

Electronic Prescription Service Release 2

Implementing EPS Release 2 in Vision 3

There are a number of tasks that need to be completed in order to implement EPS R2 successfully at Vision practices.

1. Hardware up to spec

- a. Ensuring that the practice hardware conforms to the INPS minimum warranted environment. You can find the latest INPS Warranted Environment on our website http://www.inps4.co.uk/my_vision/hardware/warranted-environment/
- b. INPS is happy to carry out an engineering site audit, providing a report with recommendations and resolving any existing setup or image issues. Contact elaine.munden@inps.co.uk for more information.

2. Role Base Access Controls

- a. Smartcards will need to be updated with relevant roles and activity codes that will govern a users' access to their Vision system. It is important that this work is done in conjunction with Practice Managers or Practice RA Lead to ensure that all staff is able to carry out their usual work on Vision.
- b. Vision RBAC Guidance is available on our website http://www.inps4.co.uk/my_vision/vua/cfh/rbac/
- c. We have also built up a portfolio of 'RBAC Templates' that have been successfully used by other live sites. For any queries on RBAC contact: Elaine Munden, EPSR2 Implementation Manager, 07825139084 elaine.munden@inps.co.uk

3. Dictionary of Medication and Devices (DM+D)

- a. Practices will need to have the new DM+D drug dictionary applied to their Vision system and this will be done as part of the Pre Go Live preparation. Once this has been installed the practice will need to run the Drug Name Change Utility to update their Repeat Masters to the new naming convention. This utility is available from DLM320 onwards. Instructions for running the utility are included in the User Guide.



DMD_User_Guide_v0
07[1].pdf

4. Training

- a. Practices will receive two training sessions, Business Process Training and System Training. The Business Process Training workshop is delivered as a seminar to a group

of practices. This session includes a demonstration of the system followed by a workshop gets users to review their current prescription processes against the new process post EPS2 Go Live. This session is a starting point for users to go back to their practices and continue to review and develop their processes for managing prescriptions in EPS2.

- b. System training will be provided on the day of Go Live so that users can be taken through the full 'end to end' spine connected process. We also have training presentations to support the go live training. The sessions are split into Clinical and Non-clinical and usually take place a week or so before Go Live.
- c. We also provide a full User Guide available on our website http://www.inps4.co.uk/my_vision/vua/dlm/index.html.
- d. There are also Quick Reference Guides available on the website and our usual Vision online help files within Vision.

5. Things for practices to be aware of

- a. When RBAC is switched on, INPS will provide a 'checklist ' of activities that members of staff should work through as they first log in to check that they still have all the necessary access to functionality (actions should subsequently be deleted from a patients record).

Should staff lose any access to functionality it is likely to be a problem with the setup of their smartcard. You need to ensure that you have access to your RA Manager on the day that RBAC is switched on so that these issues can be resolved quickly.

- b. It is important that practices have the PCT setup correctly in Vision complete with the correct PCT code and identifiers.
- c. All prescribing staff must be setup correctly in Vision with GMC and Prescribers numbers. Up till now if this was not correct it would not stop the users from prescribing but once RBAC is switched on if these details are incorrect they will not be able to prescribe so it is worth checking.
- d. Ensure that users put their smartcards in before starting to log onto Vision
- e. Once RBAC has been switched on, it is important that all Prescribers (GPs Nurse Prescribers etc) all log into Vision as soon as possible to populate the drop down list of prescribers that are then available for prescriptions to be created against.



- f. Do NOT defer PDS Updates. Most of these are telephone number updates due to a change in the fields that are updated from Vision to PDS. If anything else appears in Red on the 'Mismatch' screen, check these and accept the update. If you continue to defer it will 'decouple' the record from the PDS record and this no spine services will be available for this patient.