

2 Getting Started in Vision

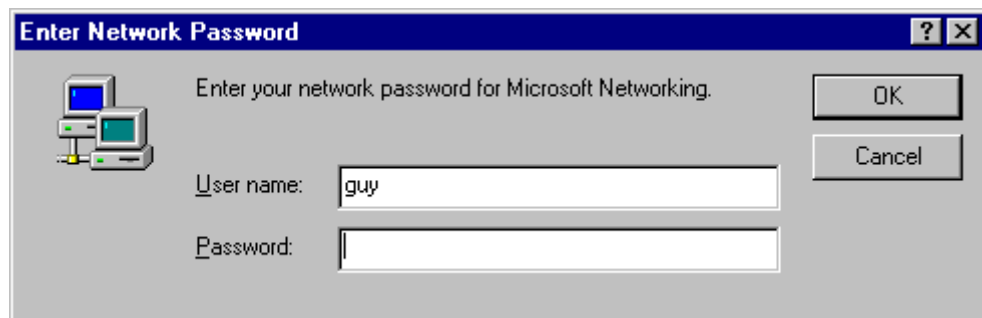
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Version 8	06.01.10 Rebranding to INPS, reflecting DLM 280 & 290 changes
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Version 5	15.02.06 Alt GP Review. Moved from Chapter 3 (1) section on Using the Keyboard and Mouse in Vision and (2) Vision 3.0 - Checking and Changing your Display Resolution.
Version 4	04.11.04

Logging on to the Computer

1. When the computer is turned on, after a short time a screen similar to the following will display – this may look slightly different depending on your operating system:

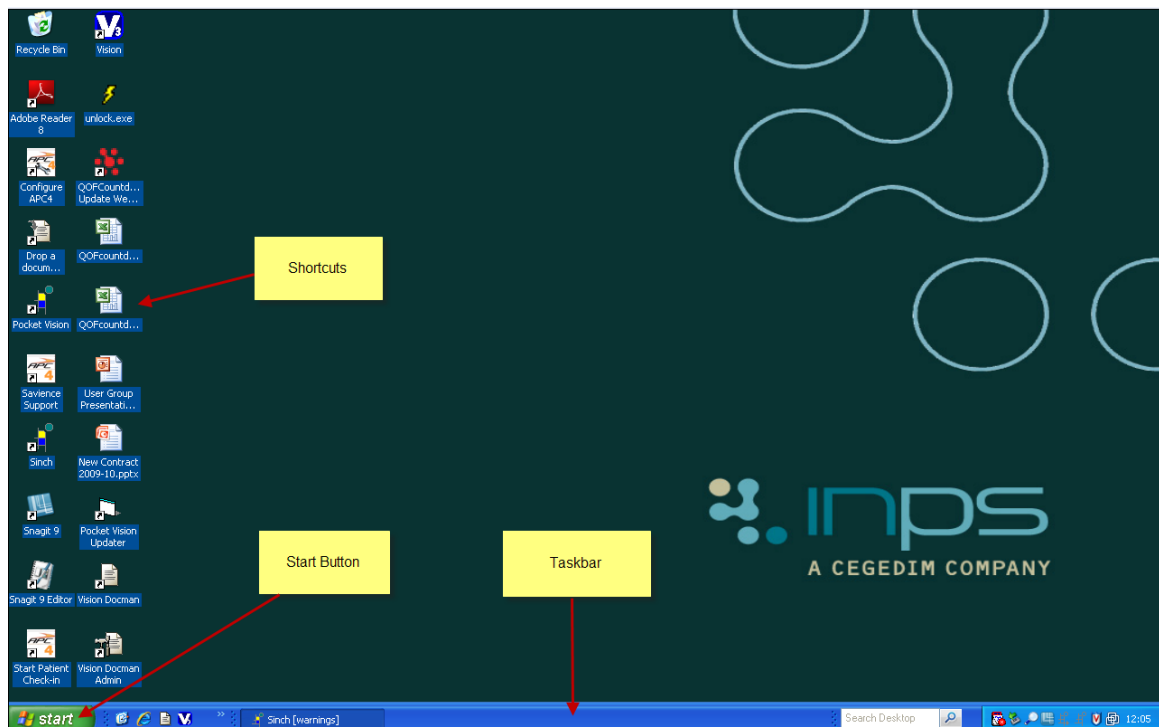


Network login screen

2. Check to ensure that the user name is the login name you have been assigned. If it is not, use the mouse to highlight the user name by clicking, then delete the current name and type in your user name.
3. Ensure the cursor is flashing in the Password box. If it is not, use the mouse and click into the Password box.
4. Enter your network or logon password. The password will appear on screen as asterisks rather than text. This is to stop others seeing your password.

Note The mouse has two buttons – an instruction to click means click on the left mouse button. Otherwise, you will be instructed where relevant to make a right mouse click.

The Windows Desktop will now display. The Start button, Shortcuts and Taskbar are discussed in the section on Windows Basic and Advanced Features.



Example of Windows Desktop screen

Signing on with a smartcard to Connecting for Health

This is covered in a separate User Guide. From the INPS website, www.inps.co.uk, go to the **My Vision** section, then **User Assistance – Regional Assistance England(CfH) - Single Sign On (SSO) and the National Care Record Service (NCRS)**. Download the user guide and view the pdf file.

Starting Vision and Log In



1. Either double click with the left-hand mouse button on the Vision icon, or click on the Start button, and then click on Programs, then Vision. An INPS screen is shown briefly, and then the Vision Login screen is displayed.



INPS screen

A screenshot of the 'Vision Login' dialog box. It has a title bar with 'Vision Login' and a close button. The main area contains a 'Login Name:' dropdown menu with 'A DEMO' selected, a 'Password:' text box, and three buttons: 'OK', 'Cancel', and 'Help'. Below these is a warning message: 'Computer Misuse Act 1990 - Unauthorised access to this system is an offence.' At the bottom, there are two labels: 'File System: Demo System' and 'Site: No site selected', with a 'Change >>' button next to the File System label.

Vision Login screen

2. At the Vision Login screen, if your login name is displayed, just enter your password - your password will not be visible. Instead the box will appear to remain empty. This is for security reasons.
3. Click OK to reach the Vision front menu (see page 14).

Troubleshooting Login

Below are some of the problems you may have at the Login screen and other options. If any of your staff in the practice cannot log on for any reason, make sure they know who to go to in the practice for help, usually the System Administrator.

Note The warning about unauthorised access being an offence under the Computer Misuse Act 1990, is displayed on all login screens.

If your Login Name is not displayed

The Vision Login screen will display the last person signed on at this terminal, so you may see another name instead of your own.

If there is no list of users, type in your Login name (see your system administrator if you are not sure what this is). Your system administrator has set this no-list option deliberately as an extra security option (in Security - Security Settings - Show List of Users).

If there is a list of users, to select one, first move the cursor into the Login Name field if not already there, either by pressing the Tab key until Login Name field is highlighted, or by clicking within it with the mouse. To select a login name:

- If you are using a mouse, use the arrow to open up and display a list of login names and select yours by clicking on it.
- If you are using the keyboard, use the down and up arrow keys on the keyboard to go through each login name in turn. When you reach the one you want, press the Tab key to move to the Password prompt. (Don't press Enter instead of Tab because that finishes this screen, and without a password, access will be denied).

The person signed on with this login name will appear against all data entries made in this session, and access to parts of the system will only be made at the level of this user.

Once you have chosen the Login name, click within the **Password** window or press the Tab key to move the cursor into the **Password** window. Type in your password - the letters will not be visible and the box remains empty. This is for security reasons. Click on OK.

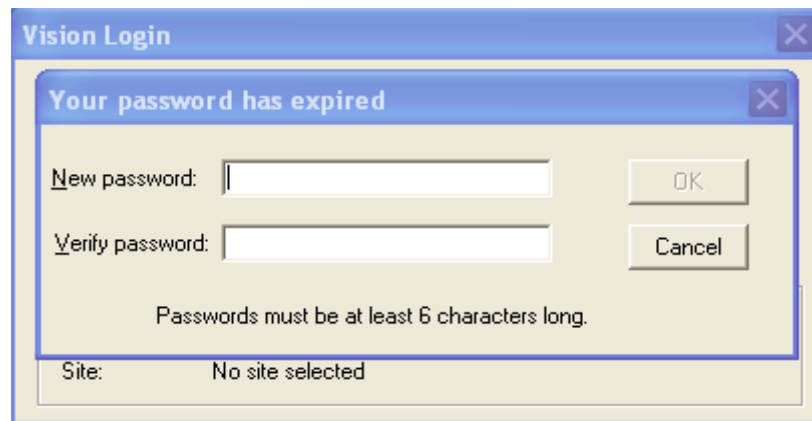
Further log-in names are added to the system from the Vision front menu in **Management Tools - Control Panel - File Maintenance** and then passwords and access rights through **Security**.

About SYS and the SYS password

SYS is the login name of a general System Manager and appears on all Vision systems. SYS has access to all parts of Vision.

The initial password of SYS is **password**. This should be changed as soon as possible for security reasons in **Login - Change Password** on the Vision front menu.

If asked to change your password



Your password has expired screen

You may be asked to change your password at the Login screen if you fall into one of the following categories:

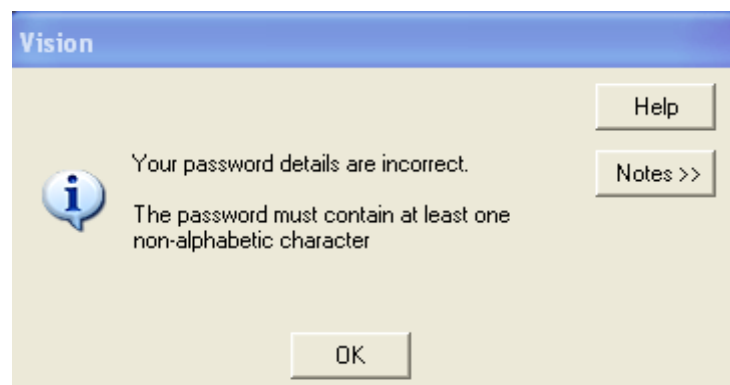
- You are a new user and signing on for the first time
- The system administrator has had to reset your password
- Your password has expired because so-many days have passed, usually every 30 days. Password expiry options are set in Security - Security Settings by the system manager, and have to be changed frequently.

At the **Your Password has expired** or **Change Password** screen, type in a new password at the **New Password** window.

- Passwords must be between 6 and 12 alphanumeric characters, and at least one of the characters must be non-alphabetic.
- You cannot re-use an old password until five other passwords have been used first.

Press the Tab key to move to **Verify Password**, then type the password exactly the same again to verify it. Press Enter or click on OK.

You will be warned if you have typed in the password incorrectly. Try typing both passwords again, making sure they are exactly the same.



Warning screen displayed if the password entered does not meet criteria required

If you have forgotten your password

If you have forgotten your password, your system administrator has the access rights and will have to reset it.

1. The system administrator should select **Management Tools - Control Panel** and select **Security** from the left-hand pane.
2. On the user involved in **Current Users**, click the right mouse button, and select **Reset Password**.
3. The password set here will automatically expire the first time the user logs in.

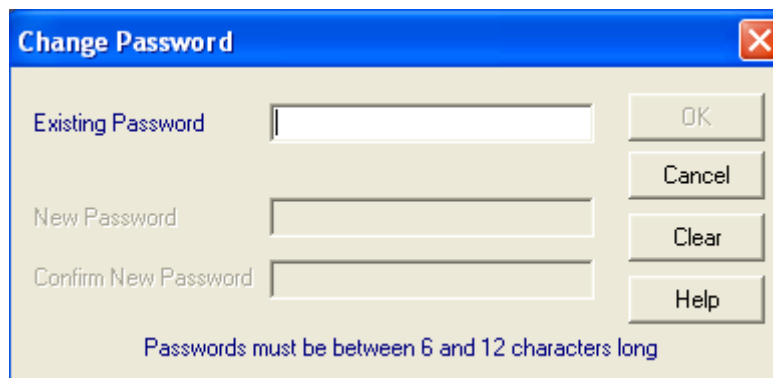
Passwords are one-way encrypted, which makes them more secure. This also makes it impossible for the Help Line to decrypt passwords should the user forget their password (or perhaps more significantly all their administrator passwords).

Note Make sure users remember their passwords, as there is no way to access Vision if this is forgotten.

You are advised to contact the Help Line if access is impossible.

How to change your password

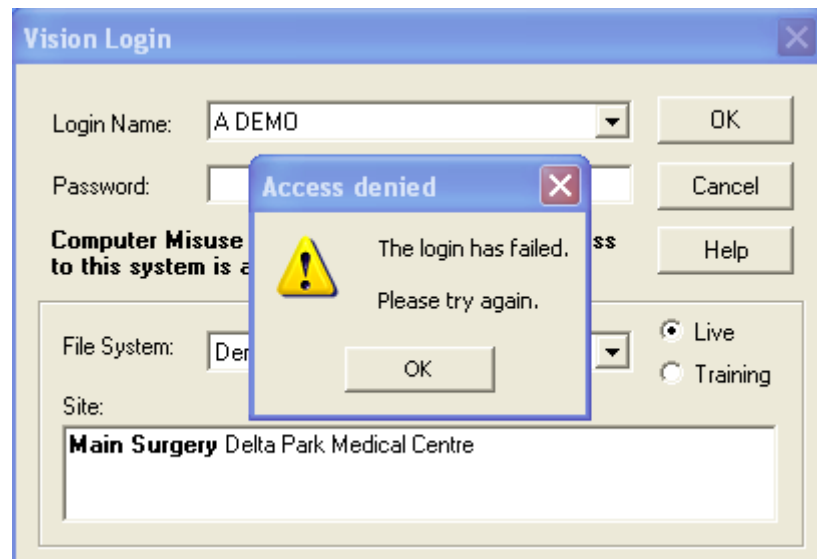
If you want to change your password, use the **Change Passwords** option on the **Login** menu, accessed from the **Vision front menu**. You have to be the user currently signed on at that terminal. You may want to use this option if for some reason you do not want to wait until the usual password expiry period has passed.



Change Password screen

- Passwords must be between 6 and 12 alphanumeric characters, and at least one of the characters must be non-alphabetic.
- You cannot re-use an old password until five other passwords have been used first.

Access denied - Login has failed



Access denied screen

The **Access Denied** warning message will appear if at login you enter the password incorrectly. Click on OK and try again. Try re-entering your password correctly. Usually you have three or more attempts before you are locked out and access is denied to Vision. You may need to see your system administrator.

If you are locked out of the system

If you have entered your password incorrectly a certain number of times, you may eventually be locked out of the system. You will have to go to your system administrator, who can unlock the account of a user who has been locked out following the accumulation of unsuccessful logins.

If the administrator is locked out, or not available, then contact the Help Line.

It might be advisable to have more than one system administrator and try and ensure that at least one of these people is always on site.

How the System Administrator can Clear Failed Logins

The system administrator can unlock the account of a user who has been locked out following the accumulation of unsuccessful logins.

1. From the Vision front menu, select **Management Tools - Control Panel** and select **Security** from the left-hand pane.
2. The Clear Failed Logins option will be disabled until a suitable user, with failed logins, is highlighted.
3. Right click on the user in the Current Users group and select **Clear Failed Logins**.
4. When you have cleared, there is no confirmation message; to check, look at the **Clear Failed Logins** option on the menu which should now be disabled (greyed out).

How the System Administrator can manually force a password to expire

1. The system administrator should select **Management Tools - Control Panel** and then select **Security** from the left-hand pane.
2. While pointing to the required user in the Current Users top left pane, right mouse click and select **Force Password Expiry**.

If you want to use the Training system with Dummy Patients

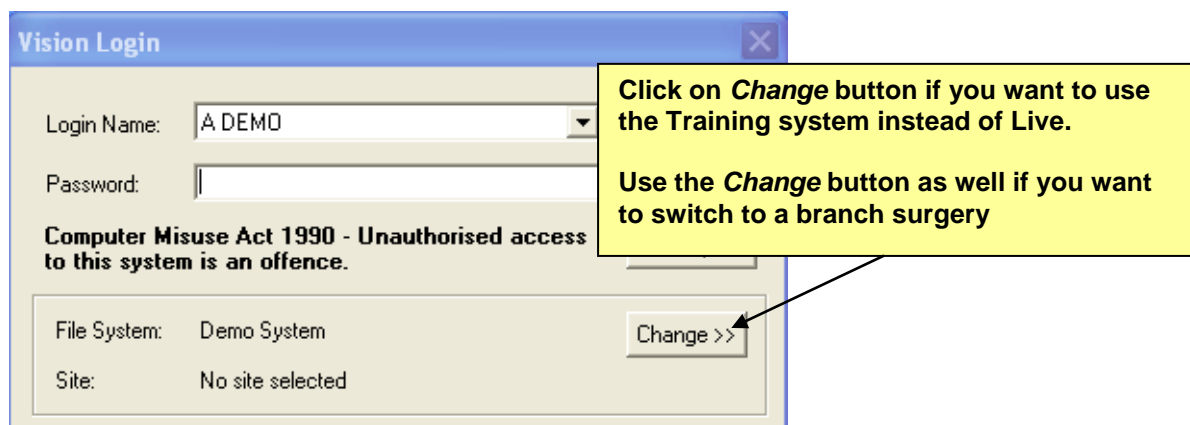
A fictitious set of patient records is already set up for you on the Vision Training System, available at login by selecting Training instead of Live (the Live system is your practice's patients).

1. At the Vision Login screen, click on **Change**, or press Alt-C.
2. This opens out the bottom part of the Login screen. Click on **Training** or Alt-T to select the Training system instead of the Live system.
3. Select the login name and type in the password (you can use SYS and password, or one of the doctors and password).
4. Click on **OK**.

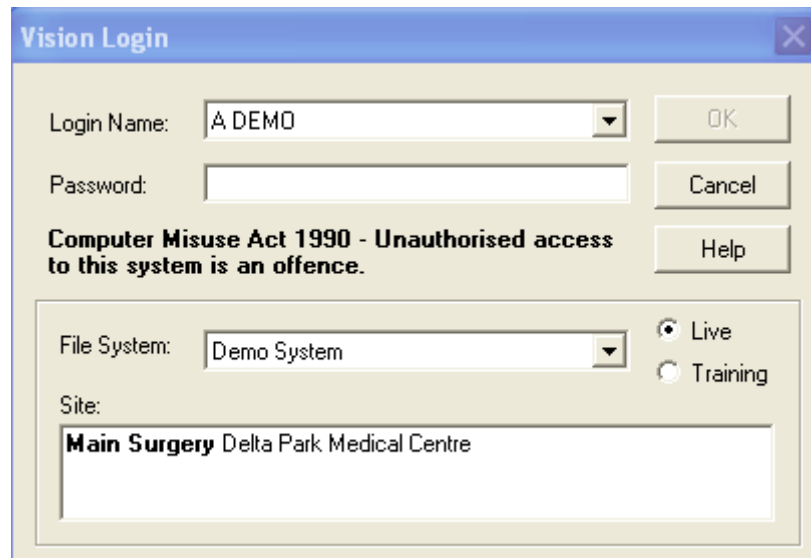
The Training system is a fictitious practice with a number of patients, which can be used by staff to practise entering data. It is entirely unconnected to the Live system (your practice) and will not affect the live data. If the *Training* prompt is not in bold script, it is disabled and not available on your system.

Prescriptions printed from the Training system will clearly indicate that they are produced from a dummy data set. Similarly, any printed reports will also be clearly marked as dummy.

Note it is not possible to generate electronic (EDI) messages for dummy patients from Registration, Registration Links, Items of Service and Mail Sorter.



Vision Login screen with Change button highlighted



Vision Login screen

If you want to change sites from main to branch

You do not have a choice of sites if you have no branch surgery.

But if there is more than one site for the practice, the branch surgery will have been set up in **Management Tools - Control Panel - File Maintenance - Practice**. The main reason for selecting the branch surgery is to ensure the correct address is printed on prescriptions issued from there.

To change sites at login:

1. At the Vision Login screen, click on **Change**, or press Alt-C.
2. This opens out the bottom part of the Login screen.
3. Press Alt-S or click on either **Main Surgery** or **Branch Surgery**.
4. Check or select the login name and enter the password.
5. Click **OK**.

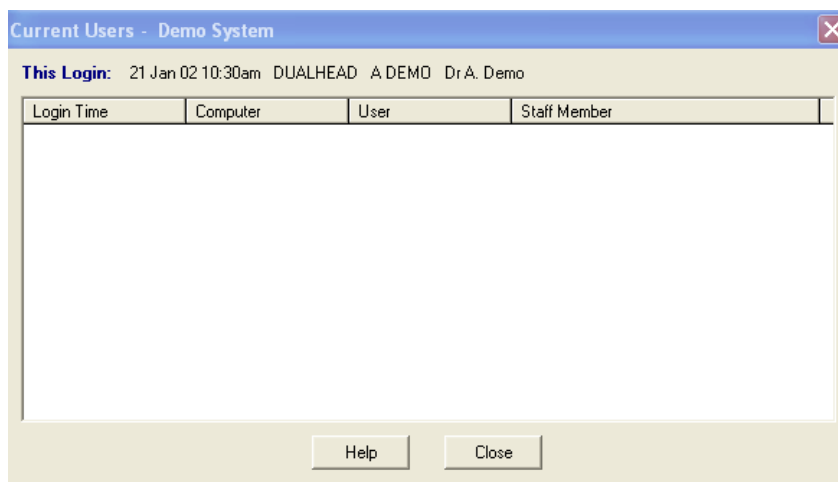
Login Menu – Change Users, Change Passwords

To access the Login menu from the Vision front menu, either click on **Login** (on the top left side), or Alt-L.

The **Login** menu on the Vision front screen has three options - **Show Users**, **Change User** and **Change Password**.

Show Users

1. From Vision front menu, select **Login - Show Users**.
2. This displays a list of current users logged on to the system, and the time they logged on.



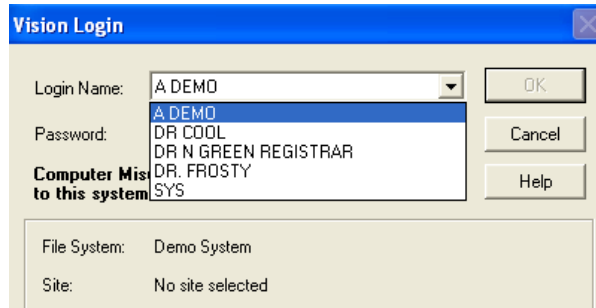
Current Users screen

Change User

If someone is already logged on to Vision, and you want to log on yourself at that terminal, you can use **Change User** from the Login menu, rather than exit right out of Vision.

1. From Vision front menu, select **Login - Change User**.
2. Select yourself in Login Name field.
3. Click in the Password box and type in your password.
4. Click on **OK**.

Note that this login screen has no **Change** button so if you want to swap sites (main to branch or vice versa) or between the live and training systems), you will have to exit out of Vision and log on again, using **Change**.

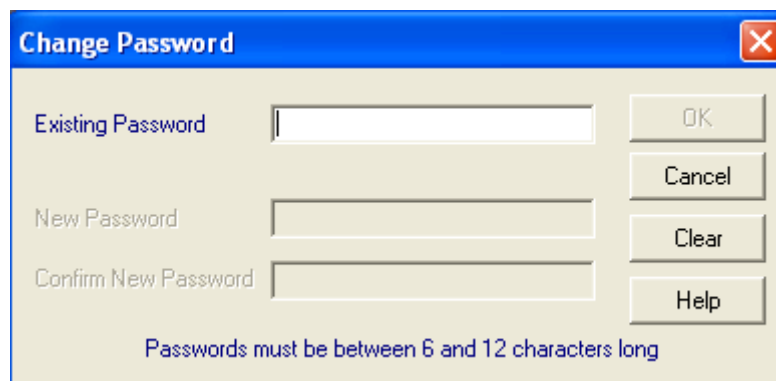


Vision Login screen from Change User option

Change Passwords

1. From Vision front menu, select **Login - Change Password**.
2. The Change Password screen will now display. Type your existing password into the Existing Password field.
3. Click into the New Password field and type in a new password, this must be between 6 and 12 alphanumeric characters, and one of the characters must be non-alphabetic.
4. Click into the Verify Password field, and type the password exactly the same again to verify it.
5. Click on **OK**.

Note When changing passwords, a password cannot be used again until five other dissimilar passwords have been used. In other words, you can re-use the same password once every six times



Change Password screen

Vision Front Menu and Modules menu

- The Vision front menu gives quick access to Vision modules. The menu options on the title bar are **Modules**, **Login** (see Login Menu – Change Users, Change Passwords), **Options** (see Chapter 6) and **Help**.
- All options are also available from the **Modules** menu (Alt-M) by either clicking on Modules then the option, or typing the underlined letter, e.g. A for Appointments, or scrolling down to highlight an option and pressing Enter.
- The modules that are visible for selection are the ones that you, as the logged on user, are permitted to see. The System Supervisor can hide options from users in **Management Tools - Control Panel - Security** (see Chapter 4 Control Panel - Security).
- The Vision menu is divided into several lists: Home menu, Reporting menu, Messaging menu, Utilities menu, Management Tools menu. Click on one of these to present its list in the right pane. Then click on your chosen module.
- At the bottom of each menu list is the link to the INPS website **www.inps.co.uk**
- To access a Vision module from the Vision front menu, click once on one of the options to open that module.

Home menu

This includes:

- Consultation Manager - Chapters 15-27
- Appointments - Chapter 9
- Registration - Chapter 7



Vision Home menu

Consultation Manager

See Chapters 15-27 of the Vision 3 User Guide.

Clinical details about patients are entered in the Consultation Manager module.

- You can select a patient either from the patient register or from today's appointment list, or from a group previously saved from the Search and Reports module.

There are complementary function keys which can be used instead of the mouse to access the most frequently used functions. These are mentioned by the menu options.

After a patient has been selected, a consultation is started before adding any new data. Consultations can be categorised according to consultation type, for example, surgery consultation, night visit, repeat (prescription) issue or telephone call.

You can decide which view of the Patient Record is then displayed, or a specific guideline, or other data entry form or list. There are many other default options which can be set in **Consultation - Options – Setup**.

The **Patient Record** screen is where most data entries can be made. There are several system-distributed views with different tabs, depending on the preference of the user. A patient record view can be customised by a user. They can include:

- A **tabbed Data View**, - data can be viewed in a number of different tabs, according to categories, eg Test Results, History, Filtered, Therapy, Appointments, Patient Select. Several views have a problem-oriented approach. The Journal view lists all entries listed chronologically. A Management or Guidelines tab specifically displays management plans, or guidelines. The Patient Browser Link has an URL link to a map of the currently selected patient's home area; and lists of local hospitals. It can be customised further according to the user's preference.
- A left-hand **navigation pane** column which is a Medical Records Overview. This lists the Vision functions and shows where data has been added. Clicking on one or more of the functions filters the data to be displayed under the Filtered tab. Direct access is available to summary forms, data grids and management plans.
- The **data entry** form can be displayed in a number of ways. For instance, to add a blood pressure, select Blood Pressure from the Add menu. To add a symptom of cough, type the keyword cough in a Select Read Term window and press Enter.
- As part of the navigation pane, there is an **Alerts** section which warns the user about allergy entries, recalls, health promotion, immunisations due, CHD/CVD risk percentages, unprinted therapy etc. A red **Alert** icon will flash on the toolbar if the patient has a missing data.
- On the **Problem View** tab of a patient record tab, there is an optional graphical timeline which can record episodes of on-going problems, colour-coded according to the Read dictionary chapter. Practices can populate the *Problems* and *Currently Relevant* screens using Populate Problems (see Chapter 29 Problems).
- The optional **Consultation View** screen groups most of the frequently used data entry fields, entered by topic under the categories of SEDI (Symptom, Examination (including Test Results), Diagnosis, Intervention) as well as Management, Administration and Guideline. Entry of a Read term from this screen will automatically default to the correct SEDI type. Within each consultation, one or more topics can be created with which a patient may present, for example, a night-time cough, and advice re contraception.

Data Entry - Clinical details can be entered in a number of different ways but in most cases are stored either in a generalised medical history, or within what is termed a structured data area (SDA), for example, blood pressure, family history, diabetes. This makes retrieval of data using searches easier.

Management Plans provide the GP with current and historical information in a clear, grid format, e.g. Maternity, Epilepsy, Asthma, Diabetes. New entries can be made from these. Management Plans are sorts of guidelines that are provided with the system and easily accessed from the Patient Record.

Most Management Plans are duplicated as **Summary forms** – the same data but this time on a tabbed view. These group data from several sources, for example, for Health Promotion, Asthma Management, Maternity Care. These are used where clinical management of a condition can be sub-divided, for example, into Background, Management, Investigations; or for Maternity Care: Pregnancy Start, Ante-Natal, Investigations, Outcome, Infant Details, Post-Natal.

A wide range of **Guidelines**, both those defined by the practice or nGMS Contract guidelines issued by INPS, can be triggered by a Read term entry. They can give guidance for disease and routine management of patients within a consultation, for example, a prescribing regime, to print patient advice, or simply as a means of accessing information about the condition. Many guidelines include **Patient Information Leaflets**, and information about **Self-Help Groups**.

Pre-defined **reports** can be viewed or printed for the selected patient, or for a group of patients. These effectively filter the patient's data to specified data areas. The practice can create their own reports, for instance PMA reports, home visit reports.

Most clinical details are entered by selection from the **READ dictionary** or from a pick list of likely READ descriptions. The exceptions are Immunisations and Therapy. Immunisation entries are made from an Immunisation dictionary but later stored as READ terms.

Using converted clinical data, two practice-defined **formularies** can be created for Vision:

- A READ formulary of clinical terms (see Chapter 22 Read Dictionary)
- Drug formulary - creating a drug formulary in Drug Dictionary Utilities, based on the most frequently used drug dictionary items from Therapy (see in Chapter 24 Practice Drug Formulary).

Therapy screens can list Repeat prescription masters, or acute prescriptions and issues of repeats. Therapy is entered from a **Multilex Drug Dictionary** that provides supportive drug information. During Therapy Add, warnings are given for drug sensitivities, and once a drug item has been selected, drug checks are made against the patient's data, and contra-indications, interactions and drug doubling are flagged before the final selection is made. Normalex drug defaults can be used to enter the quantity and dosage automatically, though these can be overridden.

A full Action Group (BNF) categorisation can also be consulted during Therapy Add. Each drug item carries full information about the product, normal defaults etc.

A sub-set of the Multilex dictionary can be created as a practice **Drug Formulary**. Formularies can be exported or imported and thus shared between local practices.

Repeat prescribing is accurate and quick to use. Prescriptions can be printed with accompanying dispensing labels if required. The country flag will automatically determine the variation in prescriptions forms - FP 10 for England and Wales, GP 10 for Scotland and HP10 for Northern Ireland.

Health Promotion entries are collated from clinical details screens and you can quickly ascertain whether there is a qualifying record or any intervention has been given to the patient on a Health Promotion Summary.

Recalls can be entered for most data, and so can sending a patient a recall letter based on a standard template. Groups of patients due recall can be created from the Search and Reports module, and recall letters to patient groups can be sent from **Patient Groups and Recalls** (Generate Recalls).

Referrals and referral letters can be printed for individual patients, merging with the patient's details, and for referrals using data for hospitals and provider units which have already been entered in **Management Tools – Control Panel - File**

Maintenance - Organisations. Default referrals can be set up, detailing, for example, the entries for a common Read code or frequently used hospital unit etc.

Graphs can be displayed for numerical data such as blood pressure, weight, test results etc.

For practices that are linked to hospital laboratories to receive **pathology results** and other mail, the Mail Administrator and Mailbox or for XML messages, Mail Manager, sorts incoming mail into GP's mailboxes, from where they can be viewed, processed and filed into the patients' records in Consultation Manager.

Appointments

See Chapter 9 of the Vision 3 User Guide.

Here is a quote from one of our users:

"The Appointments system is perhaps the biggest benefit that Vision has brought to the administration of this practice. The screen resembles the layout of the surgery book, and was immediately very easy to understand. However, it is the multiple access that offers the real benefit for both front desk staff and GPs. In the past we were restricted to a single person running the appointment book at any given moment --very time consuming."

Most practices use a fast and efficient paper-based appointments system. The Appointments module of Vision offers flexibility that will surpass a paper-based system.

Not only can appointments be recorded, but other advantages include:

- The means to create templates for the GP's working week that can be quickly reproduced
- A booking list of patients from which the GP can work in the surgery within Consultation Manager for those with the full Vision package
- A method of highlighting conflicts arising from appointments
- Analysing appointments data and patient's waiting and consultation time

The Appointments module is first set up with those GPs and other practice staff for whom bookings will be made.

- **Clinical sessions** can be created, for example, a morning surgery, or an ante-natal clinic. Each session can be set up with a specific format of duration and number of appointments per hour, for example, a two-hour session with a total of twelve appointments per hour (ten minutes each).
- **Non-clinical sessions** (ie not patient-related), such as the practice meeting, or a drug rep appointment, can also be booked.
- Each user has their own appointment book. This appointment book can have one or more templates for a week's sessions, so that a pattern of work from Monday through to Friday (or Saturday) can be used from week to week.
- The appointment book can be constructed in blocks of up to 80 weeks ahead; though individual appointment book owners may vary in how far ahead appointment slots are available.

- Certain appointment slots can be kept for particular activities and coloured to draw attention to them, for example, Book on the Day slots in a surgery session.
- Patient bookings can then be made. Special slots can be searched, for example, the next ante-natal appointment with Dr A in four weeks' time.
- Appointment statistics can be found from Searches which analyse those which are completed, non-attended, cancelled and so on.
- Each consultation list can be viewed from Consultation Manager by the GP or staff carrying out the surgery or clinic.
- In **Appointments – Maintenance – System Constants**, the Appointments backup facility is switched on. You need to do this at each workstation where the backup is to occur, and the workstation needs to be running in order to take the backup should a server fail. The backup list will give a text file of dates and times of appointments in the near future, should there be a hardware failure.

Registration

See Chapter 7 of the Vision 3 User Guide.

The patient register is maintained in Registration. Initially, the database is created either from converted data from a previous medical system; or it may be downloaded from the HA (TP Trading Partner) electronically.

New patients can be added and amendments made to the details of existing patients, such as name, date of birth, address and registered GP. Registration status can include permanent, temporary or emergency treatment patients. Patients can be transferred in from other GPs, or as new babies, or as immigrants, or from the armed services.

Note With the advent of Connecting for Health, and if the user is signed on with their smartcard, this will affect Registration in two ways - adding a new patient may trigger a GP2GP for the patient's records from their previous practice; and selecting a patient may trigger a PDS update. View the separate User Guides on the INPS website - Client Zone - Downloads - NPfIT - SSO and NCRS, and GP2GP.

Extra patient details can be stored including their NHS number (though you can also store the old NHS number), the CHI number in Scotland and Northern Ireland, communication numbers (including phones, fax, pagers), previous surname, whether dispensing and any capitation supplement.

Carer details can be added from both Registration and Consultation Manager, and assigned to specific patients. Carers do not have to be patients registered with the practice.

If there is an electronic link between the practice and the HA, details of permanent active patients added or changed in Registration can be relayed to the separate Registration Links module in England, or Partners in Scotland. From there the information is transmitted to the HA electronically, and waiting messages for the practice picked up.

Within Registration, there are bulk patient transfer functions to cater for doctors retiring, sharing patients amongst existing partners, downloading patients in from another practice or deducting patients en masse.

Reporting menu

This includes:

- Search & Reports - Chapter 30
- Patient Groups - Chapters 23 and 31
- Clinical Audit - Chapter 32
- MIQUEST - Chapter 33



Vision Reporting menu

Search and Reports

Chapter 30 of the Vision 3 User Guide.

The Search and Report module will allow you to extract almost any patient data that has been entered in Vision Consultation Manager (clinical details) and Registration (patient details).

A search defines the criteria and looks at the patient database to find matching patients. User definable ad-hoc searches can be created and saved. There are many pre-defined template searches that you can run as they are, or amend slightly and save under a different name.

Template and pre-defined searches include drug and recall searches and a Cervical Cytology Recall search. This finds female patients with a smear recall date within a specified date range. Patients can be grouped into those requiring the first recall letter, the second, the third and so on. The resulting saved groups can be used to generate recall letters in Patient Groups and Recalls. The search also creates a group of patients excluded from smear recall.

Standard reports include the Target Report, Health Promotion Report, Capitation Report, Referrals Report, Drug Usage Report and Carer Report. There are also a number of Patient Reports that can be run for an individual patient or a group, using standard or user-defined criteria and report display, and producing, for example, an Encounter report, a Home Visit report, a Health Check report etc.

There are four sections to setting up an ad-hoc user-defined search and report – many examples are given in the Searches & Report on-screen help under specific headings such as Diabetes, Maternity etc.

Deciding what should be searched

- **Search Input** – Define which patients to search, the whole patient database, or within an existing group.
- **Search Details** - A wide range of search criteria can be specified on almost any clinical or administrative detail. The criteria selection screens use a common format which quickly becomes familiar to the user; Who and what entities you are searching for, which patient details (eg females only) and which clinical details (eg patients with blood pressure record).

Deciding how the search results will be displayed in a report

- **Report Output** – Determine how the search result will be displayed - printed, viewed on screen, count of patients only, detailed or summary report, exported to file etc. Multiple report formats can be output to file for seamless integration with other applications.
- **Report Details** - what the report displays, i.e. the patient's BP record, smear result etc, and whether to display all records or those that match.

Batching and scheduling allows reports to be run at a time to suit you.

A Currently Relevant search is supplied with saved search criteria to help practices who have converted from VAMP Medical to Vision. Used in conjunction with Populate Problems, accessed from the Vision front menu option, this can populate the Currently Relevant screen (Problem ENCOUNTER) with existing data.

A similar procedure can be used for problems other than the ENCOUNTER Problem (Currently Relevant), for example, for all patients with diabetes or asthma, for whom a problem of diabetes or asthma is to be created.

Both these are explained in the Search/Reports on-screen help.

Patient Groups and Recalls

Chapters 23 and 31 of the Vision 3 User Guide.

The Patient Groups module allows you to merge and modify groups of patients created and saved from the Search and Reports or Clinical Audit modules. You can also generate recalls, producing individualised recall letters with names and addresses, for example, all patients due for cervical smear recall in the near future.

- **Generate History** is an option that allows you to add a read-coded history entry to a group of patients in bulk.
- **Group Maintenance**, groups saved from searches can be processed. The patients in a group can be viewed and individual patients added or removed. Groups can be merged together, eliminating or including patients common or specific to a group. For example, a group of smokers can be merged with a group of those with high blood pressure, and the resulting group consist of smokers with high BP.
- **Mail Merge** is done from Patient Groups. Templates of standard recall letters are first created within a word processing package of either Vision Editor or Microsoft from Modules - Word Processor on the Vision Front menu (see Chapter 23 Referrals and Correspondence). Mail merge fields from details of the practice, patient, recall or referral are incorporated into the templates, for example, {System Date} for the current date, or {Surname} for the patient's surname. The recall process involves selecting a group of patients, Generate Recalls and the template letter, and then printing the letters. The individual details are merged into each letter.
- Address labels can be printed for patient recall letters, either individually or as a group. A variety of dot matrix and laser label sizes can be printed.

Clinical Audit

Chapter 32 of the Vision 3 User Guide.

Chapter 34 for QOF Reporting.

Vision has exceptional facilities for audits. The clinical content of audits can be defined centrally and distributed across sites. Clinical Audit is a series of pre-defined searches which provide the practice with monthly statistics of patient numbers and percentages of a target population. The latter may be either the whole practice or a specific group, such as patients with diabetes.

- QOF Reports are generated automatically on the first day of each month and sent to QMAS in England and Scotland and to PCAS in Northern Ireland.
- Daily generation of the QOF audits is possible for up-to-date statistics.
- The main sources for clinical audits are INPS and nGMS Contract for QOF Reporting.

- Bespoke audits for individual practices and PCTs can be created on request to INPS from the www.inps.co.uk website.
- Audits other than QOF reports are usually run manually soon after the first day of a new month.
- Reminders can be attached automatically to patient records within an audit group, and these yellow post-it notes can be displayed when the patient is selected in Consultation Manager, *No cervical smear for 5 years*.
- Search groups can be graphed within Clinical Audit and defined by age and sex.
- Groups of identified patients via Clinical Audit are available for further group processing including mail merge in Patient Groups and Recalls. Any search group can be imported and exported, for example, to Excel.
- Detailed audit criteria are available from the clinical audit help file.

Miquest

Chapter 33 of the Vision 3 User Guide.

MIQUEST stands for **M**orbidity **I**nformation **Q**Uery and **E**xport **S**yn**T**ax.

It provides a method of extracting data in a standardised format from GP software systems. It is not a piece of software, but a written specification of how GP systems should interpret remote queries from enquirers.

An enquirer who might make a query could be a Health Authority computer facilitator, PCT, Audit group or GP. Queries are searches which interrogate clinical data so as to produce the same answer from the same patient data.

The output is a simple text file, and these answers appear in a specific format. The "language" of the query is a computer readable format called Health Query Language (HQL), which is not dissimilar to SQL. The enquiry is constructed in a special piece of software called a MIQUEST Enquirer that validates it against the rules of HQL. An enquirer needs to have certain skills and resources to construct a query.

From time to time, an enquirer sends a query or set of queries to the practice on disk or, in the future, electronically. The GPs load the file into their GP system, which will then run the query against their Vision data, using MIQUEST, and produce another simple text file output (the response file) which is the answer to the question. This is then returned to the enquirer by the same method.

Messaging menu

- Mailbox - Chapter 11 (the clinical view of Mail Administrator messages)
- Mail Manager - Chapter 5 (XML messages only)
- Registration Links - Chapter 8
- Mail Administrator - Chapter 11 (the administrative part of Mailbox messages)
- Items of Service - Chapter 10 - no longer relevant.
- GP Communicator - Chapter 12



Vision Messaging Menu

Mail Administrator and Mailbox

See Chapter 11 of the Vision 3 User Guide.

Mail received in transmissions from hospitals, are sorted into their respective message types, mostly Pathology Results from hospital laboratories. These will be collected whenever a transmission is run from GPC (GP Communicator), ideally each evening. They are automatically sorted into GP mailboxes, available to that GP when she or he signs on. Mail can be redirected to another mailbox during absences. These messages are EDIFACT messages.

The incoming pathology results are filed into the patient's records in Consultation Manager, either automatically or manually from Mailbox/Mail Administrator. There are two screens that you can look at and from which you can process pathology results in Mailbox/Mail Administrator:

Note that the new Mail Manager screens (Chapter 5) can receive XML messages. When pathology laboratories switch to XML for pathology results, Mailbox and Mail Administrator will be phased out.

- **Mail Administrator**- This is the receptionist's view, accessed from the Vision front menu, where you can see how many results have come in. There are two screens which you can swap between - an initial Allocate mode screen, showing any unread results. Any results not allocated can be put into a GP mailbox, and any unmatched results linked to a patient. You can then swap to an Action mode screen, where you can carry out any actions that a GP asks for after reading a result, such as making an appointment; and file any results flagged for filing by the GP.
- **Mailbox** - The GP who is currently signed on at the terminal can access only their specific mailbox. This is the GP's view, where results allocated to his or her mailbox can be read. When a GP signs on their mailbox is minimised as a button on the status bar which can be clicked for full screen display. Abnormal results are highlighted. Action messages can be attached to any result, such as asking the patient to make an appointment, or to repeat the test. These actions are then carried out on *Mail Administrator*. The GP can also attach a free text note to any result. The result can be filed into Vision, or flagged for filing, under the appropriate Read term.

Hospital laboratories in Scotland will start moving to XML messaging for pathology results, radiology reports etc . Once this happens, Vision can receive XML messages via the Mail Manager screen, and Mailbox/Mail Administrator will eventually be phased out.

Mail Manager

Chapter 5 of the Vision 3 User Guide

Mail Manager is the screen where you can receive, view and file clinical XML messages. For many years, Vision users have used Mailbox/Mail Administrator for structured PMIP Pathology results. This application only supports Pathology messages and there have been criticisms of it, particularly "disappearing results".

Some time ago INPS recognised that many more types of structured clinical messages would be received by Vision users and sought a solution to support them and solve the problems with the existing pathology message solution. These new messages include Out of Hours reports, GP2GP record transfers, Hospital Discharge messages, GP Summary messages to the Spine, Electronic Prescription messages, Choose and Book messages and PDS updates.

Mail Manager is the application that INPS have developed for these (and all future) clinical messages and PMIP Pathology messages are also supported. It seems only sensible for one application area to deal with ALL the clinical messages for a practice, as they all require the same functionality, assigning to patients when not matched, allocating to a clinician, filing and actioning.

Mail Manager will not be displayed on the Vision menu, or switched on, until the practice has undergone a half day's training. This will be nearer the time that pathology labs switch to XML messages.

Incoming messages to Mail Manager currently are:

- Hospital discharge summaries (also called In Patient Reports)
- Out of hours records (also called Third Party Contacts)
- Incoming pathology messages in Scotland through SCI Stores
- Incoming EDIFACT pathology messages in England, handled in XML format
- Mental health notifications
- Connecting for Health messages including PDS updates, GP2GP, ETP, Choose and Book, National Summary Care Record

The functions of **Mail Maintenance** (in Control Panel) include:

- **Staff Access** - Assigning rights to individual users for Mail Manager. Everyone has the right to see their own mail. To see someone else's mail, you need access rights.
- **Actions** - Maintenance of practice defined Actions. These are tasks or messages which are attached to incoming messages, which other practice staff will carry out, eg, Patient to make appointment. These are grouped as Frequent Actions and Additional Actions.
- **Action Status** - Maintenance of Action status codes. These status codes track actions through an initial status of Newly Actioned, through to Completed Action. They are practice definable.

There is a fourth function related to Mail Manager - that of **Staff Groups**, which is part of File Maintenance (Control Panel). This groups staff into practice-definable groups (eg GPs, Nurses, receptionists), to enable mail messages to be actioned, copied to, etc.

Registration Links

Chapter 8 of the Vision 3 User Guide

The HA/GP Links Project in England and Wales - and Partners in Scotland - will allow Electronic Data Interchange (EDI) of Registration data between the computers of GP practices and active trading partners (TPs - Health Authorities [HA] and Health Boards) using DTS messaging.

Before Registration Links is operational, reconciliation of the patient databases at the practice and the TP is carried out by the practice downloading their data to the TP. They run list matching software, and upload any discrepancies to the practice. The practice can accept or reject these changes.

Once the link has been established between an active TP and a practice, then any addition or amendment to the Registration screen for a permanently registered patient will generate a transaction.

Using GPC, transactions are then transmitted daily to the TP and at the same time, any incoming transactions from the TP are picked up by the practice. These may also include Deductions (patients removed) or Approvals (of new patients), and once accepted by the practice, will automatically update the patient's Registration screen.

A summary Daily Status screen reminds the practice when the quarter ends and whether there are any outstanding transactions, or medical records due for sending to the TP for deducted patients. Full audit trails of all data exchanged between the TPs and the practices are possible.

When the TP sends a Close Quarter Notification transaction, indicating that the previous quarter is closed, the practice is required to archive the quarter's completed transactions to disk, and produce a Quarterly Certificate of all registration transactions and a Quarterly Capitation Report, one copy of which is sent to the TP.

Registration changes can be printed on standard forms and sent to the TP for those patients registered under an HA, which is linked manually but not electronically.

Once Registration Links are established and the databases at the practice and the TP are reconciled, Items of Service claims can also be processed electronically.

Items of Service

Chapter 10 of the Vision 3 User Guide

The functions of the Items of Service module were superseded by the 2003 nGMS Contract.

GP Communicator (GPC)

Chapter 12 of the Vision 3 User Guide

GP Communicator has an interface with the familiar look of an Outlook email screen listing folders with mail on the left, and a message pane in the centre. The destinations for messages include Hospitals and Trusts, PCTs, Health Authorities, and QMAS.

- GPC manages all transactions posted from Vision to delivery to the Health Authority or responsible agency (TPs, trading partners), including QOF reports to QMAS (England and Scotland);
- GPC manages all the receipts of transactions from the Health Authority or pathology laboratory so that these are made available to Vision in a suitable format. This includes filing/transaction generating interfaces with Registration Links, Mailbox/Mail Administrator, Items of Service; Miquet RFM, and QMAS acknowledgement messages.

Once the Configuration and **Clinical Scheduler** have been set up, the user needs only to look at the **Attention** folder daily, which may contain any messages with errors. Error resolution is straightforward.

Download Manager uses the practice's NHSNet link to connect and download upgrades and enhancements of Vision, which are applied without user intervention. It will shortly include updates to the drug and READ dictionaries. It is run as a timed overnight schedule, the time of which is set within the GPC software. The process is transparent to users and there are no prompts to respond to during the install.

Data Transfer Service (DTS) replaced X400 as the NHS message transport method for Clinical EDI messages.

- On 7th November 2003 in England and Wales, the X400 service terminated. Anyone not migrated to DTS by this time lost the ability to transmit clinical messages. Wales retains RACAL (because of pathology labs) as well as DTS.
- Northern Ireland currently on RACAL follows shortly with DTS migration.

- Scotland changes from X.400 to eSMTP and will still use an Exchange.



Mail Gateway is a separate icon on the desktop and should start automatically when Windows is loaded. It must be running for the scheduled processes of GPC to work. It performs all GPC functions including polling, sending and receiving, clinical interface etc. There is a manual option on the Tools menu called Update Vision which will run the Mail Gateway now.

Management Tools menu

- Control Panel - Chapter 4
- Security - see "old File Maintenance and Security" chapter
- Audit Report - Chapter 6
- Event Log - Chapter 6



Vision Management Tools menu

Control Panel (Management Tools)

Control Panel, from the Management Tools menu, is the starting point to set up the Vision system, before entering other data. It brings all the maintenance functions of Vision together in one place. The structure of Control Panel is like a familiar Outlook framework. Within this, each module has a similar interface with a left-hand Tree view, a List view on the right, and Details pane underneath.

Initially Control Panel includes **File Maintenance**, **Security**, **Eventlog Viewer** and **System Status**.

A fifth option - **Mail Maintenance** - will be displayed once switched on, after a member of your practice has attended a half day's training. Mail Manager is the XML messaging module and it has an associated set-up in Control Panel called Mail Maintenance.

- **File Maintenance** - To enter details of practice staff, practice details and organisations such as hospitals, departments, consultants, health authorities etc. A new facility Staff Groups will also be available after Mail Manager is switched on. This

replaces the "old" File Maintenance screens accessed from the Home menu. See File Maintenance (Control Panel) on page 31.

- **Security** - To give practice staff the right to use the computer - including passwords, defaults, groups, access, screensaver. This replaces the "old" Security screens accessed from the Management Tools menu. See Security (Control Panel) on page 32.
- **Eventlog Viewer** - a record of the workstations, users, and events such as access to the system, software updates, etc.
- **System Status** - The status of users and workstations
- **Mail Maintenance** - A module necessary to set up groups of users, actions and status codes for use in the Mail Manager module for XML messaging. Only available after half day's training and instructions how to switch on. See Mail Maintenance (Control Panel) on page 32.

File Maintenance (Control Panel)

File Maintenance is divided into three main sections:

- **Staff** - the GP partners and other GPs in the practice, the nursing and administrative staff who are employed within your practice and the attached community and other staff. You can enter personal and professional details, including their role within the practice, (e.g. partner, physiotherapist, administrator), and specialty interests of GPs, etc; identifiers, such as HA/HB/CSA codes, GP codes; and addresses. For each staff member, you are able to enter identifying codes, such as GMP codes, GMC codes and GP Codes.
- **Organisations** - Organisations, Departments and Persons outside of the practice who are attached to Departments. This includes Health authorities, Health Boards, hospitals and their departments and consultants (for referral purposes), NHS Trusts, PCTs, Pharmacies, Residential Institutes, Drug Manufacturers (to enter batch numbers of practice administered therapy), insurance companies. For each organisation, department and person, you are able to enter identifying codes, such as consultant codes, residential institute codes etc.
- **Practice** - Main surgery details and any branch surgery. Printed prescriptions contain the main surgery details and HA/PCT.
- **Staff Groups** - see Mail Maintenance (Control Panel) on page 32.

Security (Control Panel)

Members of the practice are first entered as **Staff** on **File Maintenance - Staff**. To give them access as a user to the computer with a logon name, they then must be added in **Security**. After adding a staff member in File Maintenance, it automatically flows to Add User in Security.

A **User** is a staff member who uses the computer and has been given a login name and password in Security.

This screen can be divided into three panes:

- **Current Users** - staff added in File Maintenance who are computer users: their login names and passwords, defaults, screensaver options
- **Groups of Users** - users can be classed into groups: All users, system managers and clinical managers, and other user-definable groups. A group can have access rights to specific Vision functions.
- **Vision Functions** - a list of modules and functions within Vision, e.g. Appointments, Consultation Manager, to which individual users or groups of users can have access rights.

Note In July 2004, DLM 182, Control Panel was introduced. The "old" Security screens can still be accessed from the Management Tools menu, but they will not be maintained and will be withdrawn in the near future. For this reason, you should use Security within Control Panel.

Mail Maintenance (Control Panel)

Mail Maintenance is a module - part of Control Panel - which services **Mail Manager**, where incoming and outgoing XML messages are processed to and from Vision.

Note Control Panel will not display the Mail Maintenance functions until you switch on Mail Manager. This switching on is an active process which you can carry out after you have attended a half-day's training on XML messaging.

Mail Maintenance provides three main functions:

- **Staff Access** - Assigning rights to individual users for Message Manager
- **Actions** - Maintenance of practice defined Actions. These are tasks or messages which are attached to incoming messages, which other practice staff will carry out, eg, Patient to make appointment.
- **Action Status** - Maintenance of Action status codes. These status codes track actions through an initial status of Newly

Actioned, through to Completed Action. They are practice definable.

There is a fourth function related to Mail Manager - that of **Staff Groups**, which is part of File Maintenance. This groups staff into practice-definable groups (eg GPs, Nurses), to enable mail messages to be actioned, copied to, etc.

Event Log

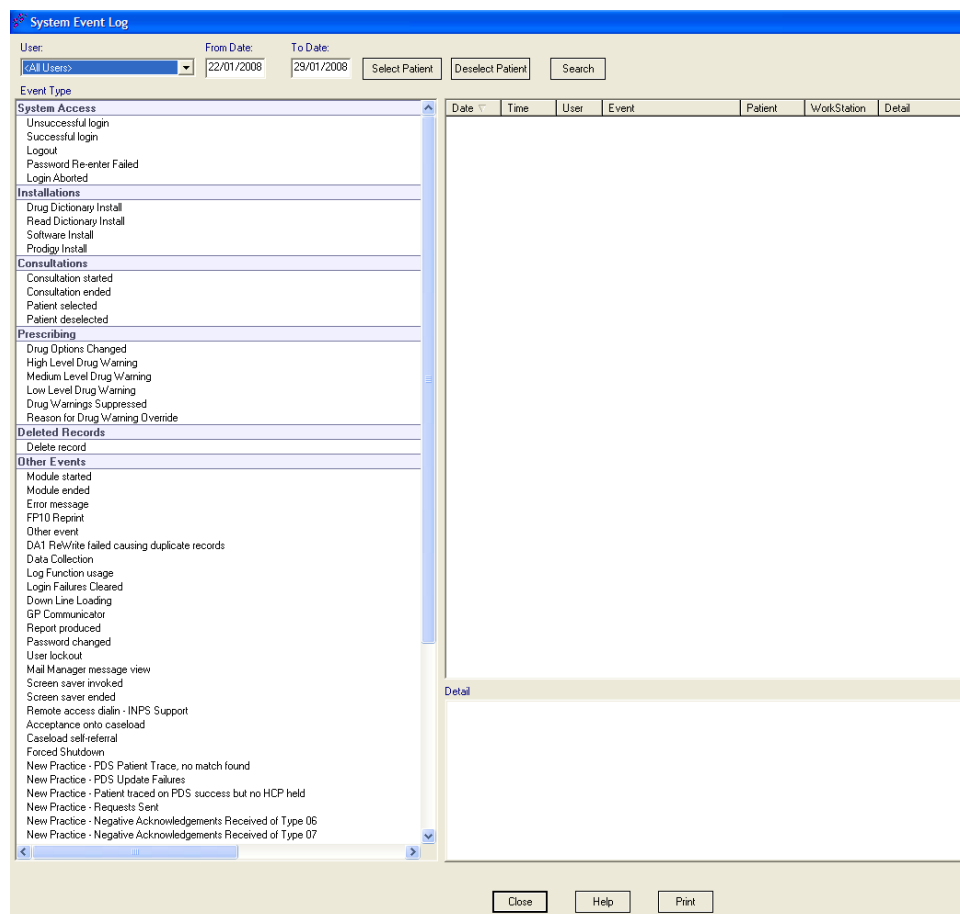
See Chapter 6 of Vision 3 User Guide

The Events tab gives information about system access, installations, versions of software, deleted records, and other events that have occurred on the system. From DLM 260, you can search the audit trail for all high risk alert overrides, any drug warnings (dependent on settings) and any changes to the Drug Options set-up screen in Consultation Manager.

The searches can be run for all users or on a per user basis and you are also able to search on specific date ranges.

There are two ways to access Event Log:

- From the Vision **Management Tools** menu - **Event Log**
- From the Vision front menu, selecting **Modules - Event Log**.
- The "older" Event Log screens are accessed from Control Panel but may be removed in the near future.



Systems Event Log screen

Audit Report

Chapter 6 of the Vision 3 User Guide.

The Audit Report allows searches to be run of audited or deleted records on any of the Vision patient entities, and prints out an audit report.

The Audit Report screen can be accessed either from Modules or Management Tools on the Vision Front menu.

The screenshot shows a software window titled "Audit Report". The window has a standard Windows-style title bar with minimize, maximize, and close buttons. The main content area is divided into two sections. The top section, "Select Entity", contains a text box explaining that the option allows searches of audited or deleted records on any of the Vision patient entities and prints out an audit report. To the right of this text is a list box containing the following items: "Acute and Repeat Issue Therapy", "Addresses", "All other Clinical Data", "Communication numbers", "Consultations", "Immunisations", "Patient", "Recalls", "Referrals and Requests", and "Repeat Masters". Below the list box are three buttons: "Run", "Help", and "Exit". The bottom section, "Audit Criteria", contains several input fields and "Clear" buttons. The fields are: "Patient:" (text box), "Date from:" (text box) and "To:" (text box), "Time from:" (text box) and "To:" (text box), "User:" (dropdown menu), and "Clinician:" (dropdown menu). Each field has a corresponding "Clear" button to its right.

Audit Report Screen

Utilities menu

You may not be permitted access to some options, depending on how your system administrator has determined access rights in Security:

- Populate Problems - Chapters 29 and 28
- Word Processor - Chapter 23
- Drug Dictionary - Chapter 24
- Read Formulary - Chapter 22



Vision Utilities Menu

Populate Problems

Chapters 29 and 28 of the Vision 3 User Guide.

First create a group - in Search and Reports, or Clinical Audit - for example, patients with asthma. Using Populate Problems, you can automatically add a problem (e.g. ASTHMA) to the Consultation Manager record of each patient in the group.

Word Processor

Chapter 23 of the Vision 3 User Guide.

This is where template letters for referral or recall can be created in either Microsoft Word or Vision Editor, using merge fields. These letters can then be used for mail merge from Patients Groups, or for referrals from Consultation Manager.

Drug Dictionary

Chapter 24 of the Vision 3 User Guide.

The **Drug Dictionary Utilities** option from the Utilities menu on Vision front menu is used to create a formulary from the full Multilex drug dictionary, based on previously converted data and the most frequently used drug dictionary items. It also allows you to view and print an existing drug formulary.

Maintain Formulary lets you add or remove individual therapy items to or from the formulary.

You can run a validation program to check various items on your system: unprescribable formulary items, unissuable repeat masters, invalid drug codes, and discontinued repeat masters.

Formularies can be exported or imported, and thus shared between practices.

When you install an upgrade of the Multilex drug dictionary, you may be directed to run **Therapy Update** afterwards to update any drug Read codes and action groups on existing therapy and repeat records for drugs whose action groups have changed with a dictionary update. Therapy Build is only used under Helpline guidance.

Read Formulary

Chapter 22 of the Vision 3 User Guide.

From Populate READ Formulary, you can maintain your READ formulary by adding or removing READ terms, and adding your own user-defined keywords to help selection.

Read formularies can be exported and imported.

Other Options from the Modules menu

From the Vision front menu, select Modules from the top menu for the following options.

- **Label Design** - see Chapter 24 - Design of drug labels, dispensing bag labels, and specimen labels.
- **GPRD Data Collection** or **THIN Data Collection** - see separate User Guides available from GPRD (General Practice Research Database) and THIN (The Help Improvement Network) which cover these data collections, taken on an incremental basis.
- **Close all Modules** - - see page 51
- **Exit** - see page 51

Other Vision Products

For the latest in Vision products, visit the INPS website at www.inps.co.uk and click on Products.

What to set up first in Vision

The training consultant will explain many of the functions described below to you on your Training Day.

To get started in Vision, work through the list below. The first list is essential before any records are made. The second list is day-to-day use. The third list you can leave until later when you are more familiar with Vision.

You must action the following before using your system:

- **Health Authority - File Maintenance:** Before entering any registration or clinical data, go to Control Panel - File Maintenance and enter the details of the practice in *Practice*; and your local TP/HB/CSA (Health Authority, HB or CSA) in *Organisation*. See Chapter 4.
- **GPs and Staff - File Maintenance:** Next enter the GPs under *Staff* (this is staff within the practice), and any staff who will use the computer. See section 4.
- **Login Names and Passwords:** In Control Panel – Security, from the Vision front menu, the system supervisor should give each computer user a login name and password. Determine their access rights to Vision functions. Initially all staff are put into a group *All Users* who do not have access to Consultation Manager or some other modules. See Chapter 5.
- **Other Organisations, File Maintenance:** Before you can enter referrals, in *File Maintenance*, set up other organisations, including local provider units (hospitals etc), departments and other outside personnel with whom the practice communicate. See Chapter 4.
- **Patients - Registration:** The patient database needs to be entered in Registration. This may be by conversion from a previous medical system, or as an electronic download from the Health Authority. If your practice is linked electronically via Registration Links, compatibility needs to be reached with the database at the HA. Thereafter, maintain the register with any additions or amendments. See Chapter 7.
- **Communications modules,** such as **Registration Links, Items of Service Links,** and **Mail Manager,** will need to be set up as well as the **GP Communicator** (GPC). Refer to the set up sections within their relevant on-screen help. See Chapters 12, 8, 10.
- **Bulk Change Utility** - For practices converting from clinical systems other than VAMP Medical, dummy codes are created for History and drug entries where there is ambiguity. The Bulk Change Utility allows these dummy codes to be re-assigned to valid Read and drug codes, and where required, to re-authorise repeat prescriptions so they may be issued straightaway. If Bulk Change is not processed, repeat prescribing cannot be run from existing repeat master records. There is a separate Bulk Change User Guide, obtainable from the Training Dept, or available from the on-screen help on the Vision front menu.

Day-to-day use:

- **Clinical data - Consultation Manager:** Enter clinical data in Consultation Manager. Remember that once you have selected a patient, you need to start a consultation before entering any records, and close the consultation when finished. See chapters 15 and 16.
- Set up the repeat prescriptions in Therapy Repeat - Consultation Manager. Enter all recalls in *Consultation Manager*. For practices linked to the HA for Items of service, claims can be generated as you enter data, then transferred and stored in the **Items of Service Links** module before transmission to the HA.
- Start entering recalls for patients' BP checks, cervical smears, diabetic clinics, etc.
- **Appointments:** Start arranging template appointment books and make appointments for the GPs and other practice staff, and book Appointments. See Chapter 9.
- **Searches and Reports:** Use Reports to generate regular reports for Health Promotion, Capitation, Referrals, Patients, Drug Usage, Targets and any additional reports as required. See Chapter 30.
- **Recalls:** Once your patients have been identified and saved as a group, call them in for review using *Generate Recalls* in Patient Groups and Recalls. See Chapter 31.
- **Mail Manager:** For practices linked to receive pathology results from the local hospital laboratory, start to use the Mail Manager to sort incoming results to patients' clinical records. See Chapter 11.

These set-up actions can optionally be left until later when you are ready:

- **Populate READ Formulary:** The practice READ formulary can be maintained by adding READ terms and keywords individually, either from Populate READ Formulary or within Consultation Manager. Formularies can be imported or exported from Populate READ Formulary as well. See Chapter 22.
- **Drug Dictionary Utilities:** The Drug Formulary, a sub-set of the Multilex Drug Dictionary, can be viewed, printed and maintained here. In addition, practices converting to Vision from another clinical system such as VAMP Medical can also create a drug formulary based on their previously prescribed items by listing all the Therapy issues in order of frequency of use. See Chapter 24.
- **Label Design** - If you are a dispensing practice or want to print dispensing labels with prescriptions, specify the design of the label for both drug labels and bag labels. You can also customise specimen labels for pathology specimens. See Chapters 24 and 11.
- **Populate Problems** - For practices converting to Vision, the existing data may not convert into Problems or Currently Relevant in Consultation Manager. Using Searches and Populate Problems, these screens may be populated, ie existing problem records for

patients will become problem records within Vision. See Chapters 28 and 29.

- The Currently Relevant search is described in the *Search/Reports* User Guide. You are advised not to run this option immediately after converting to Vision, but after a period of time when you have become familiar with Consultation Manager and Searches.

Regular Housekeeping in Vision

Check List of Daily routines

Daily overnight backup.

- Next morning, check backup log that backup is successful – take tapes off site. Put next tape in machine.
- **GPC:**
- Automatic transmissions to HA/Path lab for registration links, IOS and path results
- Check Attention folder for messages in error

Registration:

- Register new patients
- Amend patient details (address, etc)

Registration Links

- Check the Daily Status screen to see if archive is due.
- Check and clear any unacknowledged acceptances ("frozen" patients)
- Check outstanding Medical Records which need sending back to HA
- Process Incoming Transactions
- Look at Error File and delete any unmatched transactions
- Print off day's transactions from Reports – Daily Transactions

Items of Service:

- Check Daily Status screen, especially number of days since last transmission
- Check and process system rejected and HA rejected claims, particularly contraceptive claims

- Check and clear awaiting acknowledgements
- Delete unmatched transmissions (Maintenance – Unmatched Transactions)

Mail Administrator:

- Assign any messages marked [Unmatched patient] to a patient
- Allocate any messages marked [Unmatched to GP]
- View Action screen and complete actions
- File messages flagged for filing

Weekly or regular routines

Backup:

- Weekly backup
- Clean backup device (DAT drive)

Reindex (every two weeks)

- Update **virus** software

Items of Service:

- Check Searches – Pending claims twice weekly to ensure it holds only valid MS claims, maternity claims and additional TR claims such as night visits etc.
- Every fortnight

Searches and Patient Groups

- Run Cervical Cytology Recall Search and send recall letters

Appointments:

- Extend appointment books

Monthly routines

- Monthly **backup**
- Users change **passwords**
- Update **drug and READ dictionaries**
- Run **Clinical Audit**

Occasional routines

- Audit Report
- Replace worn backup tapes

Registration Links:

- Carry out Quarterly Archive when due and print Quarterly Certificates when due

Items of Service:

- Run searches for completed paid claims after the cut-off date but before the quarterly archive is carried out
- Carry out Quarterly Archive when due, print Quarterly Certificates

Appointments:

- Make up new sessions/books

Searches

- Run Target Reports quarterly
- Run Capitation Reports quarterly
- Run Referral Report quarterly

Screensaver

How the screensaver works

The screen saver blanks the screen after a certain period of inactivity (set in Security – Screen saver, per user – the default is 20 minutes in England, and 10 minutes in Scotland), or it can be invoked by using Ctrl-Alt-F12.

This then gives you a countdown until your workstation is locked.

At any time in this countdown period, any single keystroke or mouse action will clear the screensaver and re-allow access where you left off.

Once this countdown period has passed, then a keystroke or mouse action will display a prompt for the current user's password with a log off button.

There are two options:

- Enter the password of the user who was at this computer, in which case the Vision screen will go back in to how it was left.
- If no password is entered and the Close button is used, then no Vision is displayed (ie another person is not allowed to see the Vision screen the user was at), and any open data entry forms in Vision will be cancelled.

How to set the countdown period is explained in the Chapter 4 - Security section of this Training Guide.

Using the Keyboard and Mouse in Vision

Menu Options

These are the menu option within Vision - Consultation Manager.

Consultation Summary Add Data List View Window Help

- Pressing Alt and the underlined letter, eg Alt - V for View, or Alt - F for File, reaches options from the menu (note the underlined letter is not necessarily the initial letter).
- To select a further menu item, just press the underlined letter (no need to press Alt again), for instance, Add - Referrals - From Default, would be Alt A F F.

Menu conventions

Smoking...
Test Results

Menu option dimmed or greyed out = not available,

eg Smoking

View Window
✓ Toolbar
✓ Status Bar

A tick to the left of command = command in effect

Select a Patient... F3

Key combination to right of command = shortcut key(s), eg pressing F3 (the function key) will also bring up the Select Patient screen

Referrals ▶

▶ to the right of command = additional menu

Transaction Management...
Reports...
Archive...
Database Reconciliation...

... to the right of the command = dialog box will appear

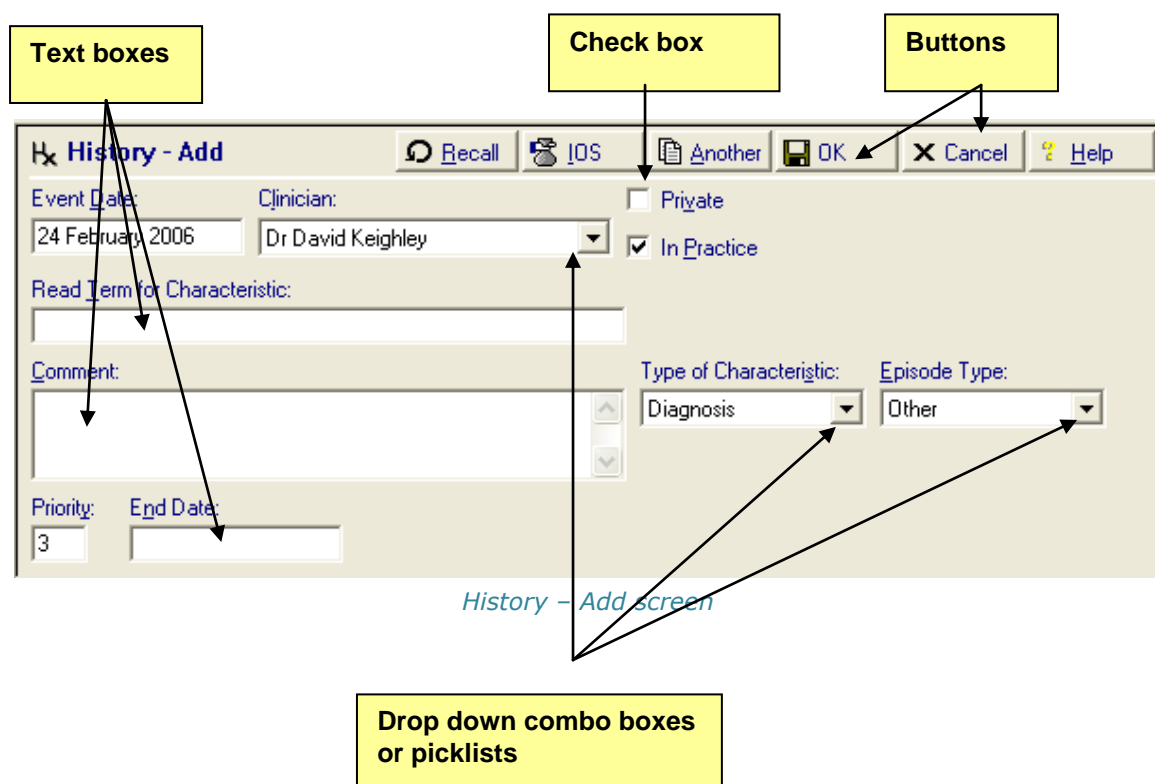
Function Keys

You may prefer to use the keyboard instead of the mouse, and one way to do this is by the use of function keys.

<F1> function key	Calls up on-screen help anywhere within Windows or Vision. This function is universal
<F3> Select Patient	Calls up the Select Patient screen if within Consultation Manager or Registration
Function keys within Appointments and Consultation Manager	Special function keys have been allocated for specific functions. These are mentioned within the <i>Appointments</i> and <i>Consultation Manager</i> on-screen help and many are listed by the menu options

Dialogue boxes and Keyboard shortcuts

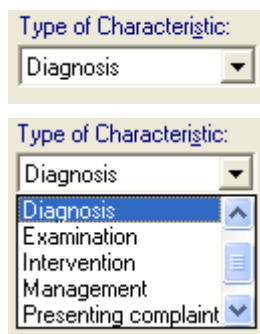
- Further information needs to be supplied in a dialogue box
- Every data entry form in Vision is a dialog box
- Move within a dialog box by using the mouse or TAB key for clockwise, SHIFT + TAB for anti-clockwise movement or use ALT key and underlined letter simultaneously



Mouse use

- Single click on left mouse button to highlight (i.e. *select*)
- Single click on right mouse button often displays menu options. Sometimes, you need to be pointing at a data entry line, right click and then select, for example, Edit, or Item View.
- Double click on left mouse button to choose
- Exceptions in Vision (single click chooses icons and buttons)
- Dragging (hold down left mouse button and move mouse along to required position, then release mouse button)

Combo boxes or picklists



Click on the scroll arrow to open the picklist and click on the item you want.

Via the keyboard

Note that some shortcuts may not work in certain modules, and you will have to use the mouse in these circumstances.

1. Hold down the **Alt** key and press ↓ the down arrow to open the combo box.
2. Use the **up and down arrows** ↑ ↓ to scroll up and down the list and press Enter on your highlighted choice.
3. Press the first letter of a word in the list to jump straight to the first word beginning with the letter you pressed.
4. Instead of opening the combo box (1), you can just use the arrow keys to scroll up and down the list.

Control button

Hold down the **Ctrl** key and click the left mouse button to select multiple items, for example, on the Journal tab in Consultation Manager. You can then drag the items on to a Windows clipboard



Command buttons

OK Button



A button, which has an emboldened border or looks "pushed in", is the button in focus, ie the selected option or the default button. A simple press on the Return or Enter key will activate the button.

If this is the OK button, pressing Return/Enter will accept the current screen as it is (and any changes made) and exit.

To press the OK button via the keyboard, hold down the **Ctrl** key and press **K**.

Cancel button



Pressing Cancel exits without making changes. To cancel a dialogue box on a keyboard, press the **Esc** key or hold down the **Alt** key and press **F4**.

Check boxes

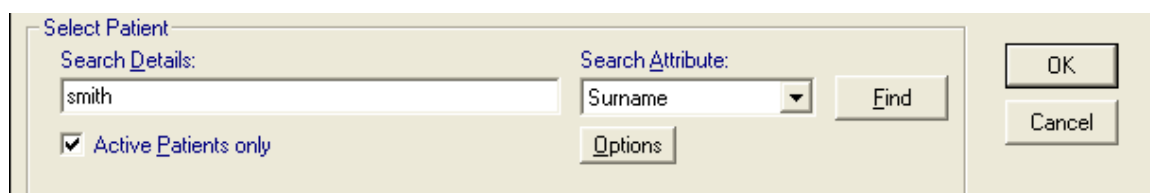


Click to tick the option you want. On a keyboard, to enter or remove a check mark, tab to the box and press the **space bar**.

Underlined letters

Wherever you see an underlined letter, hold down the Alt key and press the corresponding underlined letter on the keyboard to jump straight to the specific item.

In the illustration below, press the Alt key then type either P for Active Patients only, or F for Find.



Section of Select Patient screen

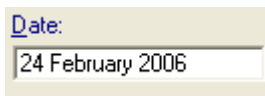
Moving around the screen

- Use the Tab key to move the cursor forward one field at a time.
- Use Shift-Tab to move back a field in the opposite direction.

Sometimes, when completing a screen, you don't want to press Enter until you are ready to complete the screen, and using the Tab key is a good way to move around.

Note that in Consultation Manager you can determine other options for keyboard use - see under Consultation - Options - Setup - General - Keyboard Behaviour.

Dates in Text boxes



To change a date, block highlight the date and overtype it with another.

Note that you can often enter dates using a shortcut abbreviated format, using minus - for previous dates, and + for future dates (such as in recalls, maternity estimated dates; though if you leave the + out, it assumes a future date):

- T** Today's date
- D** days, e.g. -1D (yesterday), 5D (five days' hence)
- W** weeks, e.g. -6W (six weeks ago), 7W (seven weeks' hence)
- M** months, e.g. -9M (nine months ago), 10M (ten months' hence)
- Y** years, e.g. -3Y (three years ago), 5Y (five years' hence)

Radio buttons

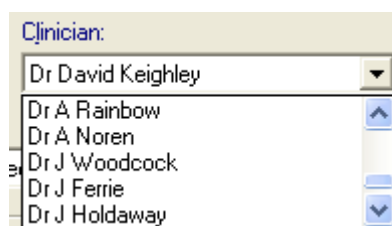


Click on the option you want. A series of radio buttons are usually mutually exclusive, i.e. you can only pick one at a time, never multiples

Scroll Bar

Scroll bars indicates further information off the screen

- Vertical or horizontal
- Scroll box indicates the relative position of the currently displayed information in the whole window
- Only displayed when needed
- Moving
- Click on scroll arrows and to move up and down line by line
- On long lists, click on scroll bar above scroll box to move up one page or below scroll box to move down one page



To **select an option** from a list with no underlined letters, use the up/down arrow keys to highlight your choice, then press Enter (the Return key) (see back to Combo boxes).

Tool Bar

A toolbar consists of icons, which often correspond to menu options accessed by single click.

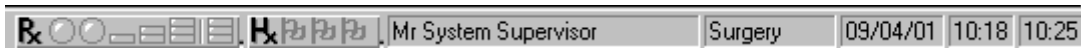


Toolbar in Mailbox

Status Bar

The status bar is at the bottom of the screen above the Task Bar:

- Usually explains current open window
- Gives additional information / help
- Can be switched off by VIEW menu in Vision



Example of status bar from Consultation Manager

Other keyboard use

ALT key	use menu bar, e.g. Alt-F to reach <u>F</u> ile menu
ALT + underlined letter (simultaneously)	move to a dialogue box item
← → and ENTER when required option is highlighted or type underlined letter	choose a menu
TAB key	move to the next field
SHIFT TAB	move to the previous field
↑ ↓ keys	move highlight
ENTER key (marked ↵)	choose highlighted option
CTRL + ESC (simultaneously)	display the task list
ALT + TAB	switch between applications (or use Task Bar)
ALT + SPACEBAR (simultaneously)	open control menu (application window)
ALT + ↓ (simultaneously)	open a picklist for a dialog box
SPACEBAR	toggle a check box on and off
Alt-F4	quits a program

Exit from Vision front menu



On the Modules menu, there is a **Close All Modules** option that shuts down all open Vision modules.

Important Don't leave a patient record up on screen if you leave the workstation. Other Vision users can only view details for that patient while you are editing it. Note that a screensaver will be triggered after a certain period of time, or can be invoked with Ctrl-Alt-F12.

You must log out of Vision when you are not using it, both for security reasons and in order for the daily backup to complete cleanly.

Note You need to ensure that all users are properly signed out of Vision every night. INPS records show that on average, 15-20% of sites fail to sign all users out. This prevents practices from receiving updates through Download Manager, and will stop the overnight re-index running. Please ensure all of your users know of the need to properly sign out of Vision and close down their workstations every night. Backup may be invalid if files are left open.

Close each Vision module down when you have finished to return to the Vision Front menu:

- Click on the  at the top right of the screen
 - or press Alt-F4; then Yes.
 - or click on *File*, then *Exit*;
 - In *Consultation Manager*, click on *Consultation*, then click on *Exit Consultation Manager*.
 - In *Patient Groups*, click on *Group*, then *Exit*.
1. To exit from Vision Front menu, click on the top left exit ; or select **Modules – Exit**.
 2. Click on OK to confirm you are ending your Vision session. This closes Vision down.
 3. To log out of Windows, press the Start button (bottom left), and select Shut Down, and confirm that you wish the workstation to shut down. You will be prompted when it is safe to power down.