

DLM 240

Removal of PRODIGY

Consultation Manager Changes

Immunisation Changes

QOF v10 changes to QMAS audits

Updated IM&TDES (England) audits

Mail Manager Changes

INPS

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24.08.07 29.08.07	240 - 1475	ESTU - Remove QOF v10 to 250 Edit Managing Mail Manager Messages.	
30.08.07	240-1475	JTHO updated immunisation changes	
04.09.07	240-1477	ESTU, PDS mismatch, Inactive mailbox filter in MM	
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02.10.07	240-1517	Advice re link to PILS Updated IM&TDES Eng audits version 11, 21/09/2007	pdf

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DLM 240

STOP PRESS

Mail Gateway Reminder

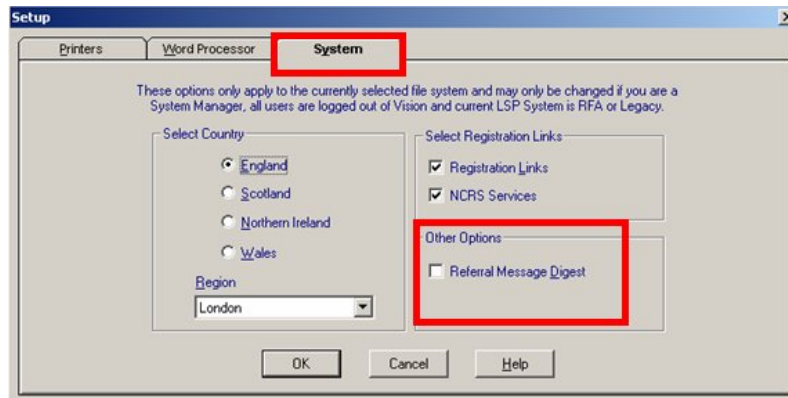
To allow for National Service messages to be sent and received efficiently, please remember to keep the Mail Gateway  open at all times if you are a LAN practice, and during working hours if you are on the Managed Service/VES.

For further information on managing messages, see Managing Mail Manager Messages on page 26 with a fuller version downloadable from the INPS website www.inps.co.uk - Client Zone – Downloads – General – Managing Messages in Vision.

Error occurring when switching on RMD

An issue has been found related to the switching on of Referral Message Digest (RMD) when a warning 'Valid Region Must Be Selected' may be shown. If you see this message, do not attempt to change region, but instead, press Cancel. This is a known issue that should be fixed in a future DLM.

To prevent the warning appearing, all users must be logged off the system and the SYS user must log into Vision offline (without using their smartcard) when turning on RMD.




Summary of Changes in DLM 240

Consultation Manager

Prodigy Guidelines

- Prodigy guidelines, patient information leaflets and information about self-help groups have been withdrawn from Consultation Manager as they are no longer being maintained and could therefore be unsafe. The Prodigy index icons have been removed from the Management tab on Consultation - Options – Setup.
- PRODIGY is no longer maintained so there is a clinical risk in continuing to provide this in Vision. PRODIGY guidelines, patient information leaflets (PILs) and information re self-help groups have therefore been removed. PILS are also available from DXS and the Patient-UK website (advice is given on how to set up a Links tab with the patient.co.uk URL).
- If you try and access a Prodigy guideline, you will see the message: This Prodigy guideline has been withdrawn.
- The Prodigy index icons have been removed from the Management tab of Consultation - Options - Setup.

Immunisations

- An Allergy/Adverse Reactions section is now included on the Immunisations Summary screen .
- New Types of Immunisation: Human papillomavirus (HPV - Gardasil), Anti-D immunoglobulin given, Anti-CMV i-v immunoglobulin
- Immunisation travel destination picklist additions: Caribbean, Central America, USA
- Immunisation Site of Injection picklist addition: upper left thigh, lower left thigh, upper right thigh, lower right thigh
- Immunisation yellow fever now defaults to Method = subcutaneous
- Immunisations - Hepatitis A and Hepatitis B are now displayed on Journal line as HEPATITIS_A and HEPATITIS_B.
- Immunisations - the following have a due date of 20 years (rather than 10 years) : Hepatitis A 3rd stage, HEPAVAXIM (Hepatitis A - Avaxim) Booster, HEPAMONO (Hepatitis A - Havrix Monodose) Booster, HEPAPMMSD (Hepatitis A - Pasteur Merieux MSD) Booster. Hepatitis A booster now has a blank due date.
- Immunisations - the word Stage is now included between the Type of immunisation and the stage number or letter on the Journal line
- Immunisations - MenC 3rd stage has been restored as an option in order to record historical data
- Immunisations - Pneumococcal conjugate - now has Single stage.
- Immunisations - 5 in 1 Dip/Tet/Pert/Polio/Haemophil now has booster stage.

- Typhoid (as Type of Immunisation) now only has one stage.
- Hepatitis A now only has 1st stage and booster.
- Hepatyrix has 2 doses, not 3.

Therapy

- In line with the Patient Safety Alert, Methotrexate and all other dangerous drugs will print out onto FP10s with the signature area shaded.

QMAS Clinical audits

- New QMAS clinical audits are included, based on version 10 of the Business Rules.

IM&T DES Audits

- Updated IM&TDES (England) Audits (version 11, 21/09/2007) need to be imported from O:\Download\audit

PDS Update

- When you see the PDS Updates Available screen, you are now able to choose whether to suspend or maintain National Services when Defer Vision Update is selected.

Patient Mailbox

- Selecting the Patient Mailbox now defaults first to the Outstanding Actions tab, followed by Unread and finally All Unarchived.
- Rejected ETP messages will no longer appear in Patient Mailbox.

Mail Manager

- You can now opt to start the Mail Manager screen automatically when you access Vision.
- Erroneous ETP messages can now be archived from Mail Manager.
- Other minor Mail Manager changes.
- How to manage Mail Manager messages.

DXS for Vision Enterprise/Bureau Sites

- DXS is now functional with Vision Enterprise/Bureau practices.

Consultation Manager - PRODIGY

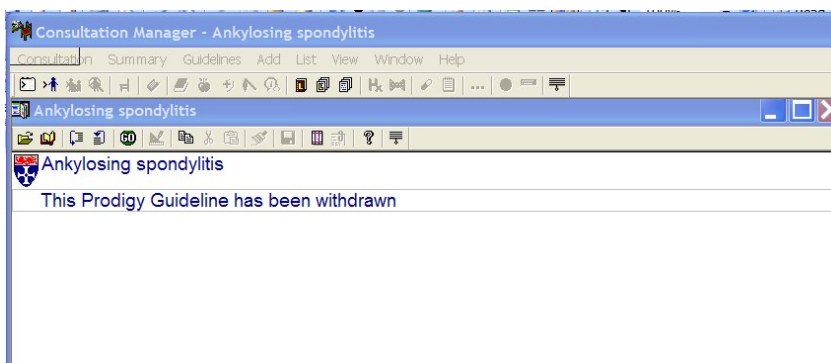
Removal of Prodigy

Now that Prodigy is no longer being maintained, it is agreed that the information in guidelines, patient information leaflets (PILS) and self-help groups will become progressively out of date and thereby increasingly unsafe. Current requirements (CAP-GP) require the removal of it which we are doing in DLM 240.

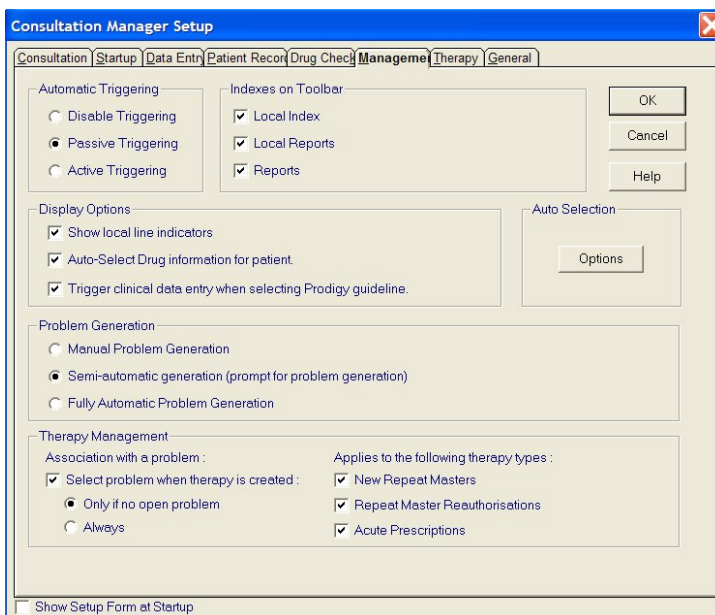
Patient Information leaflets are available from DXS and there are also many on the Patient-UK website (<http://www.patient.co.uk/pils.asp>) (how to set up a Links tab with this URL is explained overleaf).

Prodigy information is also available via Prodigy Knowledge Service.

Although Prodigy Guidelines are still listed on the Select Guideline screen, if you try to access one, you will see the message: This Prodigy Guideline has been withdrawn.



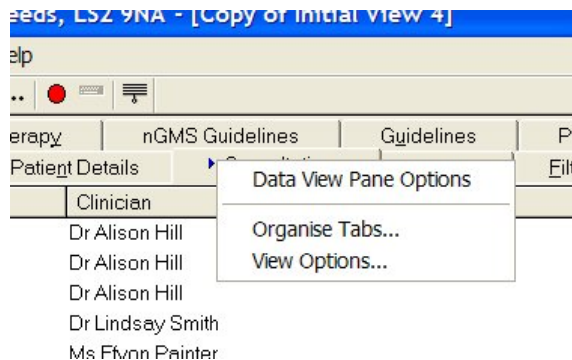
The Prodigy index icons have been removed from the Management tab on the Consultation - Options - Setup screen.



Setting up a Links tab to access external Patient Information Leaflets

You may want to set up a Links tab on your Patient Record view to access the Patient Information leaflets on the patient.co.uk website. Remember this will need to be done on each workstation with the user logged on. The alternative is to create a new Patient Record View with a Links tab, publish it and change it on every workstation.

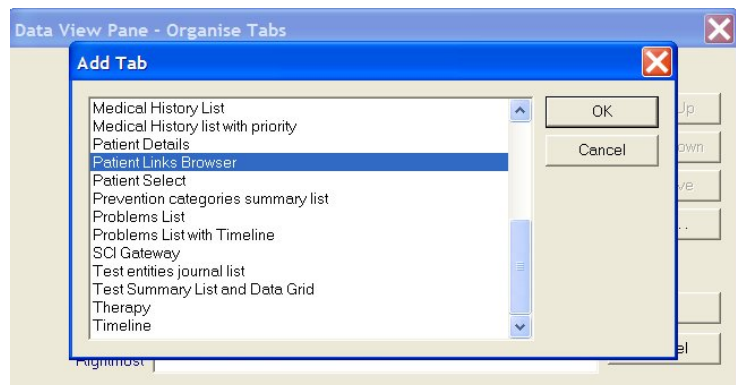
1. Right click on any tab header on the Patient Record.
2. Select Organise Tabs.



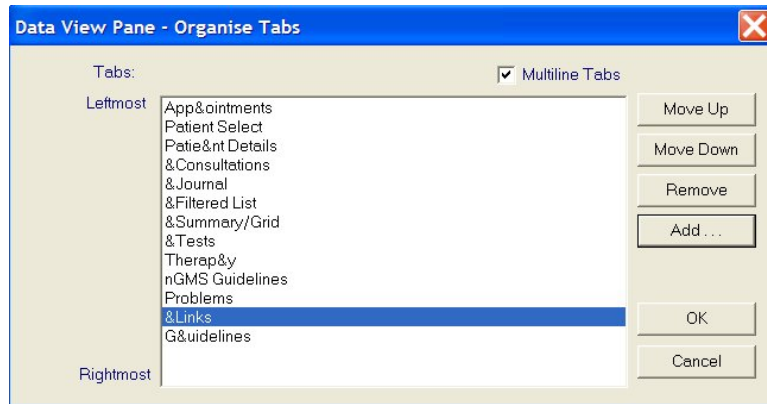
3. Select Add.



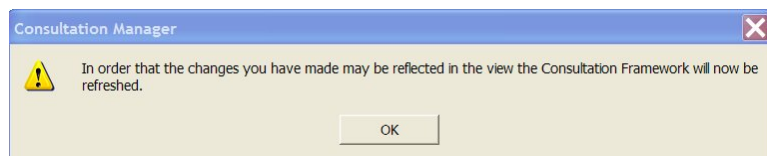
4. Scroll down and click on Patient Links Browser.



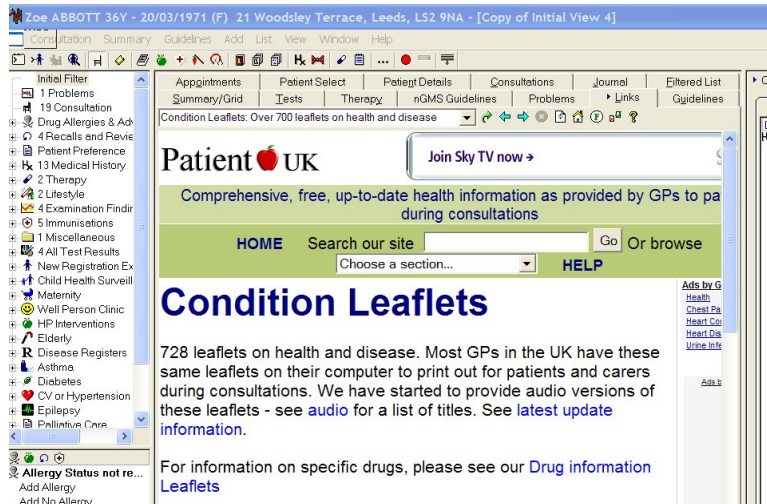
5. Click OK.
6. Highlight the last line in the left-hand pane &Links and press the Move Up button (the &Guidelines tab prefers to be the end tab)



7. Click OK, then OK again at the refresh message.

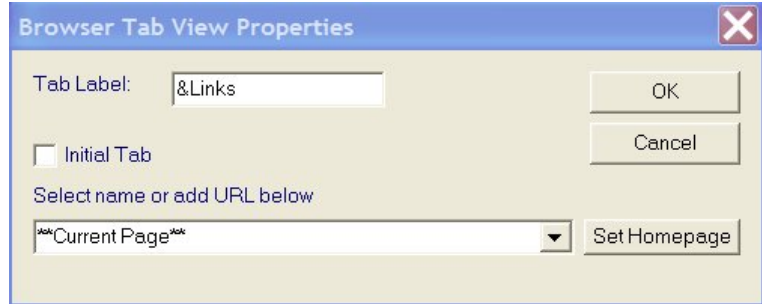


8. Click on the new Links tab.
9. In the window beneath the tabs, type in <http://www.patient.co.uk/pils.asp> (as one long line) and press Enter. This should display the Patient UK - Condition Leaflets home page.

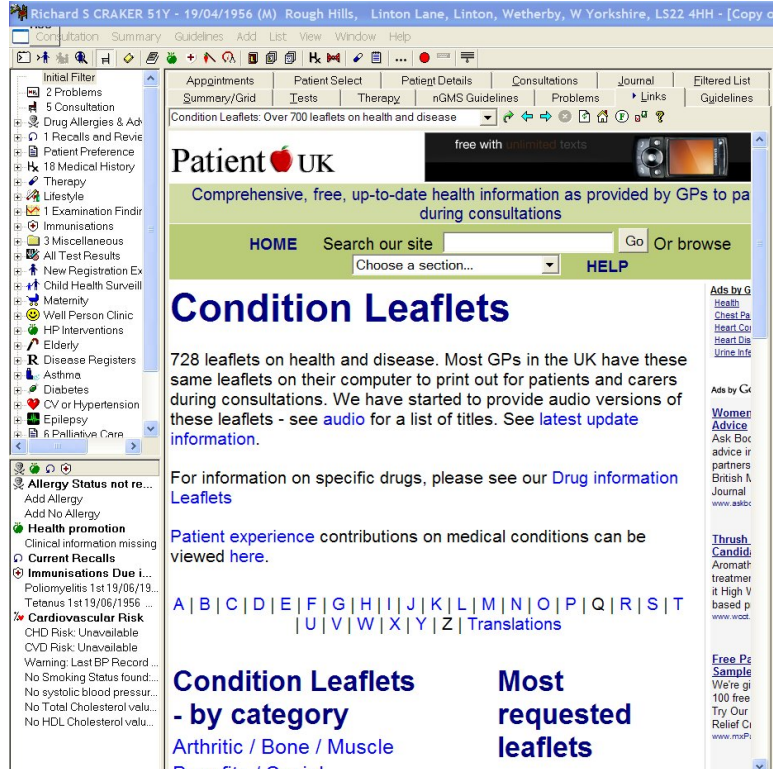


10. Right click on the Links tab header again and select View Options.

- It will say ****Current Page**** under Select name or add URL below. Click on Set Homepage then OK. Yes to the refresh message.



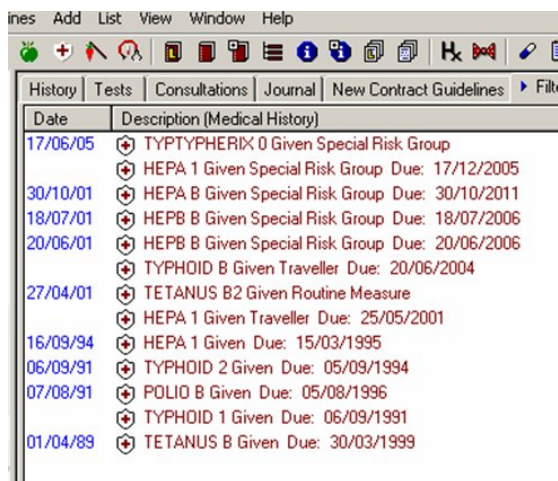
- This should now bring up the Leaflets page whenever you click on the Links tab.



Consultation Manager - Immunisations

Hepatitis A and Hepatitis B and Stage display

Stage will now be included in the Journal line of a vaccination, and the display of Hepatitis A and Hepatitis B lines in the Journal has been changed to avoid confusion.



How the screen used to be displayed before DLM 240

The stage now clearly defines and separates the stage number or letter B of booster from the vaccination title. Stage is now included in all immunisation lines.

Date	Description
29/08/07	TYPTYPHERIX Stage: 0 Given Special Risk Group Due: 29/02/2008
	HEPATITIS_A Stage: 1 Given Special Risk Group Due: 29/02/2008
	HEPATITIS_B Stage: 1 Given Special Risk Group Due: 29/09/2007
	HEPATITIS_A Stage: 1 Given Special Risk Group Due: 29/09/2007
24/07/07	MENC Stage: B Given Routine Measure TEXT
	HIB Stage: B Given Routine Measure TEXT
19/11/06	MENC Stage: 2 Given Routine Measure Due: 23/07/2007

The new display of immunisations with Stage clearly defined and rewording of Hepatitis A and Hepatitis B immunisations

Hepatitis A booster due date

Hepatitis A Stage 3 now has a due date set to 20 years.

Hepatitis A Booster defaults to a blank due date but you may enter one.

The booster due date of the following has been changed from 10 years to 20 years:

HEPAAVAXIM (Hepatitis A - Avaxim)

HEPAMONO (Hepatitis A - Havrix Monodose)

HEPAPMMSD (Hepatitis A - Pasteur Merieux MSD)

HPV Gardasil

Human papillomavirus (Gardasil) has been added to the Type of Immunisation picklist. Stage 1 has a due date of 2 months, Stage 2 a due date of 4 months, and Stage 3 (course finished, no due date). Files as 65F.. Other viral vaccinations. Displayed on Journal as HPV 1, HPV 2 or HPV 3.

Rubella immunisation

When a Rubella immunisation has been given at aged 10 or thereabouts, Rubella 1st no longer shows as Due.

Anti-CMV-iv immunoglobulin and Anti-D immunoglobulin given

If you add 6506 Anti-D immunoglobulin given as a Read term, this leads to the Immunisation SDA. You can now select Anti-D immunoglobulin given from the picklist in Type of Immunisations. Shown as IGANTID on Journal line.

Anti-CMV-iv immunoglobulin is also a new picklist option, reached from and filed as 6507.000 Anti-CMV-iv immunoglobulin. Shown as IGCMV on Journal line.

The screenshot displays a medical software interface for a patient named Zoe A ABBOTT, 63Y, born 10/01/1944, residing at 127 Shadwell Lane, Leeds, LS17 8AA. The interface is titled 'Copy of Initial View 4' and shows a list of immunisations. The 'Immunisation - Update' form is open, showing the following details:

- Date Given:** 30 August 2007
- Given by:** Dr Alison Hill
- Read Term for Immunisation:** 6507.00 Anti-CMV iv immunoglobulin
- Type of Immunisation:** Anti-CMV iv immunoglobulin
- Stage:** [Empty]
- Status:** Given
- Due Date:** [Empty]
- Method:** Intramuscular
- In Practice:** In this Practice
- Reason:** [Empty]
- Nature of Risk:** [Empty]
- Batch Number:** [Empty]
- Site:** <None>

The interface also shows a list of immunisations on the left side, including IGCMV 0 Given Special Risk Group, IGANTID 0 Given Special Risk Group, and IGCMV 0 Given Special Risk Group. The 'Immunisation - Update' form is currently open, showing the details for the 30 August 2007 immunisation.

Yellow fever

When adding a yellow fever immunisation on Immunisations Add, the default in Method is now subcutaneous (rather than intramuscular).

MenC 3rd imms stage can be entered for historical data

In DLM 210, the option to record a third meningitis C vaccine was no longer available. This has been reintroduced so historical data can be recorded for newly registered patients.

Single pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine can now be entered as a single dose stage (Stage: Single) (6572.00 Pneumococcal vaccination) as well as 1st, 2nd, 3rd and booster.

Booster 5 in 1 childhood immunisation

The new Hib Catch Up programme from the DOH, running until Jan 2009, requires that practices give a further catch-up of Hib vaccination to all children within the ages specified.

Practices have been advised to give Diphtheria/Tet/Pert/Polio/Haemophil instead of the normal Pre-School Booster of Diphtheria/Tetanus/Pertussis/Polio.


You can now record a 5 in 1 Diphtheria/Tet/Pert/Polio/Haemophil as a Booster.

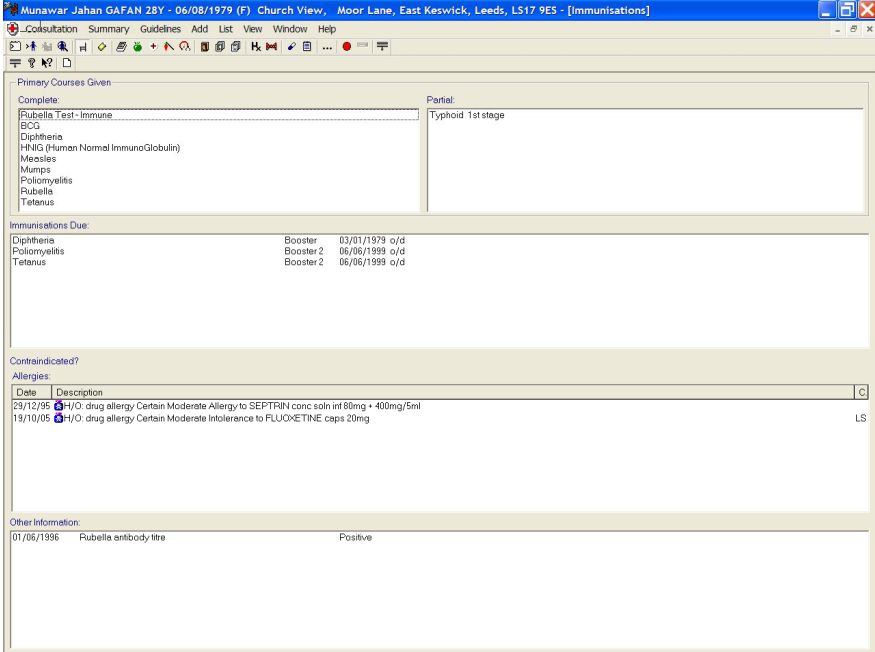
The screenshot shows a dialog box titled "Immunisation - Add". It contains the following fields and controls:

- Date Given:** 31 August 2007
- Given by:** Dr John Mcallister (dropdown menu)
- Private
- Read Term for Immunisation:** 65a.00 Diphtheria tetanus acell pertus, haem influ b, inactiv polio va
- Type of Immunisation:** Diphtheria/Tet/Pert/Polio/Haemophil (dropdown menu)
- Stage:** Booster (dropdown menu)
- Status:** Given (dropdown menu)
- Due Date:** (empty text field)
- Method:** Intramuscular (dropdown menu)
- In Practice:** In this Practice (dropdown menu)
- Buttons: Next Stage, OK, Cancel, Help
- Reason:** Routine Measure (dropdown menu)
- Nature of Risk:** (empty text field)
- Batch Number:** (empty text field)
- Site:** <None> (dropdown menu)

You can download Hib Catch-up audits from the INPS website www.inps.co.uk - Client zone - Downloads - Audits - In Practice Systems.

Immunisation Summary now shows allergies/adverse reactions

The Immunisation Summary screen, reached from  on the main toolbar, now has a section showing any recorded allergies or adverse reactions.



Munawar Jahan GAFAN 28Y - 06/08/1979 (F) Church View, Moor Lane, East Keswick, Leeds, LS17 9ES - [Immunisations]

Primary Courses Given:

Complete:	Partial:
Rubella Test - Immune BCG Diphtheria HNIIG (Human Normal ImmunoGlobulin) Measles Mumps Polioomyelitis Rubella Tetanus	Typhoid 1st stage

Immunisations Due:

Diphtheria	Booster	03/01/1979	o/d
Polioomyelitis	Booster 2	06/06/1999	o/d
Tetanus	Booster 2	06/06/1999	o/d

Contraindicated?

Allergies:

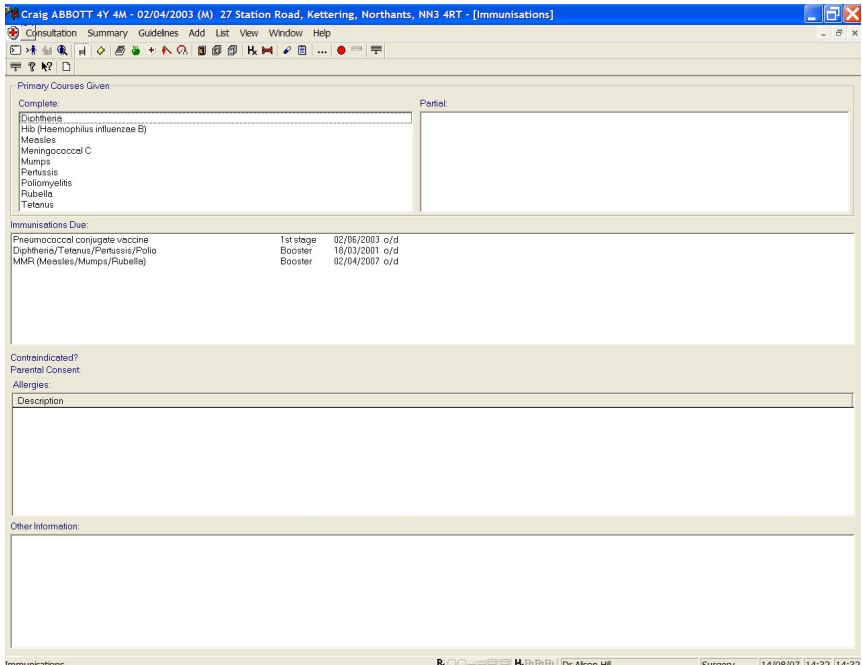
Date	Description	
23/12/95	+/O drug allergy Certain Moderate Allergy to SEPTIN conc soln inf 80mg + 400mg/5ml	C
19/10/05	+/O drug allergy Certain Moderate Intolerance to FLUOXETINE caps 20mg	LS

Other Information:

01/06/1996	Rubella antibody titre	Positive
------------	------------------------	----------

Immunisations | Dr Alison Hill | Surgery | 14/08/07 14:21 14:24

Adult's Immunisation summary screen



Craig ABBOTT 4Y 4M - 02/04/2003 (M) 27 Station Road, Kettering, Northants, NN3 4RT - [Immunisations]

Primary Courses Given:

Complete:	Partial:
Diphtheria Hib (Haemophilus influenzae B) Measles Meningococcal C Mumps Pertussis Polioomyelitis Rubella Tetanus	

Immunisations Due:

Pneumococcal conjugate vaccine	1st stage	02/06/2003	o/d
Diphtheria/Tetanus/Pertussis/Polio	Booster	16/03/2001	o/d
MMR (Measles/Mumps/Rubella)	Booster	02/04/2007	o/d

Contraindicated?

Parental Consent:

Allergies:

Description

Other Information:

Immunisations | Dr Alison Hill | Surgery | 14/08/07 14:32 14:32

Child's Immunisation Summary screen

Site of injection


The picklist of Site of Injection on Immunisations Add now includes additional options for upper and lower right and left thigh.

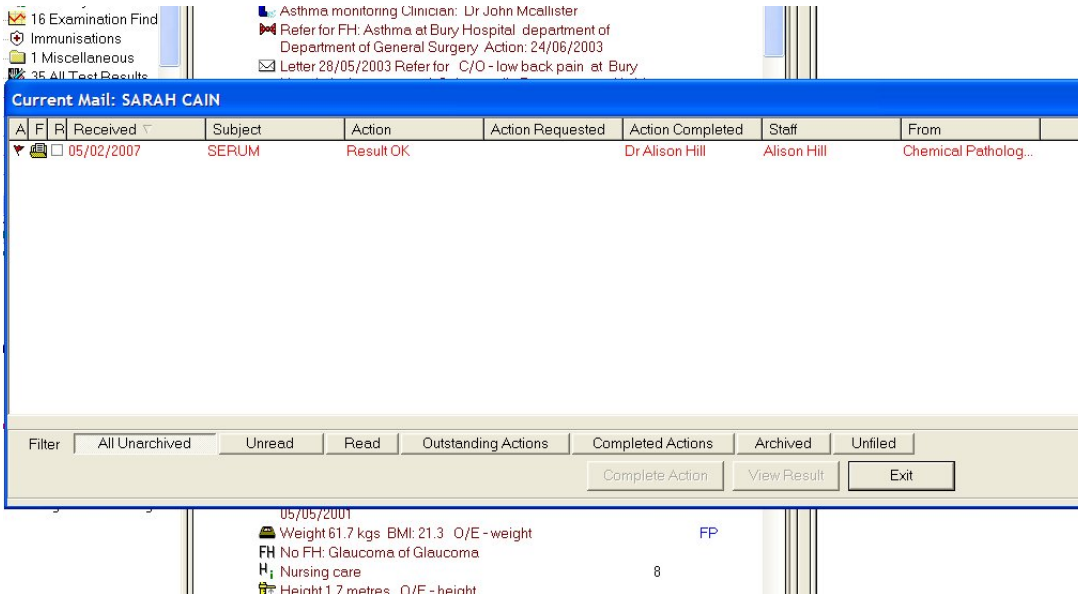
Therapy Printing

Therapy - Dangerous Drugs

In line with the Patient Safety Alert, Methotrexate and all other dangerous drugs will print out onto FP10s with the signature area shaded.

Consultation Manager - Patient mailbox

Selecting the Patient mailbox  now defaults first to the Outstanding Actions tab, if there are any messages with outstanding actions, followed by Unread (if there are any unread messages) and finally All Unarchived.



Current Mail: SARAH CAIN

A	F	R	Received	Subject	Action	Action Requested	Action Completed	Staff	From
			05/02/2007	SERUM	Result OK		Dr Alison Hill	Alison Hill	Chemical Patholog...

Filter: All Unarchived | Unread | Read | Outstanding Actions | Completed Actions | Archived | Unfiled

Complete Action | View Result | Exit

05/05/2001
Weight 61.7 kgs BMI: 21.3 O/E - weight
FH No FH: Glaucoma of Glaucoma
H₁ Nursing care
Height 1.7 metres O/E - height

Rejected ETP Messages in Patient Mailbox

Rejected ETP messages will no longer appear in the patient mailbox in Consultation Manager. See also Archiving ETP Rejected Messages on page 23.

Clinical Audit - QOF version 10 changes

New QMAS clinical audits are included in DLM 240 based on version 10 of the Business Rules.

This is a summary of the main changes between Versions 9 and 10 of the QOF Business Rules for the INPS Audits. It is based on the NHS Primary Care contracting documentation <http://www.primarycarecontracting.nhs.uk/145.php>

Importing the audits

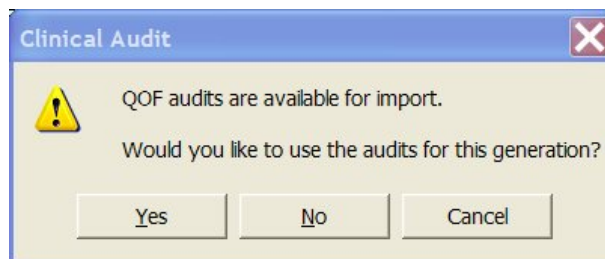
The audits will arrive with DLM 240 but you will not see them until they are imported.

You can either wait until the end of the month when they will import automatically, or do an Interim Generate to import them now.

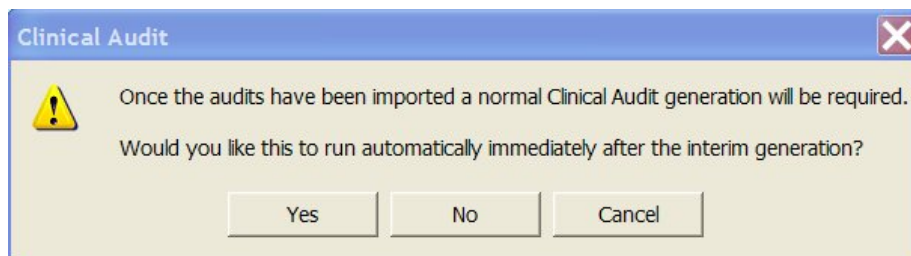
To do an interim generate, go to the QOF Reporting tab in Clinical Audit.

Click on the Generate button on the bottom left of the screen under Interim (and under the Baseline date window).

You will eventually see a message: QOF audits are available for import. Would you like to use the audits for this generation? Yes/No.



If you answer Yes, you are then given the chance to run a normal clinical audit generation afterwards: Once the audits have been imported a normal Clinical Audit generation will be required. Would you like this to run automatically immediately after the interim generation? Yes/No.



When the audits have imported, you will see the usual message: Statistics are out of date and need to be regenerated. When you click on this, the normal Clinical Audit generation will start.

Reference Date

Reference date is the next 1st April.

nGMS Guidelines v10

Note that you can download version 10 the QOF Guidelines from the INPS website www.inps.co.uk Client Zone - nGMS resources.

If you are unsure about how to handle the import, then download and read the accompanying user guide. We are now advising practices to delete the v9 guidelines before importing v10. Our only reason for this advice is because a number of practices were keeping old and new versions of the guidelines and consequently confusion arose.

After importing the guidelines, you will need to add the Read code triggers to each guideline. The Read code triggers are given in the user guide.

Reminders on audit lines

Reminders are retained when updating to a new version. The only exceptions are where the clinical content of audit lines has changed, and these reminders will need to be activated after importing the audits.

Particularly check the reminders for Heart Failure, Smoke and Records 22.

Changes in QMAS Returns v10

Atrial Fibrillation

Read Code G5731 Atrial flutter has been removed from the diagnostic code status and the Vision sub-search wherever appropriate.

The qualifying criteria for Atrial Fibrillation Diagnosis and diagnostic confirmation has been amended back to the earliest before Reference date.

AF3 The percentage of patients with atrial fibrillation who are currently treated with anti-coagulant drug therapy or an anti-platelet drug therapy - The time criterion for anti-coagulation and anti-platelet therapy in AF3 has changed from the last 15 months to the last 6 months in order to bring the rule set in line with the guidance.

Cancer

The date check for denominator rule 2 of Cancer 3 has been amended to Cancer Diagnosis Date greater than OR equal to the Reference Date minus 6 months.

COPD

COPD 9 The percentage of all patients with COPD in whom diagnosis has been confirmed by spirometry including reversibility testing

Add new spirometry exception code:

816d. Spirometry reversibility testing not indicated

Dementia

A new code for the annual review has been added: 6AB.. Dementia annual review
Therefore the non-specific review codes have been withdrawn from the Dementia review sub-search in Vision:

6A6.. Mental health review

8CM2. Psychiatry care plan

8BM0. Mental health medication review

8CR7. Mental health personal health plan

3A... Disability assessment - mental

Depression

The date check for denominator rule 2 of DEP2 has been amended to 'If Depression Diagnosis Date is less than Reference Date minus 12 months'.

Heart Failure

LVD exception codes (9h1..%) have been removed from the Heart Failure Exception codes in the Vision sub-searches as new heart failure exception codes (9hH%) were included in the October 2006 Read code release. Lines removed from the audit and all reminders will need to be reapplied as line numbering altered.

Learning disabilities

There have been changes to the diagnostic code status to ensure consistency across the different versions of Read. The parent code Eu81.% "[X]Specific developmental disorders of scholastic skills" has been removed and replaced with Eu81z "[X]Developmental disorder of scholastic skills, unspecified."

Mental Health

Code 8HB8 Mental therapy follow-up has been removed from the Mental Health Follow Up sub-search for MH7 Patients with schizophrenia, bipolar affective disorder and other psychoses who DNA their annual review.

The qualifying criteria for Therapeutic Lithium Level sub-search has been amended to 'Latest<REFERENCE DATE'.

MH 5 The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 6 months - denominator rule 2 has been amended to check that date of recording Therapeutic Lithium Level is the same as that of the Serum Lithium Level.

Records

All exception reporting for Records 22 Smoking have been removed. Lines removed from the audit and renumbered so reminders will need to be reset.

Smoking

There have been very small amendments and corrections of typographical errors in the qualifying diagnostic codes for asthma and COPD; this does not affect the Vision searches.

There is an additional code of 745H% Smoking cessation therapy added to the smoking cessation sub-search. An additional denominator rule has been added to SMOKE1 to disregard patients under the age of 20 years with asthma only.

No change

Asthma, CHD, CKD, Cytology, Diabetes, Epilepsy, Hypertension, Obesity, Palliative Care, Stroke, Thyroid.

IM&T DES Audits (England)

An updated version of the IM&TDES (England) Audits (version 11, 21/09/2007) are delivered to O:\Download\audit in DLM 240.

You will need import these audits and generate the statistics.

1. Go into Clinical Audit.
2. Select File - Maintenance mode.
3. Select Searches - Import Searches.
4. Select the line data quality audits - IMT Directed Enhanced Services Englandv11.aud and press Open.
5. When imported, do a Generate.

The IM&T DES User Guide for Vision can be found at
<http://www.inps3.co.uk/anm/anmviewer.asp?a=790&z=87>

PDS Suspend or Maintain National Services - England

Previously, if you deferred a PDS update, you could still access the National Services. You now have the choice and if you wish to, you can suspend or maintain National Services when Defer Vision Update is selected.

Suspend National Services and Defer Vision Update

If you select Suspend National Services and then select Defer Vision Update, neither the Spine nor Vision will be updated with any demographic data. The patient will be unlinked with the Spine and you will not be able to access any of the National Services for this patient.

The screenshot shows a dialog box titled "PDS Updates Available" with a close button (X) in the top right corner. The main text reads: "The data retrieved from the PDS for this Patient does not match the Vision data." Below this text are two side-by-side panels. The left panel is labeled "PDS" and contains the following information: Title: Ms, Forename: Mamusa, Surname: Bordognaedwards, NHS No.: 9412980256, and DOB: 01/05/1953. The right panel is labeled "Vision" and contains: Title: Ms, Forename: Mamcanukusaausnz, Surname: Bordognaedwards, NHS No.: 9412980256, and DOB: 01/05/1953. At the bottom of the dialog, there is a checkbox labeled "Suspend National Services" which is checked. Below the checkbox are three buttons: "Update Vision", "Defer Vision Update" (which is highlighted with a dashed border), and "Update PDS".

Maintain National Services and Defer Vision Update

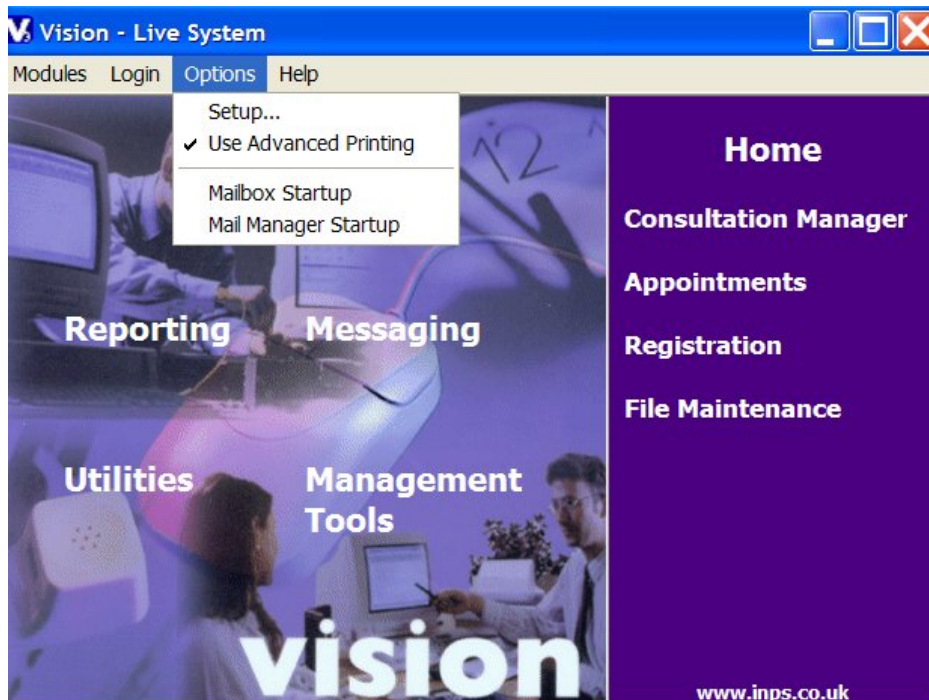
If you do not select the Suspend National Services option and then choose to Defer Vision Update, neither the Spine nor Vision will be updated with any demographic data. But, you will be able to access any National Services for this patient.

The screenshot shows the same "PDS Updates Available" dialog box as above. The main text and the two panels (PDS and Vision) are identical. However, the checkbox labeled "Suspend National Services" is now unchecked. The "Defer Vision Update" button remains highlighted with a dashed border, and the "Update PDS" button is visible to its right.

Mail Manager - England

Startup option

There is now a Mail Manager Startup option on the Vision front menu under Options which if ticked, will automatically launch Mail Manager when you go into Vision. This is in addition to the existing Mailbox Startup for those using Mailbox rather than Mail Manager.



Audit Trail

From now on, every time a message is accessed in Mail Manager, the user details are recorded in the Audit tab within the message with the date and time that the message was accessed. The Audit tab is accessible from both Mail Manager and Patient Mailbox in Consultation Manager.

Audit Trail					
DATE	ID	STAFF TYPE	QUALIFIER	NAME	
23/08/2007 10:49	2	2		System Supervisor System	Viewed
23/08/2007 10:49:48	2	2		Mr System System Supervisor	Action (Inform Next Of Kin) for Mr Complete. Copy (65) Deleted
23/08/2007 10:49	2	2		System Supervisor System	Viewed

Pathology | Actions | Header | **Audit**

Mail Manager Audit Trail

Individual Message					
DATE	ID	STAFF TYPE	QUALIFIER	NAME	
23/08/2007 10:49	2	2		System Supervisor System	Viewed
23/08/2007 10:49:48	2	2		Mr System System Supervisor	Action (Inform Next Of Kin) for Mr System System Supervisor updated. Complete. Copy (65) Deleted
23/08/2007 10:49	2	2		System Supervisor System	Viewed
23/08/2007 10:27:43	2	2		Mr System System Supervisor	Action (Inform Next Of Kin) for Receptionists added. Copy (65) Created
23/08/2007 10:27	2	2		System Supervisor System	Viewed

Pathology | Actions | Header | **Audit**

Audit tab in message accessed from Patient Mailbox in Consultation Manager

Archiving ETP Rejected Messages

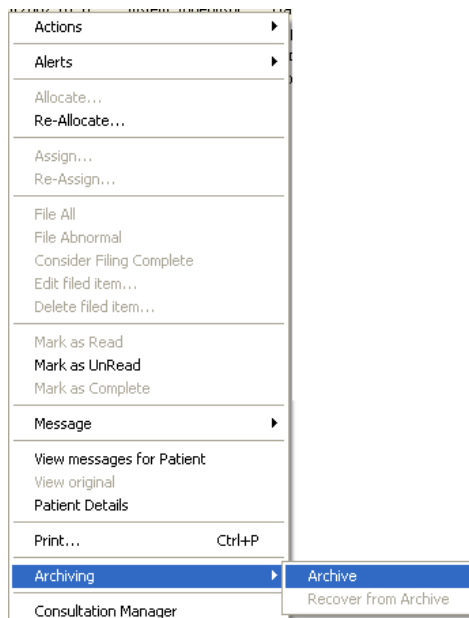
When ETP is active and a prescription is printed but you are not logged into Vision with your Smartcard, Vision tries to send the ETP message but is unable to do so due to not being connected to the National Services. Such messages are then entered into Mail Manager as being rejected or withdrawn, or they might have processing or transmission errors. You are now able to archive such ETP messages.

To archive individual messages from Mail Manager:

1. Right click on the message



2. Select Archiving - Archive



3. The message will now be stored in the Archived View.

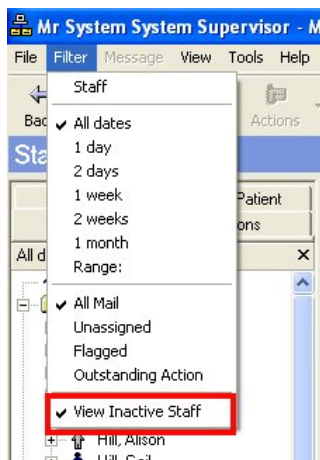
Mailbox Filter

From now on, Mailboxes for Staff members that have been inactivated in Vision will be filtered out from the Mail Manager screen by default.

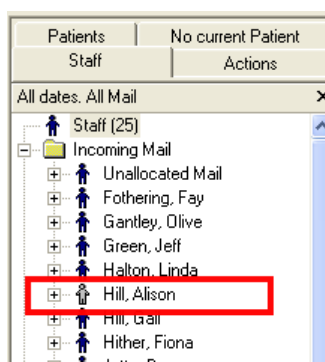
View Inactive Staff

If you would like to view Mailboxes for inactive staff:

1. Click on Filter in Mail Manager.



2. Select View Inactive Staff. A tick will appear next to the selection to show that you are viewing inactive staff.
3. You will be able to see inactive mailboxes in the left hand pane in Mail Manager. Inactive users have a greyed out icon at the side of their name. In the example below, Alison Hill is inactive.



Note Mailboxes for active staff that do not have rights to Mail Manager will still be present in the Mailbox list.

Training tip re marking staff as inactive











Staff are made inactive in Control Panel - File Maintenance - Staff if either the inactive flag is selected or their Valid To date is in the past. It is also advisable to inactivate them as a user (who could log in to Vision) in Security.






1. First, in Mail Manager, check that the mailbox of the staff member to be inactivated is empty.
2. Go to Control Panel - Security.
3. From the top left pane of Current Users, right click on the staff member to be inactivated and select Edit User.
4. On the User Details - Update screen, tick the box Inactive.
5. Click OK.
6. Right click on the staff member again and select Force Password Expiry.
7. Go into File Maintenance - Staff, find the same user, and click on the Edit icon. Enter a Valid Until date and tick the Inactive box.
8. Click OK.
9. If you are using Mail Manager and Staff Groups, an Assign Access Rights may be displayed, asking you to select the members of staff that will have access to the mail of the staff member just made inactive. Just tick in the appropriate boxes.

If you find that inactive users are still being displayed but greyed out when the View Inactive Staff filter is ticked in Mail Manager, then you have in the past set up access to their mailbox. Go to Mail Maintenance - Staff Access and under your name, right click on the relevant staff member and select Remove.

Managing Mail Manager Messages

In order to assist with managing Mail Manager messages, the list below indicates by message type how to deal with both successful and unsuccessful incoming and outgoing messages.

	Successful message status	Unsuccessful message status	Notes								
General	<p><input type="checkbox"/>  Complete</p> <p>Messages with a status of complete are fully processed and can be archived if required.</p> <p><input type="checkbox"/>  Sent awaiting acknowledgement.</p> <p>Messages with a status of Sent awaiting acknowledgement have not yet received a successful acknowledgement from the Spine. These messages should be monitored as successful messages will normally have a status of Complete.</p>	<p><input type="checkbox"/>  Transmission error</p> <p>Should the message status read "Transmission Error" details of the error are available in the Audit tab. To rectify this you can right click on the message and choose Reprocess.</p> <p><input type="checkbox"/>  Processing error</p> <p>Should the message be rejected, the status becomes "Processing Error" and details are available in the audit tab. Again you can choose to Reprocess the message.</p>	<p>It is advisable that all unsuccessful messages are dealt with on a daily basis due to the volume of messages that pass through the Mail Manager Interface. It is also important that messages are regularly archived.</p>								
ETP Messages	<table border="1" data-bbox="451 1144 892 1201"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>  Sent</td> <td>Parent Prescription</td> </tr> </tbody> </table> <p>For an ETP message, when the status reads Sent this means that Mail Manager has completed all processes for the message. The message is now on the Spine where it will stay until it is downloaded by the pharmacist.</p>	Status	Type	<input type="checkbox"/>  Sent	Parent Prescription	<table border="1" data-bbox="1029 1144 1459 1201"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>  Processing error</td> <td>Parent Prescription</td> </tr> </tbody> </table> <p>If there is any error for an ETP message, this normally means that there has been a disruption between Mail Manager and the Spine and is usually due to the prescriber not being logged into Vision with their Smartcard.</p>	Status	Type	<input type="checkbox"/>  Processing error	Parent Prescription	<p>In Tools - Options - Message in Mail Manager, if you leave Show Sent Electronic Prescriptions <u>UNTICKED</u>, this will only display ETP messages that are unsuccessful or error</p>
Status	Type										
<input type="checkbox"/>  Sent	Parent Prescription										
Status	Type										
<input type="checkbox"/>  Processing error	Parent Prescription										

	Successful message status	Unsuccessful message status	Notes
		ETP errors can now be archived from DLM2 40 by right clicking on the message and selecting Archive – Archive.	messages, and hide successful messages; this will improve performance and declutter your screen.
Choose and Book Messages	 <p>C&B Referral Messages with a status of complete are fully processed and can be archived if required.</p>  <p>C&B Messages with a status of Sent awaiting acknowledgement have not yet received a successful acknowledgement from the Spine. These messages should be monitored through the Activity List in CAB.</p>	 <p>If there is a processing error with a C&B referral message, you can look in the audit tab to view the details and if necessary, reprocess the message from the right click menu.</p>	Checking the activity list from the CAB website on the progress of eBooking referrals will be the best indicator of the referral message progress.
GP2GP	<p>Outgoing GP2GP Messages</p>  <p>GP2GP Messages with a status of Sent awaiting acknowledgement have not yet received a successful acknowledgement from the Spine. These messages should be monitored as successful messages will have a status of Complete.</p>	<p>Incoming unsuccessful GP2GP Messages</p>  <p>The Request Rejected status appears when a matching patient for the GP2GP message cannot be found.</p> <p>For Transmission Errors, there are numerous reasons why this might occur.</p>	If you are sending attachments in a GP2GP transfer, you need to make sure that any attachment documents are as compact as possible. In particular, Word

	Successful message status	Unsuccessful message status	Notes																				
	<table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Complete</td> <td>GP2GP Request</td> </tr> </tbody> </table> <p>GP2GP Messages with a status of complete are fully processed and can be archived if required.</p> <p>Incoming GP2GP Messages</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Available for filing</td> <td>Record Transfer</td> </tr> </tbody> </table>	Status	Type	<input type="checkbox"/> Complete	GP2GP Request	Status	Type	<input type="checkbox"/> Available for filing	Record Transfer	<p>Check the audit trail to see the details of the error. Usual errors are connected to the file sizes of outgoing attachments (you must not exceed 99 attachments) or the message is too big (5MB is the limit.). For other Transmission Errors, you can select Reprocess from the right click menu.</p>	<p>processing documents have the potential to be very large, especially if they incorporate images or pictures in the header or background. If at all possible, attached WP documents should be text only.</p>												
Status	Type																						
<input type="checkbox"/> Complete	GP2GP Request																						
Status	Type																						
<input type="checkbox"/> Available for filing	Record Transfer																						
PDS Updates	<table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Complete</td> <td>PDS General Update</td> </tr> </tbody> </table> <p>PDS Messages with a status of complete are fully processed and can be archived if required.</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Sent awaiting acknowledgem...</td> <td>PDS General Update</td> </tr> </tbody> </table> <p>PDS Messages that have a status of Sent awaiting acknowledgement haven't yet been received by the spine. This should automatically update to read Complete once transmission is complete.</p>	Status	Type	<input type="checkbox"/> Complete	PDS General Update	Status	Type	<input type="checkbox"/> Sent awaiting acknowledgem...	PDS General Update	<table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Processing error</td> <td>PDS General Update</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Transmission error</td> <td>PDS General Update</td> </tr> </tbody> </table> <p>Should the message status read "Transmission Error" details of the error are available in the Audit tab. To rectify this you can right click on the message and choose Reprocess.</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Sent awaiting acknowledgem...</td> <td>PDS General Update</td> </tr> </tbody> </table> <p>If the status Sent awaiting acknowledgement does not change, there might be a problem with the message. Right click and reprocess if possible to resend the message. If this problem is</p>	Status	Type	<input type="checkbox"/> Processing error	PDS General Update	Status	Type	<input type="checkbox"/> Transmission error	PDS General Update	Status	Type	<input type="checkbox"/> Sent awaiting acknowledgem...	PDS General Update	<p>In Tools - Options - Message in Mail Manager, if you leave Show Sent PDS <u>UNTICKED</u>, this will only display messages that are unsuccessful or error messages, and hide successful messages; this will improve performance and declutter your screen.</p>
Status	Type																						
<input type="checkbox"/> Complete	PDS General Update																						
Status	Type																						
<input type="checkbox"/> Sent awaiting acknowledgem...	PDS General Update																						
Status	Type																						
<input type="checkbox"/> Processing error	PDS General Update																						
Status	Type																						
<input type="checkbox"/> Transmission error	PDS General Update																						
Status	Type																						
<input type="checkbox"/> Sent awaiting acknowledgem...	PDS General Update																						

	Successful message status	Unsuccessful message status	Notes																				
		persistent, please contact the Helpline.																					
Summary Care Record (SCR) Messages	<table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Complete</td> <td>GP Summary</td> </tr> </tbody> </table> <p>SCR Messages with a status of complete are fully processed and can be archived if required. Once the status is complete the National Summary can be accessed from Consultation Manager.</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Complete</td> <td>Initial GP Summary</td> </tr> </tbody> </table> <p>Note that for the Initial Upload the National Summary facility will be unavailable on the patient record until a successful acknowledgement has been received.</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Sent awaiting acknowledgem...</td> <td>GP Summary</td> </tr> </tbody> </table> <p>SCR Messages that have a status of Sent awaiting acknowledgement haven't yet been received by the spine. This should automatically update to read Complete once transmission is complete and the SCR will then be available from Consultation Manager.</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Withdrawn</td> <td>GP Summary</td> </tr> </tbody> </table> <p>SCR messages with a status of withdrawn mean that a user has withdrawn the patients National Summary that was queued to be sent to the Spine.</p>	Status	Type	<input type="checkbox"/> Complete	GP Summary	Status	Type	<input type="checkbox"/> Complete	Initial GP Summary	Status	Type	<input type="checkbox"/> Sent awaiting acknowledgem...	GP Summary	Status	Type	<input type="checkbox"/> Withdrawn	GP Summary	<table border="1"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Transmission error</td> <td>GP Summary</td> </tr> </tbody> </table> <p>Should the message status read "Transmission Error" details of the error are available in the Audit tab. To rectify this you can right click on the message and choose Reprocess. If this error persists please contact the Helpline.</p>	Status	Type	<input type="checkbox"/> Transmission error	GP Summary	<p>In Tools - Options - Message in Mail Manager, if you leave Show GP Summary Messages <u>UNTICKED</u>, this will only display messages that are unsuccessful or error messages, and hide successful messages; this will improve performance and declutter your screen.</p> <p>Note that the initial upload SCR messages should automatically archive unless there is an error.</p>
Status	Type																						
<input type="checkbox"/> Complete	GP Summary																						
Status	Type																						
<input type="checkbox"/> Complete	Initial GP Summary																						
Status	Type																						
<input type="checkbox"/> Sent awaiting acknowledgem...	GP Summary																						
Status	Type																						
<input type="checkbox"/> Withdrawn	GP Summary																						
Status	Type																						
<input type="checkbox"/> Transmission error	GP Summary																						
XML Pathology England	With XML Pathology, there are a number of status that are possible which reflect that a successful pathology message has been	For incoming XML Pathology there is generally no reason why the messages would go into error. If you notice	See Mail Manager Help for further instruction on dealing with XML																				

	Successful message status	Unsuccessful message status	Notes																
	<p>received. but have different filing/allocation status:</p> <table border="1" data-bbox="447 479 913 535"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Available for filing</td> <td>Serum</td> </tr> </tbody> </table> <table border="1" data-bbox="447 576 871 633"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Filed</td> <td>Serum lipids</td> </tr> </tbody> </table> <table border="1" data-bbox="447 673 913 730"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Partially filed</td> <td>Serum lipids</td> </tr> </tbody> </table> <table border="1" data-bbox="447 771 913 828"> <thead> <tr> <th>Status</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Considered filed as co...</td> <td>Mid Stream Urine</td> </tr> </tbody> </table>	Status	Type	<input type="checkbox"/> Available for filing	Serum	Status	Type	<input type="checkbox"/> Filed	Serum lipids	Status	Type	<input type="checkbox"/> Partially filed	Serum lipids	Status	Type	<input type="checkbox"/> Considered filed as co...	Mid Stream Urine	<p>anything unusual, please contact the Helpline.</p>	<p>Pathology messages.</p>
Status	Type																		
<input type="checkbox"/> Available for filing	Serum																		
Status	Type																		
<input type="checkbox"/> Filed	Serum lipids																		
Status	Type																		
<input type="checkbox"/> Partially filed	Serum lipids																		
Status	Type																		
<input type="checkbox"/> Considered filed as co...	Mid Stream Urine																		