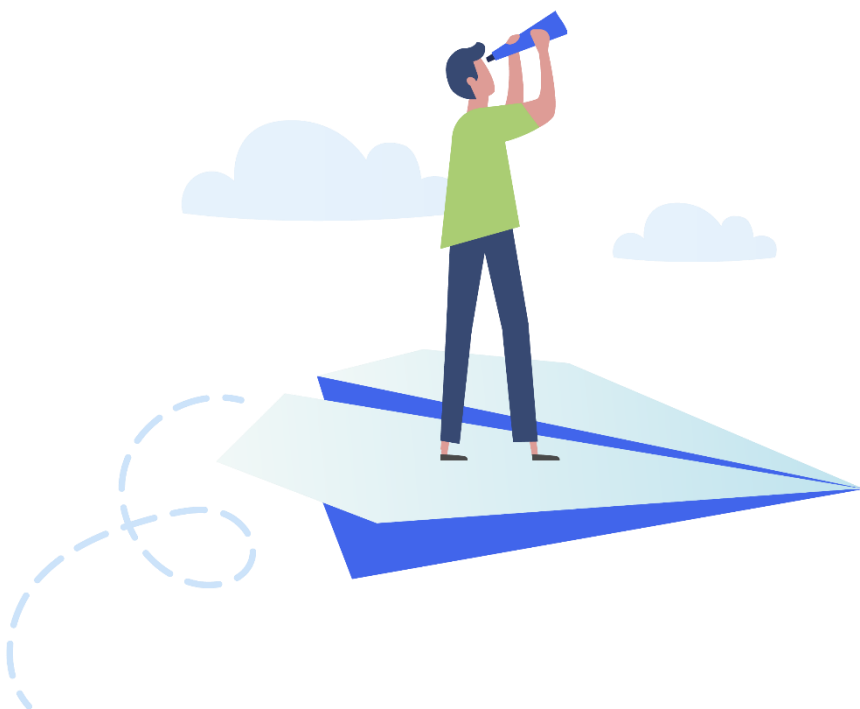


GP2GP User Guide England

Version 6

14 December 2022



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GP2GP in England


Introduction

GP2GP enables the electronic transfer of computerised patient notes from a patient's previous practice to a new practice, when they register for primary health care, see [GP2GP England Overview](#) on page [9](#) for details.

The main benefits of **GP2GP** are:

- **Improved Quality and Continuity of Care:**
 - Full patient electronic health record available for the patient's first appointment, which results in a more focused and informed consultation.
 - Past medical history available and information about medication, allergies, adverse reactions, immunisations and vaccinations.
- **Improved Safety:**
 - Fewer transcribing errors and omissions, the need to key in information from paper records is greatly reduced.
 - Allergies and adverse reactions are flagged for review for new patients, resulting in safer prescribing.
- **Clinical Time Saving:**
 - The electronic health record contains information such as lab results and letters from specialists, which helps in the clinical decision-making process.
 - Fewer requests for unnecessary duplicate lab tests.
- **Administrative Time Saving:**
 - The need to key information from paper records is greatly reduced. This results in quicker summarisation of new patient records.
 - Attachments received electronically, which results in time saved not having to re-scan items into the patient's electronic health record.
 - Quality and Outcomes Framework information populated immediately when a patient's electronic health record is integrated.

Vision 3 receives and files records coded in both Read and SNOMED CT terms.

 **Note** - You must always use your Smartcard when logging into **Vision 3**. This enables you to access Spine services and initiate a **GP2GP** transfer. If you do not use your Smartcard the Spine is not updated and a **GP2GP** request is not generated.

GP2GP Management Information

Management Information (MI) is a **GP2GP** process that allows NHS Digital to track:

- When you create a new registration.
- The Smartcard details of the person initiating the registration.
- Whether a **GP2GP** record is requested.

This information cannot be viewed from your system, but **Cegedim Healthcare Solutions** receive a copy of it so that we can ensure your **GP2GP** extract is running correctly. No patient identifiable data is included in the extract message.

Paper Notes

The transfer of the **Medical Record Envelope (MRE)** continues for the following reasons:

- The use of Electronic Health Records (EHR) for direct patient care is not across 100% of patients.
- A large percentage of patient information from outside of practices remains paper-based.
- The variable degree to which such external information is incorporated into the Electronic Health Record.

Therefore, the need for a patient summary of the patient's EHR to accompany the MRE continues.

Single Sign On - England

Your Smartcard manages Single Sign On access. These are issued by a Registration Authority (RA), usually your CCG.

There is a 12 to 14 Digit Unique Identifier (UID) associated with each card, which is recorded in Vision before the card can be used. Registered users choose or are given a passcode or PIN to use with the card.

Using your Smartcard enables access to both **Vision 3** and any national applications you may need, for example, **GP2GP**, the **e-Referral Service** and **EPS** by logging on only once and enables the transfer of messages via the Spine.

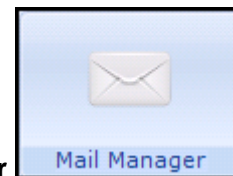
Getting Started

Before you can send or receive **GP2GP** records you must:

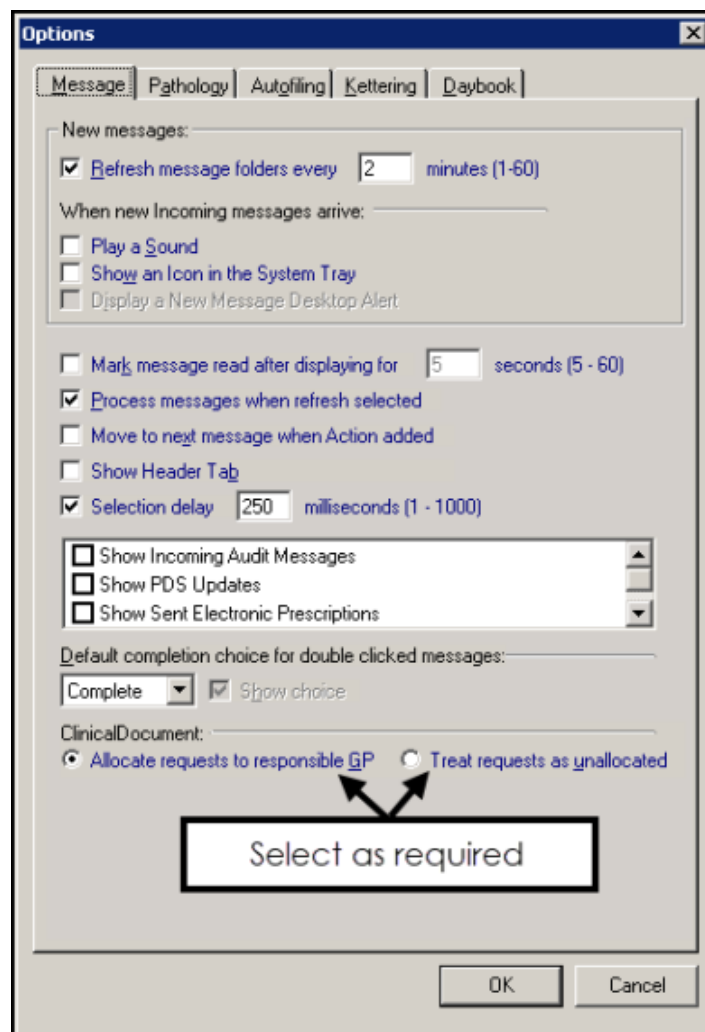
- Select which mailboxes you want the incoming GP2GP messages to be delivered to in **Mail Manager**, see [Setting up Mail Manager for GP2GP](#) on page [6](#) for details.
- Populate your GP2GP group in **Control Panel - File Maintenance** with staff who you want to receive GP2GP related tasks and notifications, see [Populate your GP2GP Group](#) on page [7](#) for details.

Setting up Mail Manager for GP2GP

Before you start using **GP2GP**, you are strongly advised to review the settings in **Mail Manager** which determine which mailbox incoming **GP2GP** messages are allocated to, to do this:



1. From the **Vision 3 front screen**, select **Mail Manager**
2. Select **Tools - Options** and then the **Message** tab:



3. Within **GP2GP** select one of the following:
 - **Allocate requests to responsible GP** - Selected by default. Any **GP2GP Record** requests that are incoming go into the mailbox of the patient's registered GP.
 - **Treat requests as unallocated** - This is the recommended option. If selected, **GP2GP** messages come in unallocated and need to be dealt with by a member of staff who has the rights to view unallocated mail. Ensure the relevant admin staff have rights to view unallocated mail.
4. Select **OK** to save.

Populate your GP2GP Group

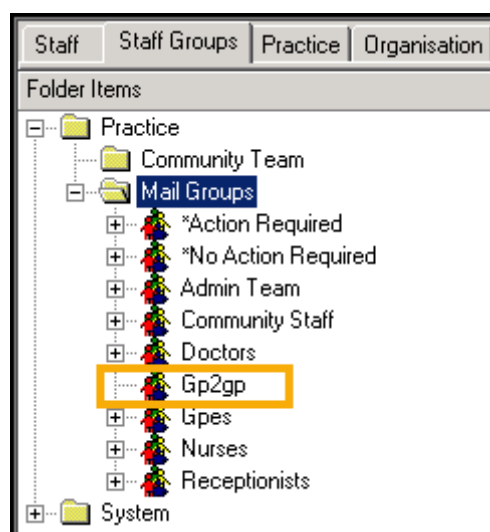
The **GP2GP** system generates **GP2GP** tasks, see [GP2GP Message Detail](#) on page [36](#) for details. In order to ensure the correct members of staff receive **GP2GP** tasks you must populate the **GP2GP** group. To populate the **GP2GP** group:

 **Note** - You must have system security rights in **Vision 3** to access **Control Panel - File Maintenance**.

1. From the **Vision 3 front screen**, select **Management Tools - Control Panel**

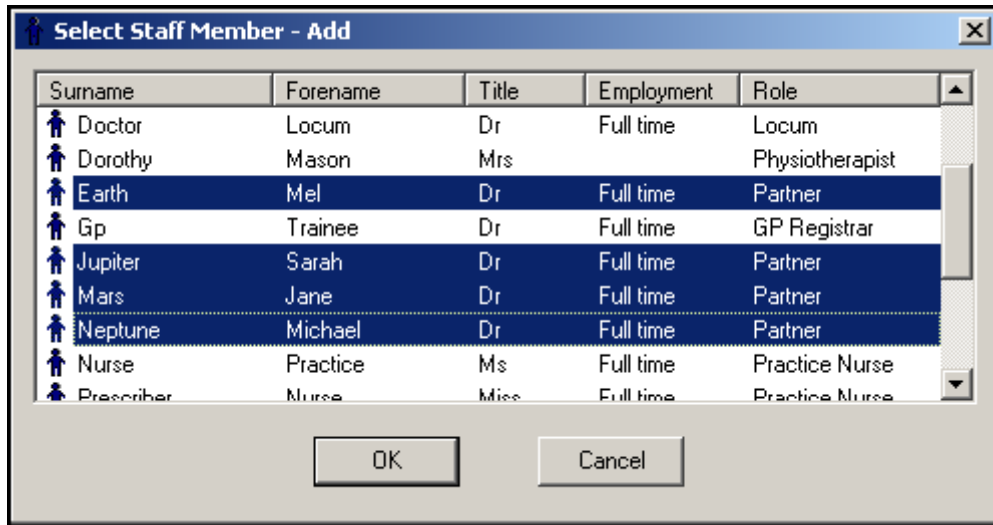


2. Next, go to **File Maintenance** and select **Staff Groups**
3. From the **Practice** folder select **Mail Groups**:



4. Right click on the group **GP2GP** and select **Add Staff Member(s)**.

- The **Select Staff Member - Add** screen displays, whilst holding <Ctrl> onn your keyboard, select all members of staff that you want to add to the **GP2GP** group then release <Ctrl>:



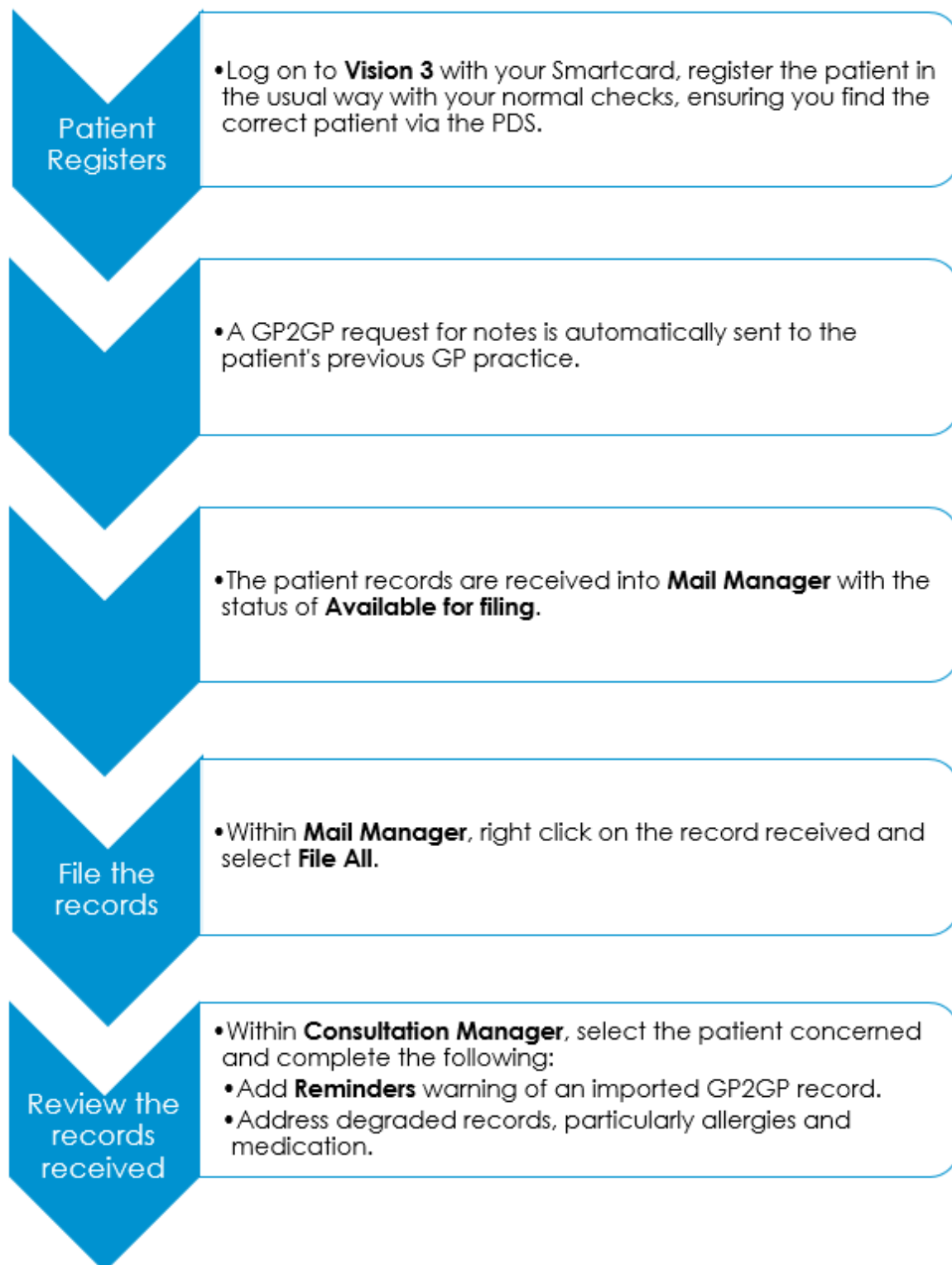
- Select **OK**.

The selected staff members are added to the **GP2GP** group and now receive **GP2GP** tasks and notifications.

i Important - If you do not populate the **GP2GP** staff group, every member of staff receives the tasks generated by **GP2GP** with the following caveat, *'This task would normally be assigned to group "GP2GP" but this group has not been populated. You should edit this group and assign recipients to it'*.

GP2GP England Overview

Incoming Patient Record

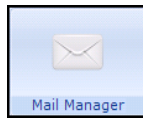


A summary of Incoming Patient Records


The following details the **GP2GP** process for a new patient:

1. **Register the patient in Registration** - When registering a new patient, first find them from the **Patient Demographic Service (PDS)**, see [PDS and Selecting a Patient in the Registration Help Centre](#) for details. A **GP2GP** Request message is automatically sent to the previous practice providing both you and the patient's previous practice is **GP2GP** enabled.

 **Important** - Patients who have previously been registered at your practice do not qualify for a **GP2GP** transfer.



2. From **Mail Manager**, complete the following:
 - **File the record received** - The previous GP's practice send the notes automatically on receiving your **GP2GP** Request. When notes are received, a **Record Transfer** message displays in **Incoming Mail** with a status of **Available for filing**. Right click on the message and select **File All**. This files all the message details into the patient's record in **Consultation Manager**, see [Filing the Record Received](#) on page [13](#).
 - **Import Summary Review** - The **Import Summary** tab of the Record Transfer message can be reviewed for details of any degraded data.

 **Note** - Even if automatic filing is switched on, **GP2GP** messages must be manually filed.

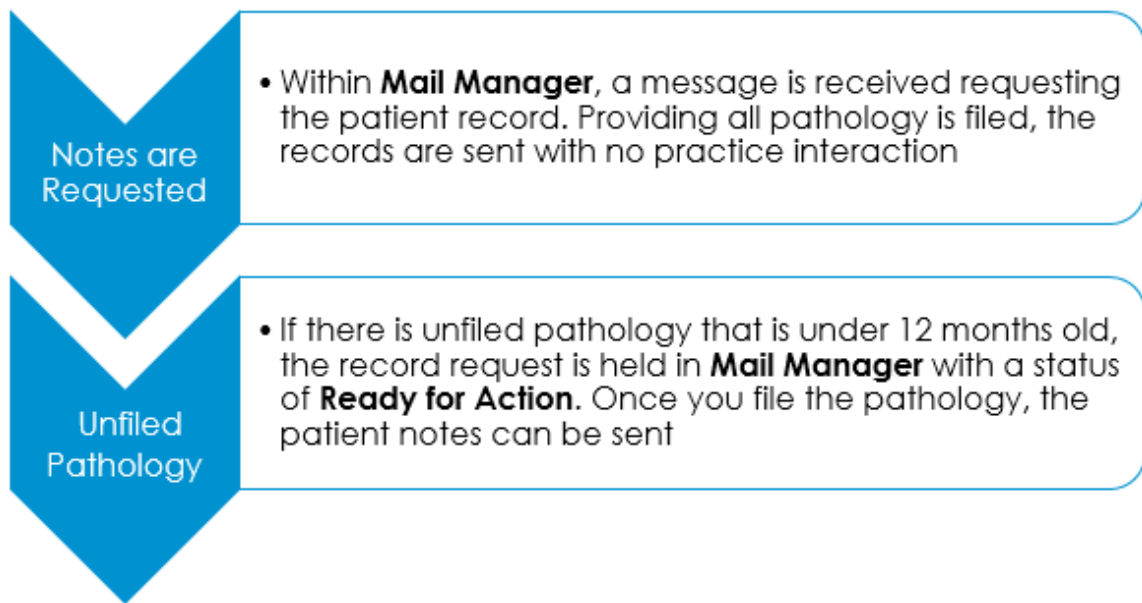


3. Now select **ConMgr** to open the selected patients record and complete the following:
 - **Add Reminders** - We recommend you add two reminders to the patient record:
 - A warning that the record is a **GP2GP** received one and therefore may not conform to your practice protocols.
 - Notification that the records have not been summarised yet (remove once the record has been summarised), see [Adding Reminders to Identify Patients with a GP2GP Record](#) on page [14](#) for details.

- **Allergy Review** - A clinician should check and add allergies in **Consultation Manager**, ideally with the patient. No prescribing is allowed until degraded allergy records have been edited in **Consultation Manager**, see [Processing Degraded Allergies and Adverse Reactions](#) on page [25](#) for details.
- **Medication Review** Active repeat masters received must be reviewed and reauthorised to match your practice protocols. You cannot issue against masters that have not been updated, see [Processing Degraded Repeat Medication](#) on page [27](#) for details.
- **Degraded Record Review** - Review degraded records in **Consultation Manager**, see [Processing Degraded Data](#) on page [15](#) for details.

Read code **91...00 Patient Registration** is added to the patient record enabling you to search for newly transferred notes.

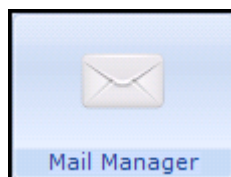
Outgoing Patient Record



A summary of Outgoing Patient Records

When one of your patients registers with a new practice, the following **GP2GP** processes occur:

Incoming GP2GP Request message



Within **Mail Manager** - Incoming Mail:

- An **Incoming GP2GP request** message is received with the status of **Ready for Action**, providing there are no unfiled pathology results for the patient under a year old, the message is automatically processed and the status updated to **Notes Sent**. However, if there is unfiled pathology for the patient that is under a year old, the message cannot be sent automatically, see [Unfiled Pathology](#) on page [33](#) for details.

Deregistration by GP2GP Read Code



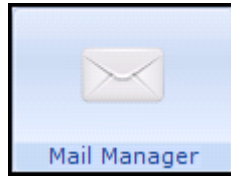
Within **Consultation Manager** - Patient Record:

- A Read coded entry of **92... Patient deregistration by transfer of GP to GP electronic record** is posted to the patient's record, enabling you to search for patients whose records have been transferred recently. The patient's registration status remains as permanent until deducted in the usual way. We recommend you add a manual reminder that the patient's records have been transferred.

Filing the Record Received

On receipt of your **GP2GP** request, the patient's previous practice automatically send a copy of their notes, this displays in **Mail Manager**.

To file the records:



1. From **Mail Manager**, select **Incoming Mail**, a **Record Transfer** message with a status of **Available for filing** displays:

	Status	Type	Read	Date	Staff	Patient	Action/Subject
<input type="checkbox"/>	Available for filing	Record Transfer	<input type="checkbox"/>	12/05/2020 16:01	*Fao: Practice M...	Amey, Aarondeep Z...	

2. Right click on the message and select **File All**.
3. All the records in the message file into the patient's record in **Consultation Manager**.

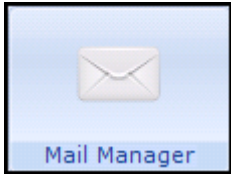


➔ See [Adding Reminders to Identify Patients with a GP2GP Record](#) on page [14](#), [Processing Degraded Allergies and Adverse Reactions](#) on page [25](#) and [Processing Degraded Repeat Medication](#) on page [27](#) for details.

Adding Reminders to Identify Patients with a GP2GP Record

We recommend you draw attention to patients with **GP2GP** imported records. This ensures your staff are aware that the record they are viewing does not necessarily follow your practice protocols. This is done by adding a reminder to the yellow post-it within **Consultation Manager**.

To add a reminder

1. From either:

- **Mail Manager** , with the **GP2GP** message highlighted, select **ConMgr** , or
- **Consultation Manager** , select the patient required.

2. Select **Add - Reminders**.
3. Type in the reminder text, for example '*Incoming GP2GP Record received 25.05.2021*'. This helps clinicians see that entries preceding this date are from a previous practice.
4. Select **OK**.
5. Right click on the yellow reminder that displays in the top right corner and select **Add**.
6. Type in the reminder text, for example '*GP2GP Record - Not yet Summarised*'.
7. Select **OK** to save.



Remember - Delete the '*Not yet summarised*' reminder line once the notes are summarised.

Processing Degraded Data

Degraded records have a Read code entry of 9bJ Transfer-degraded record:

- **9bJ0. Transfer-degraded medication entry**
- **9bJ1. Transfer-degraded referral**
- **9bJ2. Transfer-degraded request** - Note, requests are not transferred in GP2GP
- **9bJ3. Transfer-degraded plan** - this refers to recalls
- **9bJ4. Transfer-degraded drug allergy**
- **9bJ5. Transfer-degraded non-drug allergy**

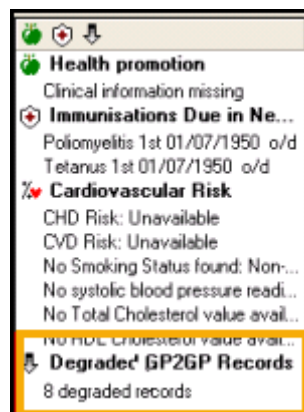
When processing degraded data, you can apply the following:

- If it is in the right place with the wrong code - Edit it.
- If it is in the wrong place - Replace it and delete the original.
- If it is 'unacceptable' data - Delete it.
- If it is useful in the patient record but not coded and does not need auditing - Leave it as degraded.

To process degraded data received via **GP2GP**:



1. From **Consultation Manager**, select the correct patient and open an appropriate consultation.
2. Double click **Degraded GP2GP Records** under the navigation pane to filter a list of degraded records:



3. Process the degraded data as per the following:

Degraded Allergies

Until a clinician has reviewed and edited a patient's degraded allergies and/or adverse reactions, you are unable to prescribe, edit, reauthorise or reactivate therapy for the patient, see [Processing Degraded Allergies and Adverse Reactions](#) on page [25](#) for details.

Degraded Repeat Medication

Active repeat masters received must be reviewed and reauthorised to match your practice protocols. You cannot issue against masters that have not been updated, see [Processing Degraded Repeat Medication](#) on page [27](#) for details.

Degraded Acute Medication

Acute medication is "past" issued therapy and if degraded, cannot be searched on, edited or copied.

For reporting purposes, you can add a new item in the usual way with the following exceptions:

- **Date Prescribed** - Enter the original date prescribed
- **Source of Drug** - Select **By GP in another practice**



Remember - If you add replacement acute therapy you should delete the original degraded item. For audit purposes the original item is recorded on the **Import Summary** within **Mail Manager**.

Processing Degraded Medication Reviews

Different practices have different review protocols. So even if received Medication Reviews are not degraded they should all be checked and if necessary updated by your practice

To list and update any Medication Reviews transferred via **GP2GP**:



1. From **Consultation Manager**, select **List - Medication Review**.
2. Right click and select **Edit**.
3. Update the Medication Review as per your practice protocols.
4. Select **OK**.

If no medication reviews are listed, and your practice protocol dictates there should be reviews, go to the **Therapy** tab and select **Add Medication Review**

Add Medication Review

to start a new sequence.

Some **GP2GP** transfers from **non-Vision 3** practices include Medication Review data which does not contain a review date and a clinician, this can interfere with the review process. To resolve this issue, add a valid medication review, then right click and select **Delete** to remove the degraded item.

Processing Degraded History Entries

Most entries import successfully and where appropriate file into the correct structured data area (SDA). However, some records transfer without a Read code, these records display as History entries with the Read code of **9bJ..00**, for example a BP record with just a systolic reading, displays as a degraded entry with the BP reading in free text.

For accurate reporting purposes, you should update the History record where appropriate or add a new record and delete the degraded entry where it should be filed within an SDA for example weight, height, blood pressure.

Depending on the type of degraded record, process the entry in one of the following ways:

Degraded History Entry

1. Right click on the entry and select **Edit**.
2. Update the clinical term to a suitable code.
3. Select **OK** to save and close.

Degraded History Entry Normally Filed in an SDA

1. Add a new record in the usual way, ensuring the following:
 - **Date of Recording** - Enter the date of the original record.
 - **In Practice** - Remove the tick.
 - Enter the value as appropriate.
2. Select **OK**.
3. Right click on the degraded item and select **Delete**.
4. Select **Delete** again to finish the process.

Reviewing Priorities

Different practices have different Priority protocols. This can cause problems with records received via **GP2GP**, it is essential that the recipient practice understands the intended meaning of the priority flag from the sending practice. To address this issue, we have created a **GP2GP Priority Mapper**, see [Setting the Priority Mapper](#) on page [31](#) for details.

Data imported from systems that are not **Vision 3** may have no **Priority** specified at all. **Priority** can be allocated in bulk using **Priority Update**



, save the patient as a group and change all the null priorities to 3 then correct the significant entries and update to 1, 2 ... as per your summarising protocol, see [Priority Update in the Utilities Help Centre](#) for further details.




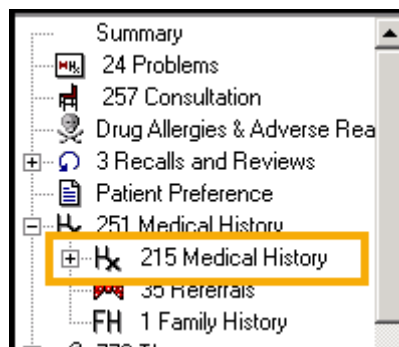
Important - Medical History entries with no Priority specified, are automatically included in the Medical History mail merge field even where you select priority of Medical History attributes. It is therefore strongly recommended that you add appropriate priorities.

Manually Reviewing Priorities

To manually review the priorities received via **GP2GP**:



1. From **Consultation Manager**, select the patient required.
2. From the left-hand navigation pane, select **Medical History**  to expand the Medical History list.
3. Select the lower **Medical History**:



4. The received **Medical History** entries display in the **Filtered** tab.
5. Work down the list, check each entry and its priority. Where necessary right click and select **Edit** to update the priority to match your practice protocols.
6. Select **OK** to close and save.

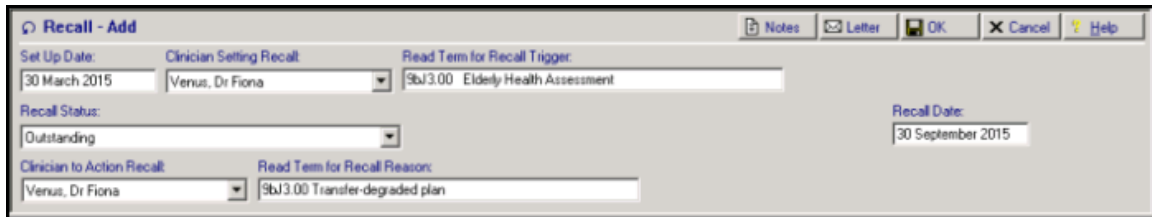
Processing Degraded Recalls

Recalls set up in the previous practice need to be checked and updated to match your practice protocols.



Training Tip - You do not need to start a consultation to view, edit or delete recalls.

The **Read Term for Recall Trigger** and the **Read Term for Recall Reason** for a Recall may have a degraded **9bJ..** term, right click and select **Edit** to update them:



Cytology records may need a recall added to them and patients from **non-Vision 3** practices may need to be excluded from your Cytology Target, as appropriate.



Note - Some systems give recalls to babies from their moment of registration, including a 20 year recall for cytology for baby girls, and eighty years for elderly assessment. Sometimes the recall date is so far into the future that you may want to delete the recall altogether.

Additional Transferred Data Information

Please also be aware of the following:

- **Smoking** - If Read code **137L Current Non-Smoker** is received via **GP2GP**, the ex-smoker smoking status on the Smoking SDA is populated.
- **BMI** - Any BMI data received which also has weight data with the same date in the same consultation, is combined within the Weight entity with no separate BMI entry recorded.
- **Palliative Care** - The following Palliative Care Read codes are included in the GP2GP transfer message:
 - **671.. Palliative Care Plan** - free text not included
 - **672.. Palliative Care at Home** - free text not included
 - **673.. OOH Arrangements (Palliative Care)** - free text not included
- **Referrals** - Referrals are included in **GP2GP** transfers, however if the sending practice is not a Vision practice, the referral record could be degraded.
- **Requests** - Requests are currently not included in **GP2GP** transfers.

- **Audit Trail for Previous Practice** - This is not included in the **GP2GP** transfer.
- **Disease Registers** - Vision does not use specific terms to record a patient has been placed on a chronic disease register. For records received via **GP2GP** the diagnosis code is recorded with 'Placed on register' recorded in the free text.
- **Pathology and Test Results** - For degraded test results, free text is added to the notes section of the corresponding test result, the result qualifier is also shown here. Results outside the reference range have a qualifier of 'Outside reference range'.
 - Pathology results which are multi-specimen and display at the previous practice as multi-tabs, display as a single tab at your practice.



Training Tip - Right click on a pathology result and select **Source** to show the exact message with reference values.

- **Units of Measure** - Units of measure received via **GP2GP** should conform to the Unified Code for Units of Measure (UCUM) standard. Where any unit is represented in a different format, for example, /d or /day, those units are recognised and filed appropriately. There are several outside this list which have been historically supported by Vision are also recognised and filed appropriately. If a unit falls outside these classifications, then no attempt is made to automatically convert it to a known unit and it is therefore downgraded to text. For incoming test results where the numeric value is blank, but a unit of measure value has been sent, the unit of measure is changed to **<none>** to avoid confusion.
- **CPRD and THIN Collections** - If you subscribe to either CPRD or THIN Collections, you need to review any free text imported for patient identifying comments as it is included in the CPRD or THIN collection.



Training Tip - To stop free text being collected by CPRD or THIN, edit the comments to add '/' to precede any free text.

- **GP2GP Data Entry Free Text Notes** - Free text entries recorded on the previous system display in **Vision 3** as **Notepad** entries. They form part of the patient record and do not require any intervention. However, you may want to view the entry by selecting **Miscellaneous – Notepad**.
- **Attachments and Correspondence** Attachments filed within the patient record at the previous practice are transferred into the new record, this includes any eReferral referral letters. Letters sent by the previous practice display as either **Attachments** or **Correspondence**.

- To view an attachment or correspondence:
 - From **Consultation Manager**, select the patient required, select **Miscellaneous - Attachments** or **Correspondence**, double click on the item and then select **View** or **Letter** to display the image.

Patient records can contain attached test results such as Spirometry and ECGs which appear as **Multimedia attachments** in the **Journal**. These can also be filtered using **Miscellaneous**.



Note - Docman documents are included in the **GP2GP** transfer, however they are stored in **Consultation Manager** as normal attachments and not integrated into your Docman system. **Vision 3 Editor** letters are not transferred in **GP2GP**.



Training Tip - Remember you can use the **Clinical Document Viewer** app to view all the selected patient's documents.


Formats for GP2GP Attachments and Correspondence

The following is the types of attachment supported by **GP2GP**:

doc	docx
text/plain	text/html
application/pdf	application/xml
text/xml	text/rtf
audio/basic	audio/mpeg
image/png	image/gif
image/jpeg	image/tiff
video/mpeg	application/msword

You should ensure that any attachments are as compact as possible. You are strongly advised to consider removing any unnecessary pictures in any letters that are attached to the clinical records, for example, Word headers that contain a picture of the surgery.

To remove an unnecessary image from an attachment:

1. From **Consultation Manager**, with the patient selected, locate the attachment.
2. Right click on the attachment and select **Edit**.
3. Highlight unnecessary pictures and press the **<Delete>** key.
4. Select **Save** .
5. The **Save As** screen displays, select **Save** without changing the name or location.

If possible, attached documents should be text only.

Immunisations

Compound immunisations, such as Diphtheria/Tet/Pert/Polio/Haemophilus (DTaP/IVP/HiB), are sent and received as separate records, for example, individual Diphtheria, Tetanus, Pertussis, Polio and Haemophilus immunisations. Imported immunisation records that fail to covert are file as **Medical History** entries.

Immunisations received via **GP2GP** also display as an **Imported Immunisations** problem:

Appointments	Patient Select	Patient Details	Consultations	Journal	Filtered List	Summary/Grid	Tests	Therapy	Guideline
Imported Immunisations									
Hx	10/05/2020	Infect.dis.prevent/control NOS	FC41BB10-839A-11DB-96FE-001279C29FAC	Dr John Mcallister					
+	08/05/2020	IGCMV Stage: 0 Given	FC3EADD0-839A-11DB-9676-001279C29FAC	Dr John Mcallister					
+	08/05/2020	IGANTID Stage: 0 Given	FC3EADD0-839A-11DB-9675-001279C29FAC	Dr John Mcallister					
+	08/05/2020	IGTETANUS Stage: 0 Given	FC3EADD0-839A-11DB-9674-001279C29FAC	Dr John Mcallister					
+	08/05/2020	IGRABIES Stage: 0 Given	FC3EADD0-839A-11DB-9673-001279C29FAC	Dr John Mcallister					
+	08/05/2020	HBIG Stage: 0 Given	FC3EADD0-839A-11DB-9672-001279C29FAC	Dr John Mcallister					
+	08/05/2020	IGZOSTER Stage: 0 Given	FC3EADD0-839A-11DB-9671-001279C29FAC	Dr John Mcallister					
Hx	08/05/2020	Gammaglobulin admin. NOS	FC3EADD0-839A-11DB-9679-001279C29FAC	Dr John Mcallister					
Hx	08/05/2020	Requires a course of gammaglobulin	FC3EADD0-839A-11DB-9678-001279C29FAC	Dr John Mcallister					
Hx	08/05/2020	Requires a course of gammaglobulin	FC3EADD0-839A-11DB-9677-001279C29FAC	Dr John Mcallister					
+	07/05/2020	IGZOSTER Stage: 0 Given	FC3EADD0-839A-11DB-966D-001279C29FAC	Dr John Mcallister					
+	07/05/2020	HNIG Stage: 0 Given	FC3D2730-839A-11DB-966C-001279C29FAC	Dr John Mcallister					
+	07/05/2020	OTHERCOMBINED Stage: 0 Given	FC3D2730-839A-11DB-9659-001279C29FAC	Dr John Mcallister					
+	07/05/2020	TYPTYPHERIX Stage: 0 Given	FC3D2730-839A-11DB-9656-001279C29FAC	Dr John Mcallister					
+	07/05/2020	HEPA2 Stage: 1 Given	FC3D2730-839A-11DB-9656-001279C29FAC	Dr John Mcallister					
+	07/05/2020	HEPATITIS_B Stage: 1 Given	FC389350-839A-11DB-9643-001279C29FAC	Dr John Mcallister					
+	07/05/2020	HEPATITIS_A Stage: 1 Given	FC389350-839A-11DB-9643-001279C29FAC	Dr John Mcallister					
+	07/05/2020	MUMPS Stage: B Given	FC389350-839A-11DB-963E-001279C29FAC	Dr John Mcallister					
+	07/05/2020	RUBELLA Stage: B Given	FC389350-839A-11DB-963E-001279C29FAC	Dr John Mcallister					
+	07/05/2020	MEASLES Stage: B Given	FC389350-839A-11DB-963E-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Infectious hepatitis vaccinat	FC3EADD0-839A-11DB-966C-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Hep A gammaglobulin given	FC3D2730-839A-11DB-966B-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Immunoglobulin injection	FC3D2730-839A-11DB-966A-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Gammaglobulin administration	FC3D2730-839A-11DB-9669-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Booster hepatitis A and typhoid vaccination	FC3D2730-839A-11DB-9658-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Second hepatitis A and typhoid vaccination	FC3D2730-839A-11DB-9657-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Fourth DTP polio and Hib vaccination	FC3D2730-839A-11DB-9655-001279C29FAC	Dr John Mcallister					

Health Promotion

Unless a specific Read code such as **6791.00 Health ed. - smoking** is used, health promotion interventions received are coded as **6781.00 Health education offered** and are placed in the correct SDA with additional text:

Vision entity	Read code	Text
Health Promotion - Smoking	6791 Health ed. - smoking	For smoking
Health Promotion - Hypertension	6781 Health education offered	For Blood Pressure
Health Promotion - Overweight	6781 Health education offered	For Overweight

Processing Degraded Allergies and Adverse Reactions

Allergies and **Adverse Reactions** always display as degraded records so that they can be reviewed with the patient.

i Important - Until a clinician, or someone responsible for medicine management for example a pharmacist, has reviewed and edited a patient's degraded allergies and/or adverse reactions, you are unable to prescribe, edit, reauthorise or reactivate therapy for the patient. If you try and prescribe before addressing any degraded allergies or adverse reactions, the following message displays *'This patient has allergy records that have been degraded. You must correct these records before prescribing'*.

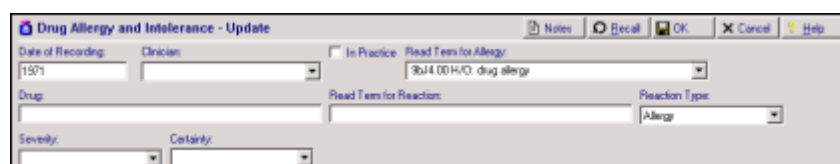


1. From **Consultation Manager**, select the patient required.
2. Double click on the degraded allergy line and the **Drug Allergy and Intolerance - Display** screen displays:



Note - The Read code on the degraded allergy screen is **9bJ4 H/O: drug allergy**. The **9bJ** shows that this is a degraded record. Where an allergy record is received from another system without an attached drug, it is imported as a non-degraded allergy record, for example, imported as **14L..00 H/O: Drug allergy** instead of **9bJ..00 Transfer-degraded record entity**.

3. If the **Notes** button has a red tick , it provides details of the drug allergy prescribed in the original record, select to view.
4. Select **Edit** to update the allergy record:



5. Complete as follows:

- **Read Term for Allergy** - Select the correct Read code from the available list.
- **Drug** - Type in the abbreviated drug name and select the correct drug from the drug dictionary.
- **Read Term for Reaction** - If appropriate, find the correct Read code from the dictionary in the usual way, for example, enter a keyword of 'drug rash' and press **Enter**.
- **Severity** - Select from the available list if known.
- **Certainty** - Select from the available list if known.





Note - The **Clinician** field is blank, and there is no tick in **In Practice**.

6. Select **OK** to save.

Repeat the above steps until there are no more degraded allergies, you can now prescribe.

Processing Degraded Repeat Medication

Repeat medication, prescribed by the previous practice and active at the time of transfer, can be viewed in several ways:

- From the **Journal** tab.
- An **Active Medication** problem is automatically created to simplify the processing of repeat therapy received via **GP2GP**. It displays all active imported medication.
- From the **Therapy - Repeats** tab, you can differentiate between active and inactive drugs by the buttons:
 - **Prescribed out of Practice**  - Active imported medication, drugs they are currently taking.
 - **Inactive Repeat Master**  - Inactive imported medication, drugs they used to take at the previous practice.

 **Note** - You can list **inactive** medication by deselecting the **Inactive Medication filter**  from the **Therapy Repeats** tab.

Reauthorising Inactive Imported Repeats

Repeat medication received via **GP2GP** must be reauthorised before it can be issued, as the originating GP and source are not valid, and you may want to review the repeat drug to ensure it complies with your practice protocol.

For this reason, when viewed in **Therapy - Repeats**, imported repeat

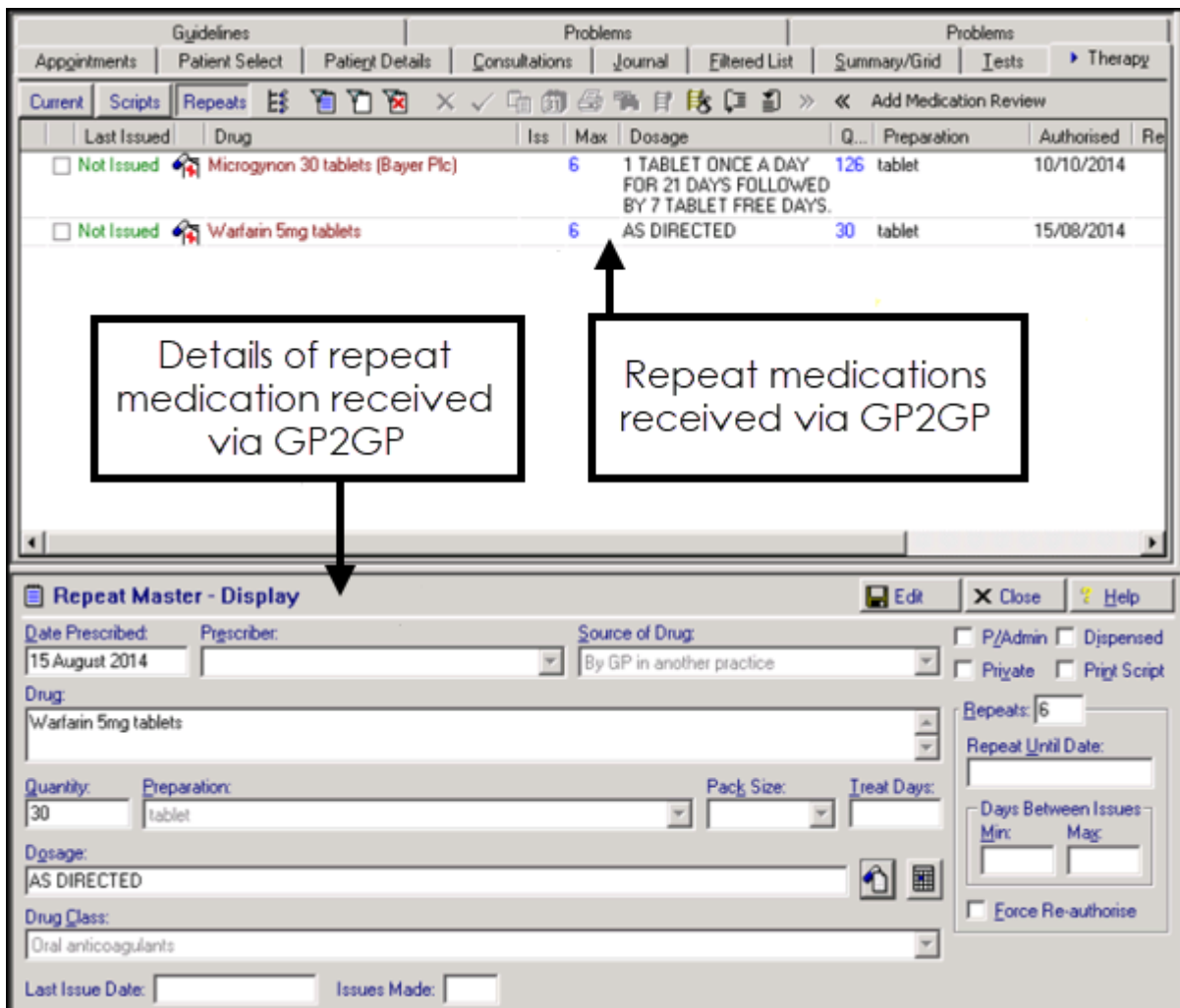
medication displays preceded with **Prescribed out of Practice** .



Remember - You may have to select **Filter Inactive Repeats**



in order to see imported medication, depending on your settings.



The screenshot shows the 'Therapy - Repeats' window with a list of medications. Two callout boxes highlight specific details:

- Details of repeat medication received via GP2GP:** Points to the 'Warfarin 5mg tablets' entry in the list.
- Repeat medications received via GP2GP:** Points to the 'Microgynon 30 tablets (Bayer Plc)' entry in the list.

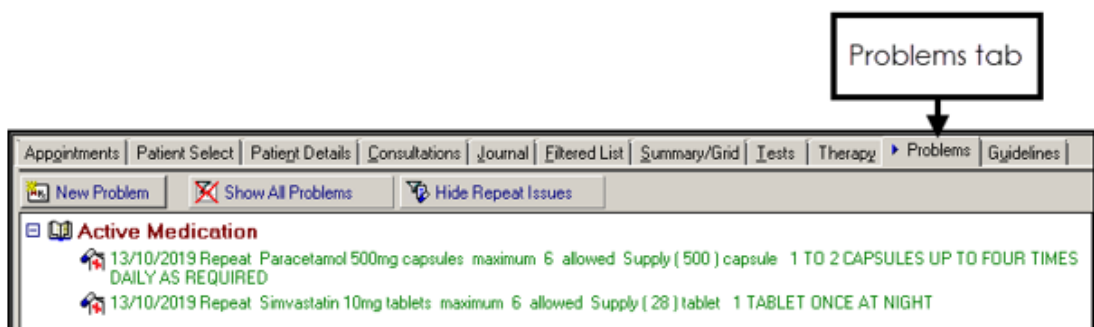
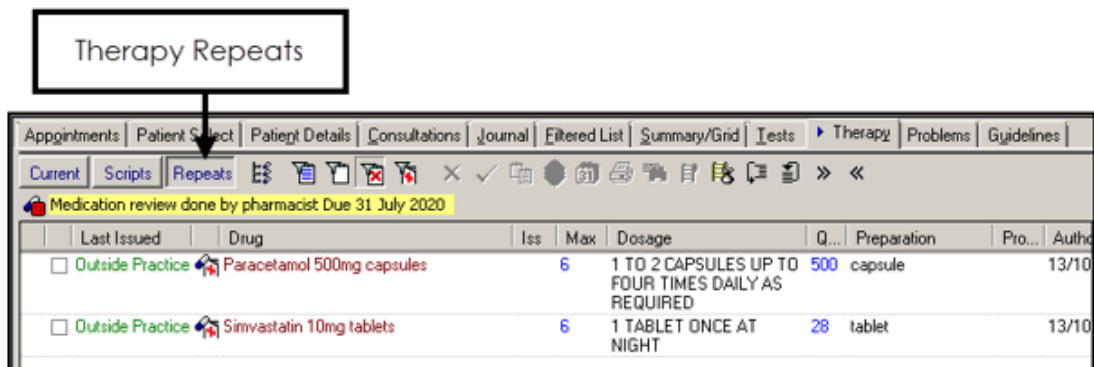
The 'Repeat Master - Display' window shows the following details for 'Warfarin 5mg tablets':

- Date Prescribed: 15 August 2014
- Prescriber: [Empty]
- Source of Drug: By GP in another practice
- Drug: Warfarin 5mg tablets
- Quantity: 30
- Preparation: tablet
- Pack Size: [Empty]
- Treat Days: [Empty]
- Dosage: AS DIRECTED
- Drug Class: Oral anticoagulants
- Last Issue Date: [Empty]
- Issues Made: [Empty]
- Repeats: 6
- Repeat Until Date: [Empty]
- Days Between Issues: Min: [Empty], Max: [Empty]
- Force Re-authorise: [Checked]


To reauthorise repeat medication received via **GP2GP**:

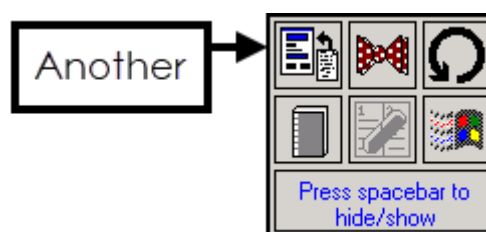


1. From **Consultation Manager**, select the patient required and open a consultation if necessary.
2. Select either **Therapy - Repeats** or **Problems - Active Medication**:



3. Highlight all the items you wish to reauthorise, by holding down **<Ctrl>** on your keyboard and selecting the items required while holding the click on the last item, move the mouse pointer to the floating toolbar that

appears. Release the mouse on **Another**  at the top left corner of the floating toolbar:



4. The **Repeat Master - Add** screen displays and completes as per your practice defaults.

i Important - It is vital you check and update all aspects of the medication as per your practice protocols.



5. Enter a suitable number in **Repeats**.
6. Select **OK** and the next repeat now displays ready for processing.
7. If you are presented with a repeat you do not want to reauthorise, select **Cancel** to move on to the next one.
8. Repeat steps 4 – 8 until you have processed all of the **GP2GP** received repeat medications.

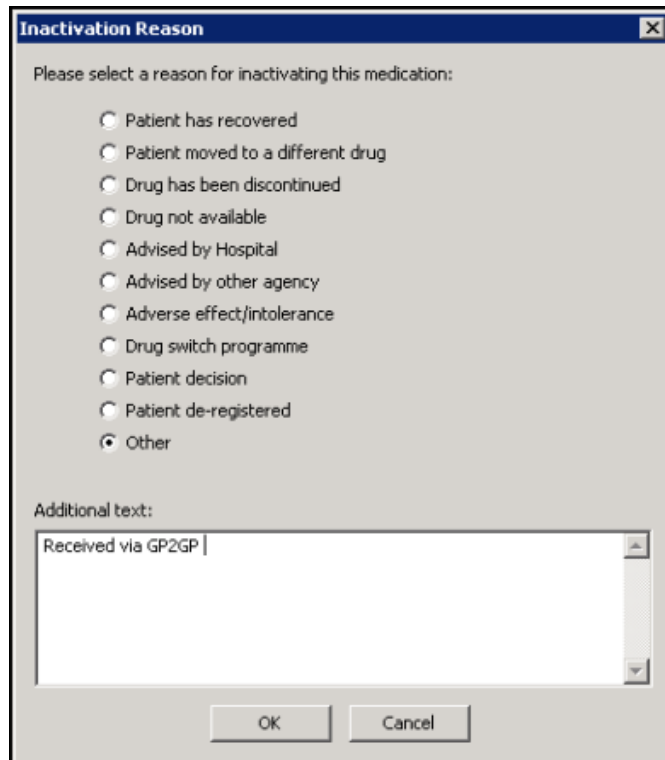
Once you have reauthorised the repeat medication you require, the repeat medication received via **GP2GP** must be inactivated.



Remember - The original is available to view within the **Consultation Manager** audit trail.

To inactivate received repeats:

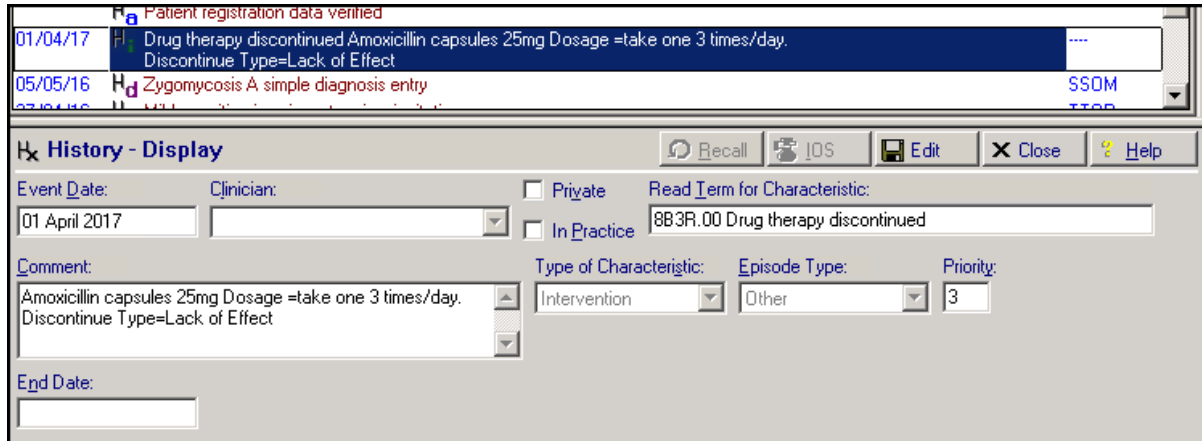
1. From **Consultation Manager - Therapy - Repeats**, remember to select **Filter Inactive Repeats**  if required.
2. Highlight all items you wish to inactivate, by holding down **<Ctrl>** on your keyboard and selecting the items required.
3. Select **Inactivate** .
4. The **Inactivation Reason** screen displays, select **Other** and enter a valid free text reason:



5. Select **OK**, all selected medications now have the same inactivation reason.

Discontinued Medication

All discontinued medication received is added to the patient record as a medical history entry with the Read code **#8B3R.00 Drug Therapy Discontinued**. The details of the discontinued drug display in **Comment**:



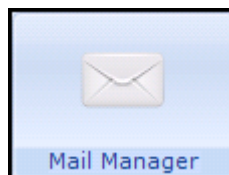
Setting the Priority Mapper

The **GP2GP Priority Mapper** is a practice wide setting which allows you to map each medical history priority number used by your practice to a predefined external priority for both incoming and outgoing **GP2GP** messages to and from other **Vision 3** practices. The main benefit to your practice is that all transferred medical histories should have the correct priority as per your practice protocols.



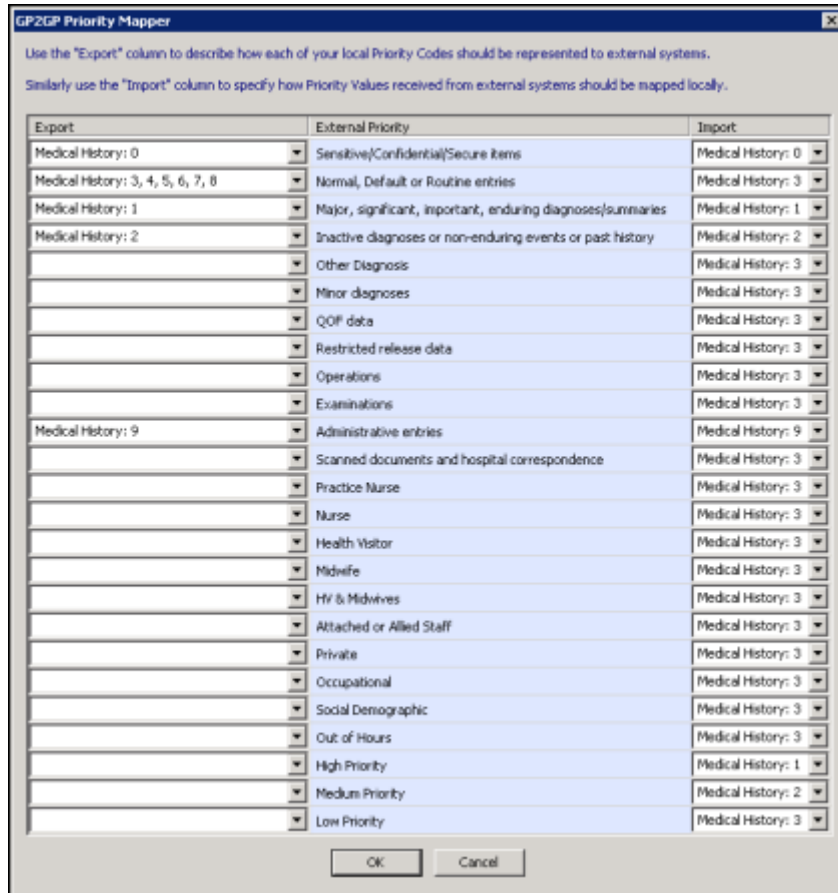
Note - You must have System Manager rights in **Vision 3** to update the **GP2GP Priority Mapper**.

To access the **GP2GP Priority Mapper** and set your export and import preferences:



1. From **Mail Manager**, select **Tools – GP2GP Priority Mapper**.
2. The **GP2GP Priority Mapper** screen displays. The screen is divided into three columns:
 - **Export** - Where the external priorities for outgoing medical history priorities are defined. Each **Vision 3** priority 0-9 must be mapped to an external priority. You can map more than one priority to the same external priority.
 - **External Priority** - This details categories for import and export priorities to map to.

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



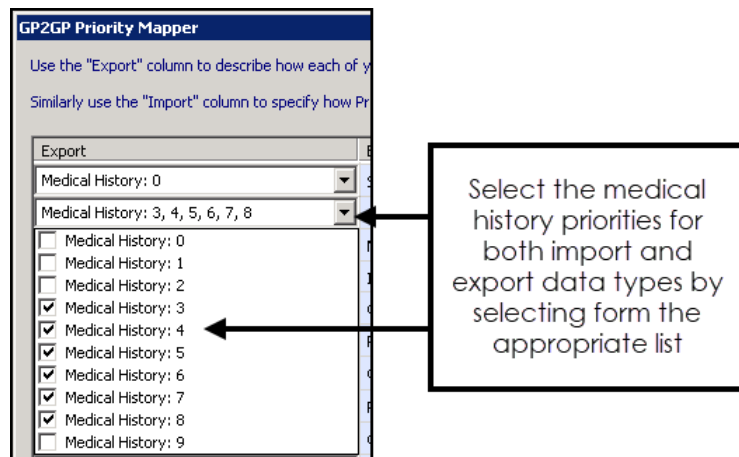
GP2GP Priority Mapper

Use the "Export" column to describe how each of your local Priority Codes should be represented to external systems.
Similarly use the "Import" column to specify how Priority Values received from external systems should be mapped locally.

Export	External Priority	Import
Medical History: 0	Sensitive/Confidential/Secure items	Medical History: 0
Medical History: 3, 4, 5, 6, 7, 8	Normal, Default or Routine entries	Medical History: 3
Medical History: 1	Major, significant, important, enduring diagnoses/summaries	Medical History: 1
Medical History: 2	Inactive diagnoses or non-enduring events or past history	Medical History: 2
	Other Diagnosis	Medical History: 3
	Minor diagnoses	Medical History: 3
	QOIF data	Medical History: 3
	Restricted release data	Medical History: 3
	Operations	Medical History: 3
	Examinations	Medical History: 3
Medical History: 9	Administrative entries	Medical History: 9
	Scanned documents and hospital correspondence	Medical History: 3
	Practice Nurse	Medical History: 3
	Nurse	Medical History: 3
	Health Visitor	Medical History: 3
	Midwife	Medical History: 3
	HF & Midwives	Medical History: 3
	Attached or Allied Staff	Medical History: 3
	Private	Medical History: 3
	Occupational	Medical History: 3
	Social Demographic	Medical History: 3
	Out of Hours	Medical History: 3
	High Priority	Medical History: 1
	Medium Priority	Medical History: 2
	Low Priority	Medical History: 3

OK Cancel

- Set your export and import preferences against the **External Priority Definitions** by selecting from each list. You can select more than one priority for each **External Priority**:



GP2GP Priority Mapper

Use the "Export" column to describe how each of y
Similarly use the "Import" column to specify how Pr

Export

Medical History: 0

Medical History: 3, 4, 5, 6, 7, 8

☐ Medical History: 0
☐ Medical History: 1
☐ Medical History: 2
☒ Medical History: 3
☒ Medical History: 4
☒ Medical History: 5
☒ Medical History: 6
☒ Medical History: 7
☒ Medical History: 8
☐ Medical History: 9

Select the medical history priorities for both import and export data types by selecting from the appropriate list


 **Note** - If you do not select a medical history priority for Export data, the data is automatically mapped to **Normal, Default** or **Routine** entries.

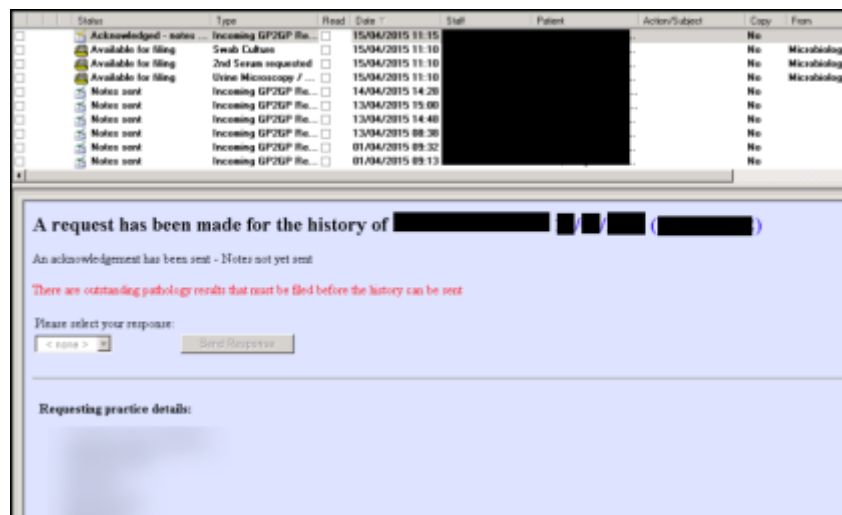
- Select **OK** to save and close.


Unfiled Pathology

If there is unfiled pathology in a patient's record and you receive a **GP2GP** record request, **Vision 3** tries to auto file the pathology:

- If the results cannot be filed automatically and are under a year old, the **GP2GP** record is not sent. The request displays in **Mail Manager - Incoming folder** as **An acknowledgement has been sent - Notes not yet sent** stating *There are outstanding pathology results that must be filed before the history can be sent.*
- If the results cannot be filed automatically and are over a year old, the **GP2GP** record is sent without including them.
- If the results file, they transfer as part of the patient record, although the responsibility for actioning unfiled results remains with you as the original practice:

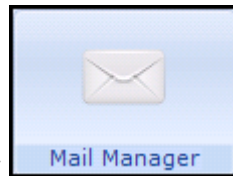
 **Note** - The recipient of this message is ***Fao:Practice Manager**, it therefore displays in the unallocated folder.



 **Note** - If any pathology results are received after the transfer of records has taken place, it is your responsibility to forward them to the patient's new practice.

You must file the unfiled pathology and then trigger the sending of the record:

1. From either:



- **Mail Manager**, with the **GP2GP** request highlighted,

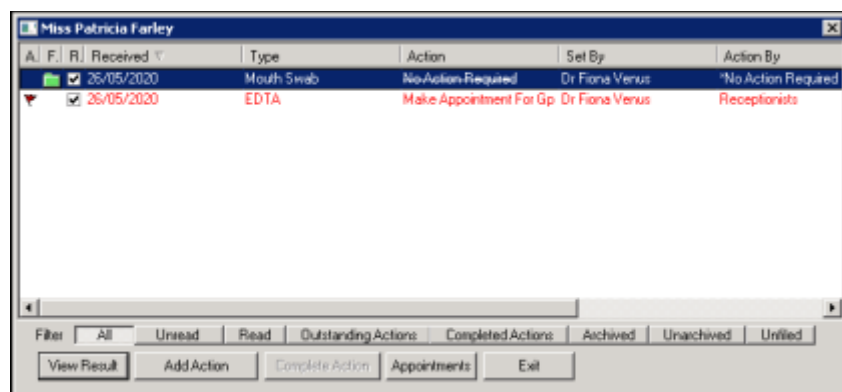


select **ConMgr**, or

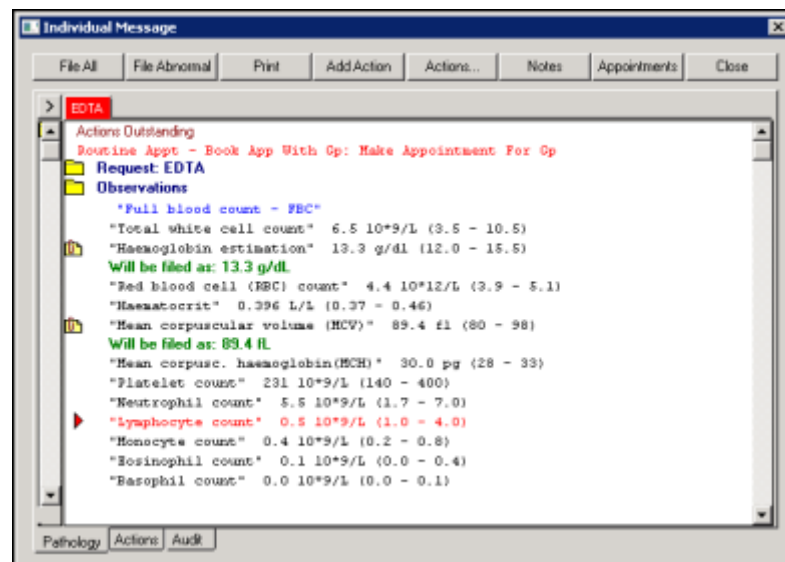


- **Consultation Manager**, select the patient required.

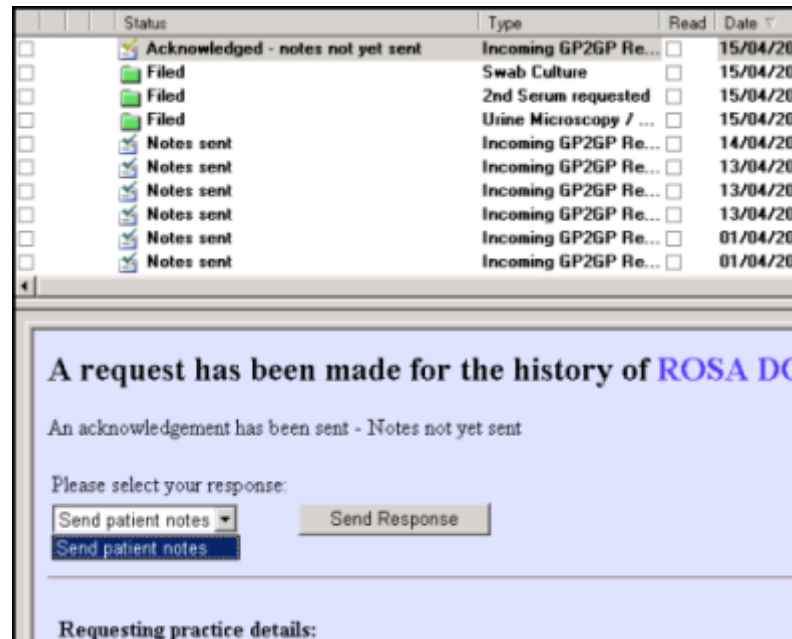
2. Select **View Mail for Patient** and the **Current Mail** screen displays.
3. Select **Unfiled** to display unfiled results:



4. Highlight the result you want to file and select **View Result**. The **Individual Message** screen displays:



5. Results with a green tick are filed, for those items without a green tick, select **File All**.
6. Once the outstanding pathology records are filed, return to **Mail Manager - Incoming Mail** and select the **Acknowledged - notes not yet sent** message.
7. From **Please select your response**, select **Send patient notes** and then **Send Response**:



8. Once sent, the message status automatically updates to **Sent**.

GP2GP Message Detail







Mail Manager

The **Audit** tab for each **GP2GP** message shows the full message and activity for the selected message.






GP2GP Message Type Summary

The following is a summary of the types of message you receive via **GP2GP** and what they mean:

For a new patient:

Mail Manager Folder	Status	Type	Explanation and Action Required
Outgoing Mail	 Sent awaiting acknowledgment	GP2GP Request	Patient is registered with you, notes requested. No action required.
Outgoing Mail	 Acknowledged with caveats	GP2GP Request	Patient's old practice has received your request and is processing it. No action required.
Outgoing Mail	 Withdrawn	GP2GP Request	Messages with a status of Acknowledged with caveats can be withdrawn if the paper records have been received and summarised. To withdraw the message, select Message – Withdraw Message and choose a reason for withdrawal. Select OK and the status changes to Withdrawn .
Outgoing Mail	 Complete	GP2GP Request	New patient's notes received. Locate the Record Transfer.
Incoming Mail	 Available for filing	Record Transfer	The actual notes and are ready to be filed and processed. File to the patient record and address any degraded data.
Outgoing Mail	 Sent	GP2GP Response	Confirms to the old practice you have received the notes. No action required

For a patient leaving your practice:

Mail Manager Folder	Status	Type	Explanation and Action Required
Outgoing Mail	 Sent	GP2GP Response	Request for notes received and being processed. No action required
Incoming Mail	 Notes Sent	Incoming GP2GP Request	Your patient has registered elsewhere and their notes have been requested and sent. No action required
Incoming Mail	 Acknowledged - notes not sent	Incoming GP2GP Request	Your patient has registered elsewhere, but their notes contain unfiled pathology so cannot be sent automatically. File all pathology results, see Unfiled Pathology on page 33 for details.
Outgoing Mail	 Sent	GP2GP Record Transfer	You have sent the records to the new practice. No action required
Outgoing Mail	 Complete	GP2GP Record Transfer	The new practice has received the notes. No action required

GP2GP Message Errors

If a **GP2GP** message goes into error, right click on the **Record Transfer** and select **Reprocess**, to solve the issue.

To reduce the number of transmission errors:

- Ensure that any attachment documents are as compact as possible. Word processing documents can be very large, especially if they incorporate images or pictures in the header or background. You are strongly advised to remove any embedded images in any word processor generated letters that are attached to the core clinical records. If possible, attached word processing documents should be text only.
- Not all formats are supported in attachments, see [Processing Degraded Data](#) on page [15](#) for a list of those supported. If you send an unsupported attachment, a text placeholder is sent to the receiving practice.

Daybook/Tasks

If a **GP2GP** message is not sent within 60 minutes a task is automatically created to notify members of the **GP2GP** group. The task is based on a system template. The details of the transmission error is contained in the comment section.