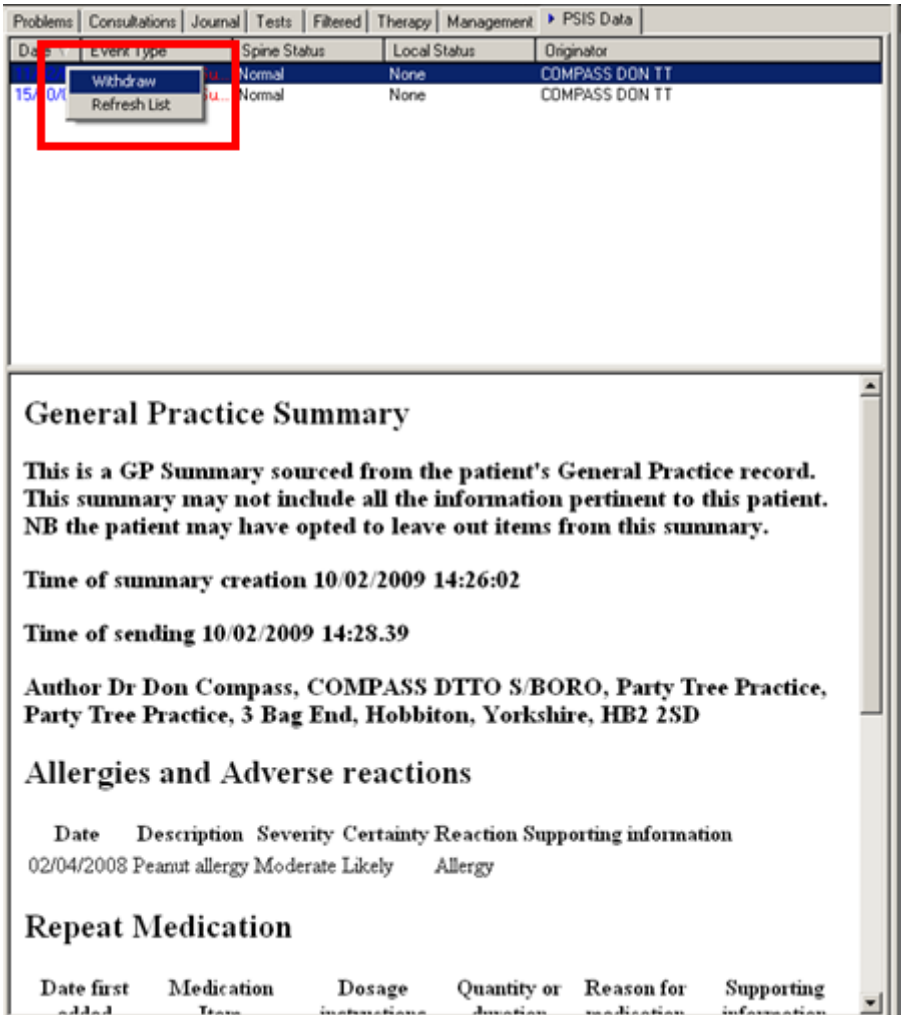


4. You can now view the SCR data.

Withdrawing Summaries

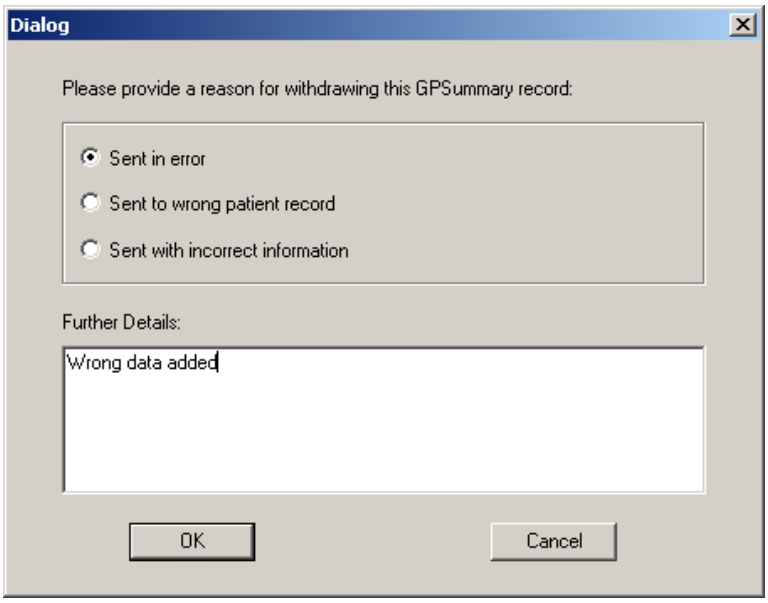
You can also withdraw summaries from the PSIS tab, for instance you might have added erroneous data to a sent SCR and want to remove it from PSIS altogether.

1. In the PSIS tab find the summary you want to withdraw.
2. Right click on the summary and select **Withdraw**.



PSIS – right click – Withdraw Summary

3. You are then prompted with the following: "*Please provide a reason for withdrawing this GP Summary record*".



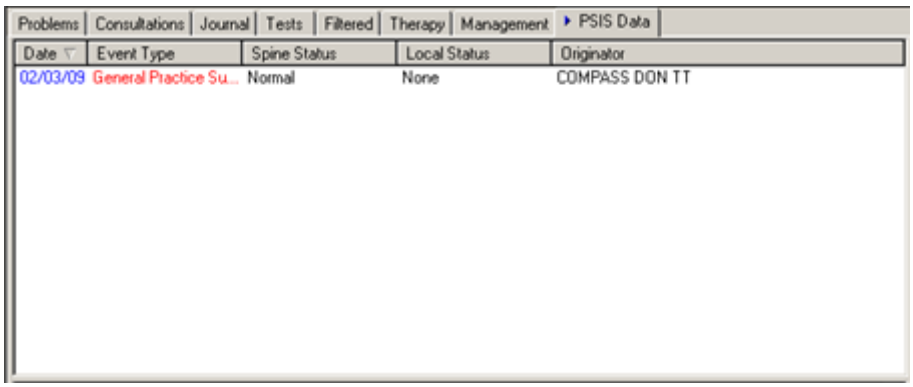
Reason for withdrawing summary

You can select from the following reasons:

- Sent in error
- Sent to wrong patient record
- Sent with incorrect information

You can also add a free text reason for withdrawal.

4. Click OK for the selected summary to be removed from PSIS.



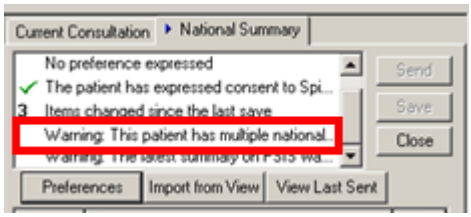
Summary removed from PSIS

Note – if the patient only has one summary, it is strongly advised that you do **not** withdraw this summary.

Dealing with Multiple Summaries

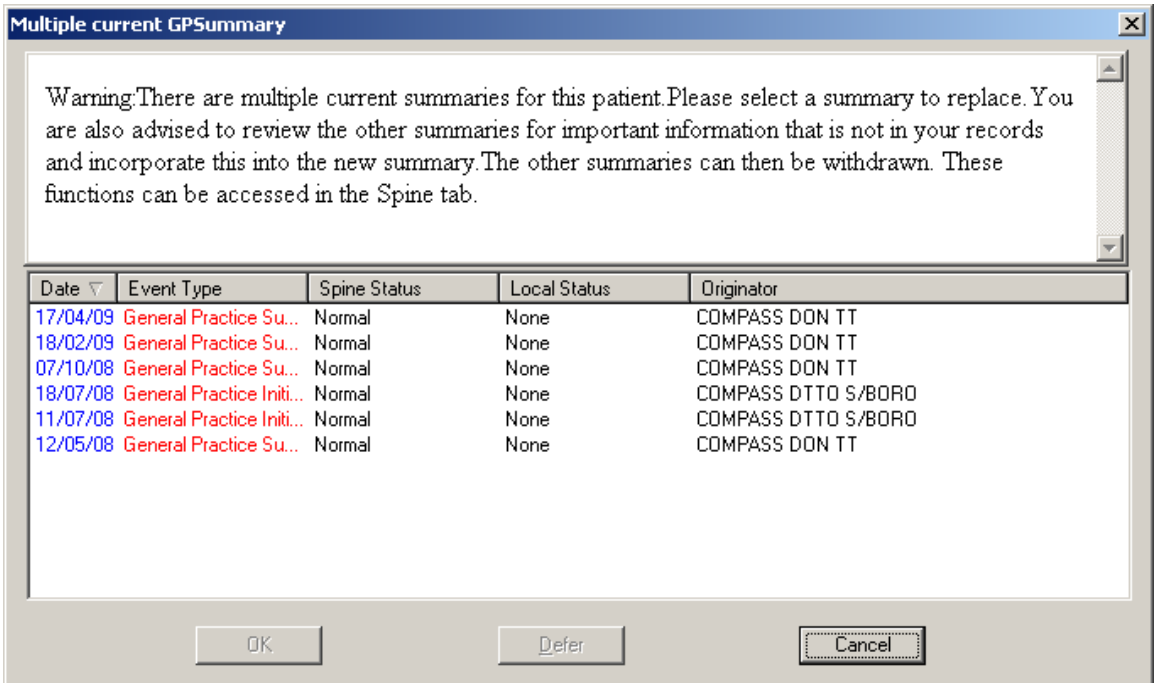
Before DLM 290, if there were multiple normal summaries, the last summary was automatically replaced with the current SCR. From now on, if there are multiple normal summaries, you are warned on the Alerts pane and the National Summary tab that there are multiple normal summaries. When you see this, it is advised that you review the summaries from the PSIS tab – see "View Current and Previous SCRs" on page 61.

Alerts Pane



National Summary Tab

On deselecting the patient, if there are still multiple summaries, you are prompted with the Multiple current GP Summary screen. From here you can review and select which summary should be deemed as the current summary.



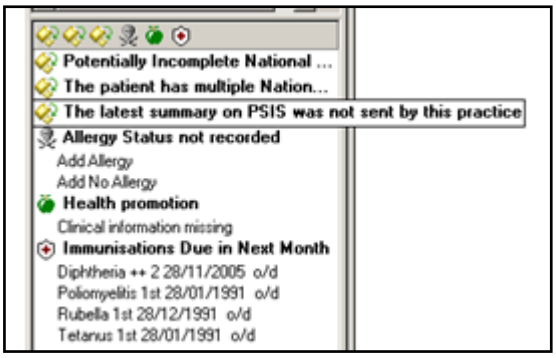
- If you are sure, select the appropriate summary and click **OK** for it to be deemed as the current summary.
- Select **Defer** to do nothing
- Select **Cancel** to go back to the patient record where you can review all summaries from the PSIS Tab.

3rd Party Update to SCR

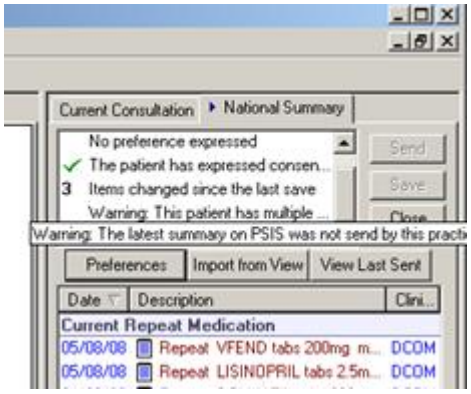
If a 3rd party health care professional updates a patient's SCR, you will receive the following message when you next open the summary: "The current summary in PSIS was not sent from this practice. You are advised to review this summary for important information that is not in your records and incorporate this into the new summary. Do you wish to continue to override this record?"

- Click **OK** to make this summary the current summary,
- **Defer** to ignore the message for now and look at the previous summary or,
- **No** to make the previous summary the current summary.

You will also see a warning in the Alerts pane and on the National Summary tab stating that "The latest Summary on PSIS was not sent by this practice"



Alerts Pane Warning



National Summary tab Warning

Unlinked Patient

For patients who are not found on the PDS system or if you are not logged in with your Smart card, Unlinked ✖ UNLINKED is displayed on the Summary tab. The summary you see will only display critical data and anything filtered from management options. Any amended information will not be sent to the Spine (for consenting patients) until the patient is subsequently selected, found on the PDS system and the summary sent.

Unlinked Patient Summary

Event Log for SCR Changes

When an SCR item is withdrawn or reinstated, an audit trail log is now made in the Event Log module.

Important Information - Deducting Patients

Please ensure that when you are processing patient deductions, you are logged into Vision with your Smartcard. This allows for a message to PSIS detailing the deduction to be generated and transmitted.