GP Communicator User Guide

Version 1.2

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Table of Contents

Welcome to GP Communicator and Mail Gateway

GP Communicator and Mail Gateway are the two user interfaces for message transmission within Vision, both of which employ the same core components to operate:

GP Communicator (GPC)

GP Communicator is used to monitor messages and manage any issues with them.

- For practices with their own server **GP Communicator** is configured to run on either the server or a dedicated workstation, known as either the **GP Communicator** or **EBXML** machine, **GP Communicator** services are only available on this workstation.
- For practices using managed servers, for example **AEROS**, practices need to login using their allocated EDI account details to access **GP Communicator**.

See GP Communicator for full details.

Mail Gateway

Mail Gateway is a separate application on the desktop of the GPC Machine/EDI account that starts up automatically when your GPC Machine/EDI login starts. **Mail Gateway** cannot be closed as it must be running for scheduled processes to work. **Mail Gateway** actions all **GPC** scheduled functions including polling, sending and receiving and clinical interface.

Mail Gateway appears minimised on your Windows task bar, double click to restore it to full size.

See Mail Gateway Overview on page 54 for full details.

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Daily Check List Summary

The following is a list of checks that your practice should carry out each day:

From **Mail Gateway** :

- Check the Clinical Schedule.
  - If there were any errors in the last clinical interface run, the **Clinical Schedule** section is displayed in red, simply select **Run Now** to clear. If the error does not clear, contact the Helpdesk on the usual number.
- Check the Task Status tabs.
  - If there are any Task errors the relevant tab is displayed in red, see the relevant topic for details on clearing Task errors.

From **GP Communicator** :

- Check the Attention folder (where copies of messages in error are displayed).
  - Action any messages that require attention, see Resolving Messages in Error on page 45.
- Check the **Today** folder within the Incoming folder and Outgoing folder to check that your messages are being sent and received.
  - Files should not be in there for more than 24 hours. If they are there for longer, select **Run Now** within **Mail Gateway** to refresh and now check again.

Other Tasks in summary

Weekly:

- From **Mail Gateway** , select **Rebuild Folders**, see Rebuild Folders and Restart, this helps prevent any problems from occurring.

GP Communicator Set up

GP Communicator is set up from the **Options** screen.

To access the Options screen:

1. From the Vision front screen, select **Messaging - GP Communicator**

   .

2. Now select **Tools - Options**.
3. The **Options** screen is displayed.

Options is made up of four tabs:

- **General** - See General Tab on page 8 for details.
- **Communication** - See Communication Tab - England and Wales Only on page 9 for details.
- **Scheduler** - See Scheduler Tab on page 10 for details.
- **Archiving** - See Archiving Tab on page 14 for details.

General Tab

The general appearance and functioning of the **GP Communicator** interface is set from the General tab:

From **GP Communicator** , select **Tools - Options**

The **General** tab is the initial tab displayed:
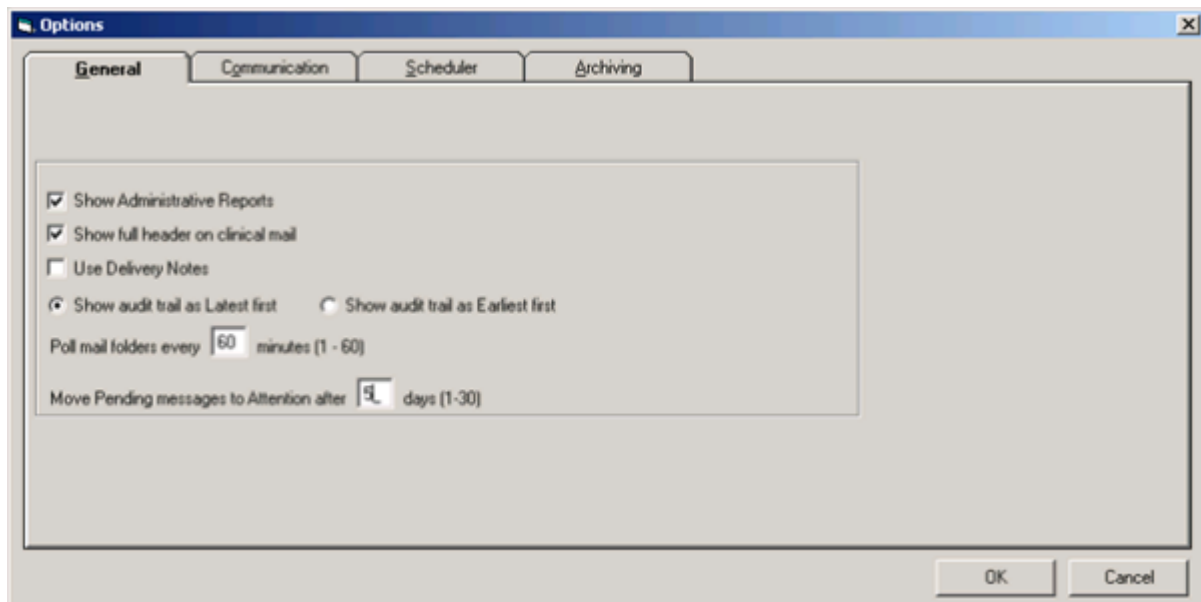
Standard defaults are set up on installation and it is unlikely that these will need to be changed:

- **Show Administrative Reports** - Tick to ensure all administrative reports are visible. If this option is unticked, only those administrative reports in error are visible.
- **Show full header on clinical mail** - Tick to view the full message details (interchange number etc) in the bottom right-hand pane. If unticked, only the reference and addressee are shown. Selecting the blue arrow next to the header toggles the view on individual messages between full and short headers.
- **Use Delivery Notes** - No longer used, leave unticked.
- **Show Audit Trail as latest first/earliest first** - By default **Latest** is selected, resulting in the audit trail on individual messages shows in descending order. Selecting the green arrow next to the audit trail reverses this order.
- **Poll mail folders every [n] minutes (1-60)** - Please leave at the default of 60 minutes unless advised by Helpline.
- **Move pending messages to Attention after [n] days [1-30]** - We recommend a default of 5 days.

Communication Tab - England and Wales Only

The **Communications** tab is set up on installation and should not be changed.

From **GP Communicator** GP Communicator , select **Tools - Options - Communications**:

Scheduler Tab

The times at which your clinical interface is run are set up using the **Scheduler** tab.

From **GP Communicator** , select **Tools - Options - Scheduler**:
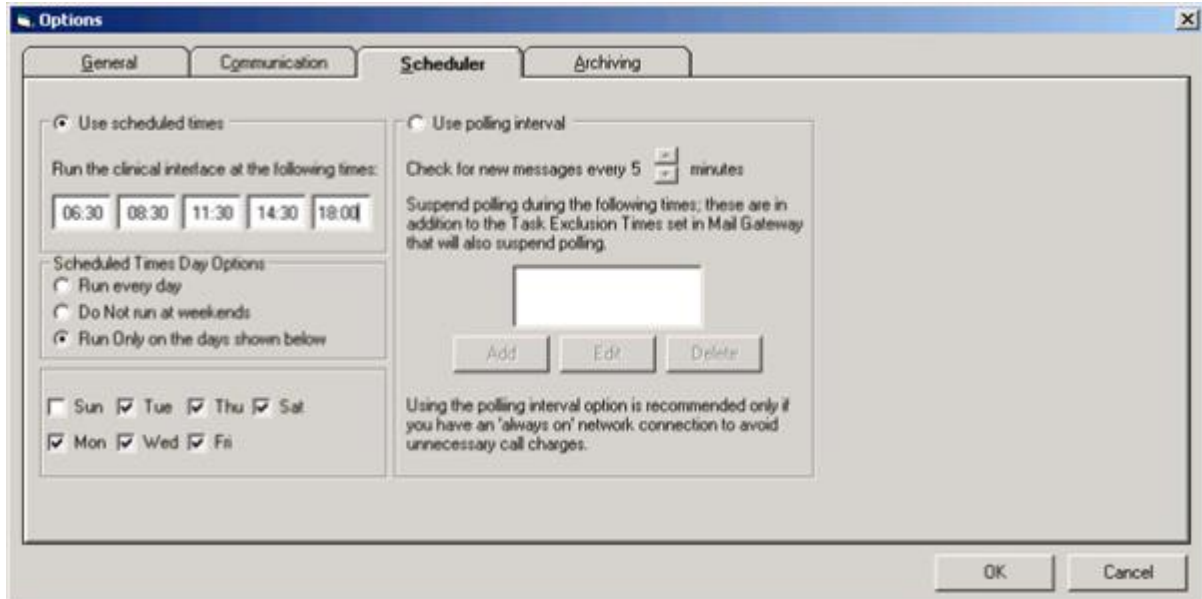
You have two options here:

- **Use scheduled times - See Use Scheduled Times for details**
- **Use polling interval - See Use Polling Interval for details**

Use Scheduled Times

To set up times for the clinical interface to run:

1. From **GP Communicator** [GP Communicator icon] - **Tools - Options - Scheduler**, under the *Run the clinical interface at the following times* section, click into [:].
2. Enter the earliest time (using the 24 hour clock) you want the clinical interface to run.
3. Repeat steps 1 and 2 up to 5 times as required.
4. Now, select from:
    - **Run every day** - To set your clinical interface to run seven days a week - Recommended.
    - **Do Not run at weekends** - to set your clinical interface to run Monday through Friday only.
    - **Run Only on the days shown below** - You must then tick the days you wish your clinical interface to run.

Use Polling Interval

The **Use polling interval** option enables you to send, receive and process your messages on a regular basis during the day.
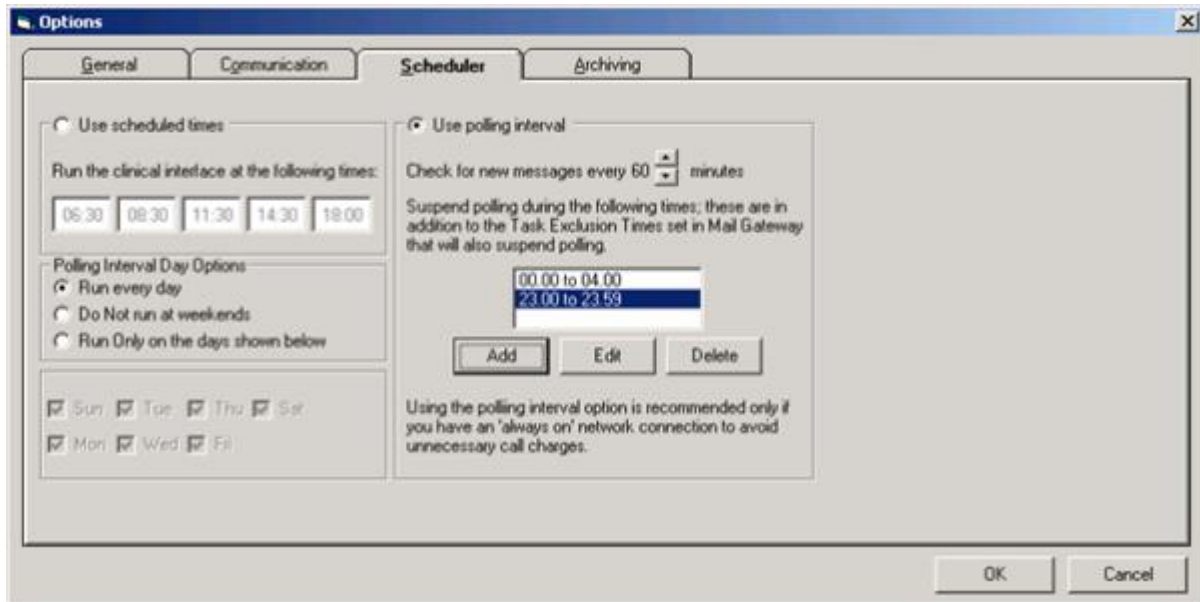
To set up **Use Polling Interval**:

1. From **GP Communicator** , select **Tools - Options - Scheduler - Use polling interval**.
2. From **Check for new messages every n minutes** (where n is the number of minutes), use the up and down arrows to set the time interval.
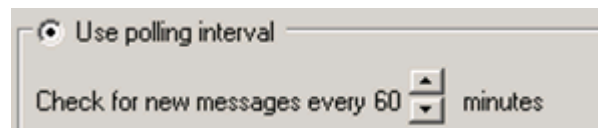
Note - If a message session or Vision update is still in progress at the time the next poll is due, the poll is skipped. For example, if the polling interval is 60 minutes and starts at 08:00, and at 09:00 the poll is still updating Vision, the next poll will be at 10:00.
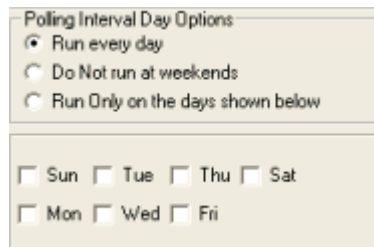
You must set up suspend polling times to prevent polling during specified times, eg your scheduled back up, reindex and reboot. To set up the suspend Polling times:

1. Select **Add** to display the **Exclusion Times** screen.
2. Enter times in **From** and **To**, remembering to leave enough time for your processes to run.
3. Select **OK** to save.

Repeat steps 2 and 3 if more than one suspension time is required.

Note- Before commencing each poll. Mail Gateway checks to see if the current system time falls within a suspension period. If so, the poll does not take place and the suspension period is displayed on the screen on Mail Gateway, for example "*Polling every 60 minutes, currently suspended until 0600".* Mail Gateway resumes polling at the next polling interval that does not occur within a suspension period.

Once you select **Use polling interval**, the left-hand pane changes to **Polling Interval Day Options**. Select **Run every day**, this ensures all your messages are sent in a timely manner.

Note- If you have to reboot your system, the polling timer starts once Mail Gateway has been started. The first poll takes place after Mail Gateway has been running for the polling interval, not on start up.

Archiving Tab

Archiving prevents the mailbox from becoming unmanageable with too many messages. Archive and purge run automatically at the end of each clinical interface, so no intervention is required except the initial set up.

To view the archive settings:

From **GP Communicator** , select **Tools - Options - Archiving**:
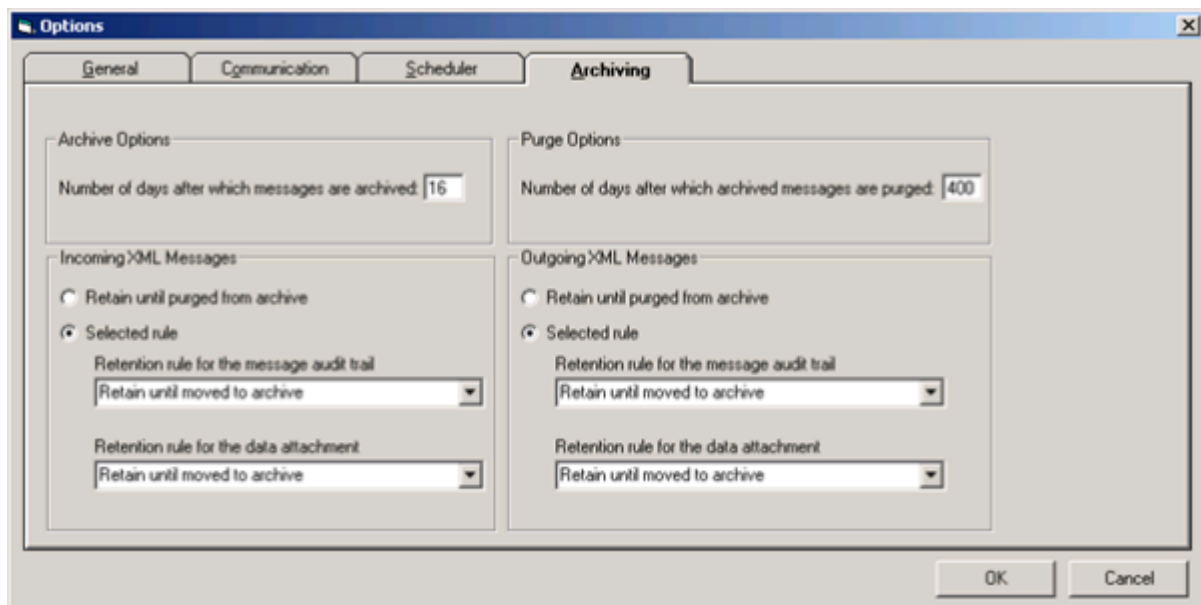
An **Archiving Incoming Audit** message is displayed while an archive is in progress. The archive process should be allowed to complete, however, should you need to stop the archive, simply select **Cancel**. The '*Select Yes to halt the Archive and Purge at the current record. Remaining records will be processed during the next Mail Gateway session. Select No to continue with Archive and Purge*' message is displayed, select:

- **Yes** - to cancel the archive
- **No** - to continue the archive

Note - Archiving cannot be switched off, the parameters can be changed but are set up by your installation engineer and as such should not be changed except under guidance from the Helpdesk.

Addresses Folder

The Addresses folder is contains the message addresses of those organisations you exchange messages with via **GP Communicator**:
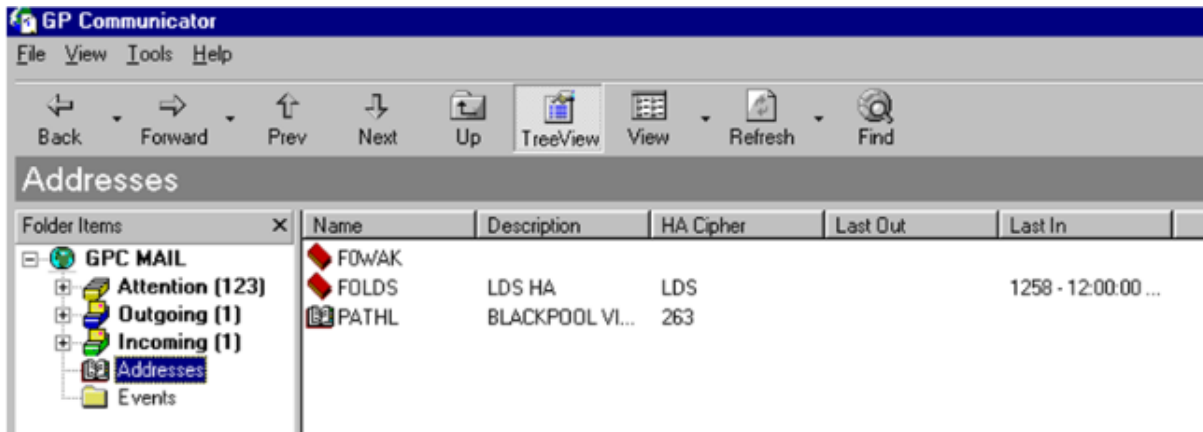
To view addresses within **GP Communicator**:

1. From the Vision front screen, select **Messaging - GP Communicator**

   .

2. Select the **Addresses** folder.
3. A list of existing addresses is displayed on the right side of the screen:

   - To add a new address, please refer to .
   - To edit or view existing address details, please refer to .

Adding a New Clinical Address

To add a new clinical address:

1. From **GP Communicator** , select **File - New - Address**.
2. The **Select Clinical Address** screen is displayed.
3. Enter the five character name of the trading partner you require. This is the name that appears within the address book. It must be unique.
    *   For your Health Board this must be five alphanumeric characters with F0 or F00 or F000 followed by the three or two or one digit cipher respectively, eg F0LDS for Leeds Health Authority, F00BU Buckinghamshire Health Authority, F000C for Argyll & Clyde. It must be the same as that in **Control Panel - File Maintenance - Organisations - [TP/HB/CSA] - Addresses - Communication Nos - Type of Contact Number - Health Link Mailbox**.
    *   For your pathology laboratory, use the name of PATH1, and if any other pathology laboratories, PATH2, PATH3 etc.

4. Select **OK**.
5. The **Clinical Address** screen is displayed.

6. Complete as follows:

- **Details**
    - **Description** - Enter the full name to be displayed everywhere within **GP Communicator**. It should be as descriptive as possible, eg Leeds Health CCG, Bradford General Infirmary.
    - **Trading Partner Cipher** - Enter the single, double or triple digit alpha characters for your Health Board, eg **C** for Argyll & Clyde, **LDS** for Leeds or **LAB** for pathology. This is required for all recipients of EDIFACT receipt report.
    - **Reference Code**- This is automatically generated.
    - **Currently Active** - Select to activate this address, no clinical EDI can take place until an address is marked as **Currently Active**.
- **Communications**
    - Select **Using Local Message Transfer Agent**.

- **EDIFACT Codes**
    - **Recipient Link Code** (mandatory) - This is the code of the sender, obtained from the sender or imported when a message is resolved and **Reset codes** is used.
    - **Practice Edifact Link code** - This code is used to match incoming EDIFACT messages to an address book entry; the combination is unique. From here interchange and transaction sequences can be checked and hence translation take place.
        - For sending and receiving from the Health Board, both the **Practice Edifact Link code** and **Sender Edifact Link code** are 4 alphanumeric characters.
        - For sending and receiving from the path lab, both the **Practice Edifact Link** and the **Sender Edifact Link code** are 15 numeric characters which may include leading zeros.

- **Qual** (Qualifier) - The qualifier precedes the Edifact Link codes in transmissions.
    - Leave Qualifier blank for Health Boards
    - Enter *80* for pathology labs.

- **Senior partner code** - It is likely that the Senior Partner code is the same for all addressees but there may be some variation between different Health Boards.
- **CRIR code** - Please leave blank.
- **Last Interchange Sent / Last Message Sent / Last Interchange Recd / Last Message Recd -** These default to zero and should be left that way for new trading partners. However, for existing trading partners converting to **GP Communicator**, these numbers should be set from information provided by your Trading Partner to avoid potential interchange mismatch errors.

Note - Although these numbers are formatted with leading zeros for display, the leading zeros need not be entered.

- **MESH Details**
    - **SMTP Address** - **Optional**
    - **MESH Name** - Your health board or pathology laboratory can supply these on request, for example, for a health board (Leeds) 5hhhC or for a pathology laboratory (Blackpool Victoria Hospital) 690h0pm.

Note - Practices in Scotland do not see MESH details.

- **EDI Options**
    - Select **EDI Options** EDI Options.. - See EDI Options on page 19 for details on completing this screen.

EDI Options

By default, everything is switched off, leave the screen as it is with no ticks.

Kettering Format XML Messages

The **Kettering format XML messages** option is for Trading partners who are sending Kettering format XML messages, normally Out Of Hours (OOH) and Discharge summaries.

If selected receipt reports for Kettering messages are produced, if it is not selected no receipt reports are produced.

This is set per trading partner so it is all or nothing. If a trading partner is sending Kettering Format XML messages then they can either have receipt reports for everything of no receipt reports at all.

Pre-defined Addresses

For some national projects, addresses are set up automatically:

Bowel Cancer Screening – England

The Bowel Cancer Screening (BCS) programme delivers electronic results directly into Vision. This service is currently available for English practices only.

As all the BCS messages come from the same source (the BCS Service) the following Trading Partner is set up automatically within **GP Communicator - Addresses**.

- **Name** - **BCS01**
- **Description** - **Bowl Cancer Screening Service**
- **Trading Partner Cipher** - **BCS**
- **Reference Code**- **BCS01**
- **Recipient Link Code**- **10000381000005:80**
- **MESH Name**- **t1410hc1**

All Wales Laboratory - Wales

To support the pathology project within Wales, the All Wales Laboratory - Wales Trading Partner is set up automatically within **GP Communicator - Addresses**

- **Name** - AWLAB
- **Description** - All Wales Lab
- **Trading Partner Cipher** - AWL
- **Reference Code** - AWLAB
- **Recipient Link Code** -
- **MESH Name** -

Editing a Clinical Address

Important- You must not change the last message/interchange sent and received numbers. If these need updating you must contact the Helpdesk on the usual number.

England and Wales

- You can edit the details of your clinical addresses if required, however this must be done with great care.

Scotland and Northern Ireland

- If you need to edit the details of your clinical address, please contact the Helpdesk on the usual number as your addresses are linked to Outlook and any changes must be reflected there.

GP Communicator

GP Communicator (GPC) is used to monitor messages and deal with problems arising:

- For practices with their own server **GP Communicator** is configured to run on either the server or a dedicated workstation, known as either the GPC or EBXML machine, **GP Communicator** services are only available on this workstation.
- Practices using managed servers eg AEROS, need to login using their allocated EDI account details to access **GP Communicator**.

To access the **GP Communicator** module:

1. Either:
   - Log on to the machine in your practice that runs **GP Communicator**, or
   - If you are using a managed server eg AEROS, log in using your EDI user name
2. From the Vision front screen, select **Messaging - GP Communicator**

   .
3. **GP Communicator** is displayed:
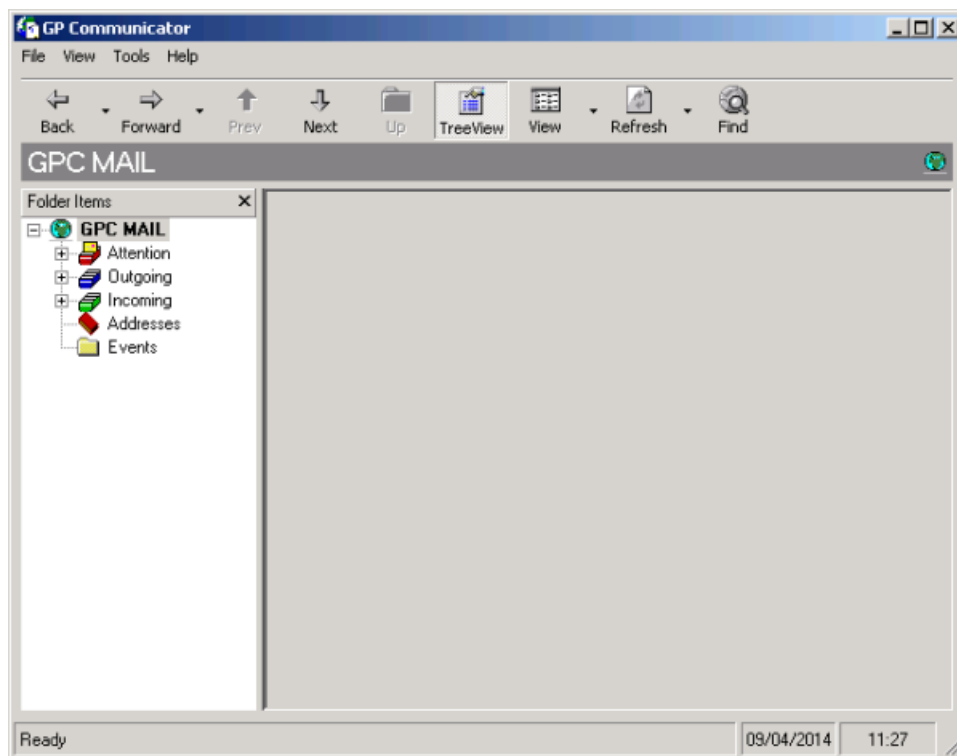
Note - **GP Communicator** does not need to be running to process messages, it is only used for set up and to manage messages that require attention.

An Overview of GP Communicator
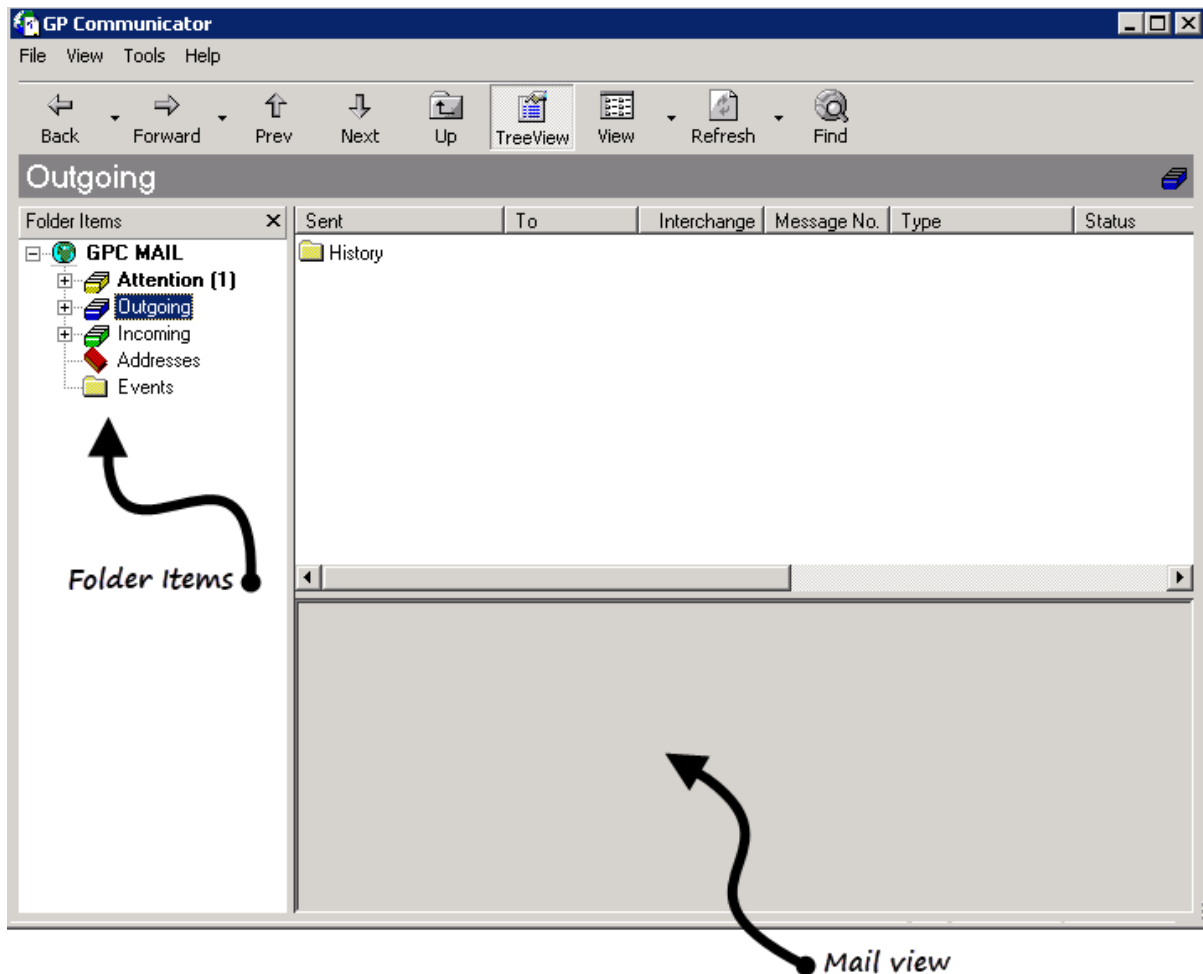
- **Pull down menus** - See Menu and Toolbar Options on page 23 for details.
- **Folder Items** - A list of available mail folders is displayed. Select a folder to display its contents in the right hand side of the screen. See Folder Items for more details.
- **Mail List** - If a folder is selected in the **Folder Items** list, it's contents are displayed in the middle pane. Select the way the list is displayed from **View**, see View on page 24 for details.
- **Mail View** - If a mail item is selected in the mail list, its full details are displayed in the mail view pane. The header section shows the administrative details for the message and a full audit trail detailing everything that has happened to the message. The header can be minimised to display more of the audit trail and the audit trail can be displayed in ascending or descending order. A number of buttons may be available on the message header allowing you to:
    - View the message contents (the actual files received / transmitted).
    - Add comments to the audit trail.
    - Perform the next required action on the message.

Menu and Toolbar Options

Many of the toolbar options reflect the menu functions described below. In addition there are navigation buttons which allow you to move back and forward through the list of folders and/or your recent selections.

File

The **File** menu contains the following options:

New - Address

Select to add a new clinical address, see Adding a New Clinical Address on page 16 for details.

Maintenance

Use to toggle Maintenance mode on or off for support purposes. Access is restricted to System Administrators only. When enabled, a **Translator** tab is available from **Tools - Options** and Import on page 52 appears on the menu. **Maintenance mode** is indicated on the status bar at the bottom of the screen.

Polling

Use to toggle polling on or off. When polling is switched on, a stopwatch appears on the status bar. See Use Polling Interval on page 12 for details.

Remember - Polling is essential to the operation of **GP Communicator**. Polling does not do the clinical interface or archiving; polling checks for unprocessed mail in incoming and outgoing folders and identifies and translates them (a send and receive). The Mail Gateway does the actual processing into and out of the clinical system.

Exit

Select to close **GP Communicator**.

View

The **View** menu contains the following options:
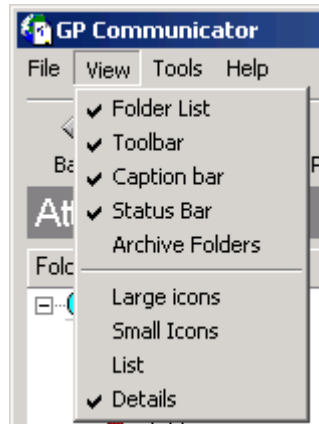
Folder List

Select to turn the folder list on or off.

Toolbar

Select to turn the toolbar on or off.

Caption Bar

Select to turn the caption bar on or off.

Status Bar

Select to turn the status bar on or off.

Archive Folders

Tick to view archive folders only, or if you want to include archive folders in a **Find** search. Untick once you have finished viewing or searching, because large archive folders can affect performance.

Large Icons

Displays the mail list as a series of large icons with a caption of the message date and time.

Small Icons

Displays the mail list as a series of columns containing small icons with a caption of the message date and time.

List

Displays the mail list in a manner similar to Small icons but in a single column.

Details

This is the default selection. Displays a list of mail items with columns for:

- **Date**
- **Direction** (eg Outgoing)
- **Addressee**
- **Interchange Number**
- **Message Number**
- **Type**
- **Status**

Note - Columns may be sorted individually by selecting one of the header titles (eg, Date, Status etc).

Tools

Under normal operation, these actions are automatic therefore manual use is not usually required.
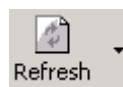
Refresh or

The route of a message through **GP Communicator** is complex and requires several processing steps that are represented by the options available under the Refresh. These actions are normally run by **Mail Gateway**.

- **Current View** - Rebuilds the list of messages shown in the right hand window in the current folder. This does not perform any message processing.
- **All Views** - Rebuilds the list of messages for all folders. This does not perform any message processing.
- **Send** - Looks for unprocessed mail in the **Outgoing** folder and processes accordingly.
- **Receive** - Looks for unprocessed mail in the **Incoming** folder and processes accordingly.
- **Send and Receive** - Combines the above.
- **Update Vision** - Select to run the **Mail Gateway** now. Mail Gateway checks for messages in **Incoming**, posts any data into the relevant Vision files, checks for data ready to be sent and creates **Outgoing** messages to be processed by a **Send** process.
- **Archive & Purge** - Select to check the audit folders for items that are ready to be archived and move them to the correct archive folder, it then checks for messages in archive that can be purged and deletes them from the mailbox, see Archiving Tab on page 14 for details.

Find

Use to search for locating a message using any of the following:

- **Interchange Number**
- **Date Range**
- **Reference number**
- **MESH ID**
- **By Free Text**

See Finding Messages on page 39 **for details.**

Resolve Incoming

Select to re validate all incoming messages in the **Attention** folder. See Resolving Incoming Message Errors on page 51 for details.

Options

Provides access to set up options. See GP Communicator Set up.

Logon/Logout Profile – This option is no longer used.

Folder Items

GP Communicator holds mail in a series of folders. The folders organise the mailboxes used for the handling of mail. A mailbox in this context is a series of mail folders that you are probably familiar with if you already use email applications (Outlook etc).

Within **GP Communicator** the mail folders are displayed on the left-hand side of your screen and are used to select the entries in your mail list.

Should you require, the **Folder Items** list can be closed using the ✖ at the top right corner of the **Folder Items** pane. To reopen it, select 🔽 alongside **Outgoing**.

The folders within GPC are:

- Attention Folder on page 27
- Outgoing Folder
- Incoming Folder
- Events Folder

Attention Folder

A copy of any messages that require user interaction are displayed in the **Attention** folder:
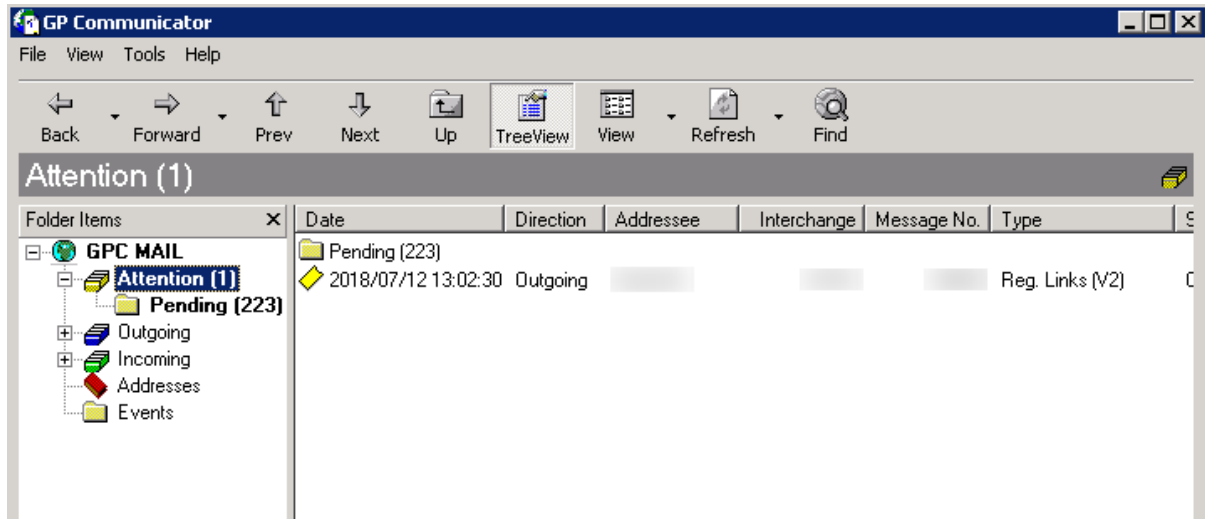
The **Attention** folder can contain incoming, outgoing and general administrative messages, they can fall into the **Attention** folder for a number of reasons, see Resolving Messages in Error on page 45 for details on resolving problems or errors.

The **Pending** folder is also accessed from the **Attention** folder, see Pending Folder on page 27 for details.

Note - Messages in the **Attention** folder are archived after 90 days if they are not processed.

Pending Folder

The Pending folder is part of the **Attention** folder. It contains copies of outgoing messages awaiting confirmation of their status. When a message is sent to the network, it is removed from the **Outgoing** folder and placed into the **Pending** folder where it remains until an acknowledgment report is received.

- Initially, a message appears in the **Pending** folder with the status of **Awaiting Receipt Report**.
- Once the recipient receives and translates the message correctly, a **Receipt report** is received and the message is removed from the **Pending** folder.
- If an error report is received, the message is moved from the **Pending** folder to the **Attention** folder.

- If after five days an acknowledgment is not received, the item is moved into the **Attention** folder with the status of **Confirmation overdue**. You should then contact your trading partner to query the message status and then if necessary either:
  - Retransmit the original message, or
  - Cancel the **Confirmation overdue** message to mark it as manually received.

Outgoing Folder

The **Outgoing** folder contains all outgoing messages, regardless of their state, that have been sent but not yet archived. The messages are held in a **History** folder, which is divided into:

- **Today** - Containing messages from the last 24 hours, and not just today's date.
- **Last Week** - Containing messages from between 24 hours and 8 days ago.
- **All** - Containing all outgoing messages.

Outgoing should not contain many mail items for any period of time. All processing of mail in the **Outgoing** folder is automatic, but **Outgoing** should be checked daily to make sure messages are moving on.

When Vision posts messages into the **Outgoing** folder they are processed almost immediately. The messages then remain there until they are sent to the network. Files are held in the **Outgoing** folder until all processing of the message has been completed, the messages are then archived as per the archive period set from **Tools - Options - Archiving**, with a minimum of 16 days, see Archiving Tab on page 14 for details.

Outgoing Message Overview (Send Process)

- Providing the address on a message is on your system, an outgoing message is passed to the **Outgoing** folder in GP Communicator where it is processed.

- GP Communicator determines if the message is clinical mail:
  - If not the message remains in the **Outgoing** folder for the mail transport to deliver.

- GP Communicator checks the address on the message is clinically active:
  - If not the message is moved to the **Attention** folder.

- The message is now copied to the **Pending** folder and translation performed. The message currently appears in both the Outgoing and Pending folders with a status of **Awaiting Delivery Report**.
  - If the message fails translation, the message is moved to the **Attention** folder.

- Once a delivery report is received the message status is updated to **Awaiting Read Report**.
  - If a non-delivery report is received, the message is moved to the **Attention** folder.

- Once the message has been opened and read by the recipient, a confirmation message is received and its status update to **Awaiting Receipt Report**.

- A **Receipt Report** is now received, if no error is indicated a confirmation is sent.
  - If the receipt report indicates an error, the message is moved to the **Attention** folder.

- The message finally removed from the **Pending** folder, marked as **Complete** and archived as per your practice protocol.

Incoming Folder

The **Incoming** folder contains messages that have been received by **GP Communicator** from trading partners. The messages are held in a **History** folder, which is divided into:

- **Today**
- **Last Week**
- **All**

When a new message is received, any necessary translation or decryption processes are run. An audit copy of the message is then made and the message marked as ready for collection. If the automatic translation fails, providing it is a clinical message, right click on the message and select **Translate**. Non-clinical messages are displayed here as emails.

The **Incoming** folder should be checked daily to ensure all mail is moving though.
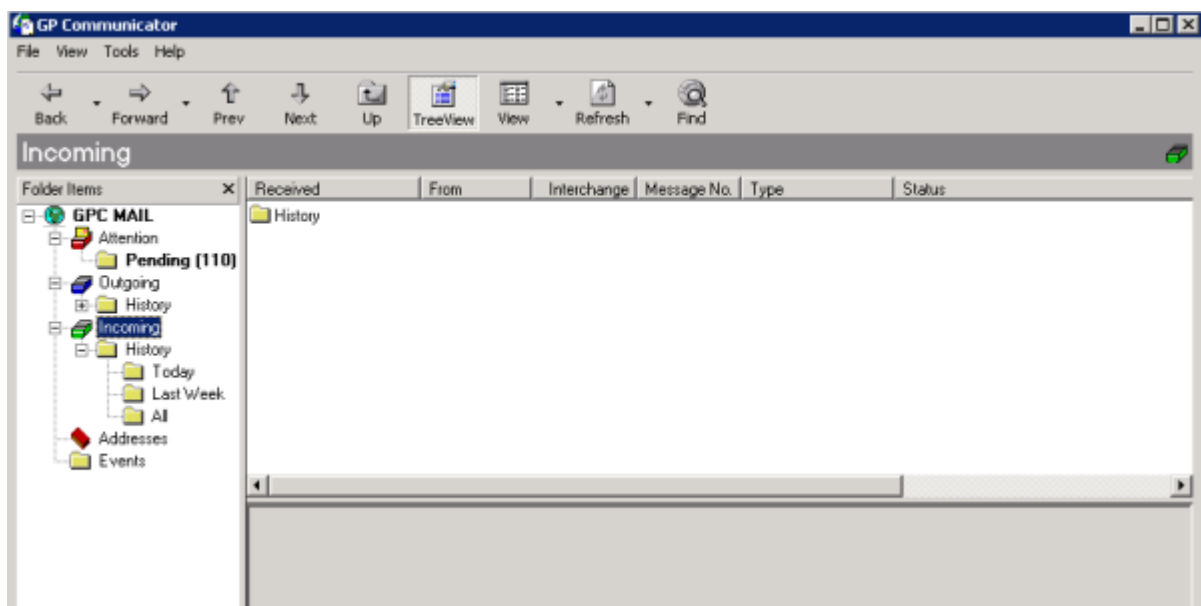
Incoming Message Overview (Receive Process)

- Providing a message is identified as clinical, ie sent from CCG's, PSD, HB's or Lab Service Providers including FHSREG (Registration Links), MEDRPT (pathology) and RECEP (receipt reports), an incoming message is received into the **Incoming** folder.
  - If the message is not clinical, it is moved to the **Attention** folder and can only be deleted.

- GP Communicator attempts to resolve the sender of the message using the sender and recipient ids from the EDIFACT header and matching it to an address in the GP Communicator Address book.
  - If the sender is not resolved, it is moved to the **Attention** folder.

- The message type is identified.

- The message is then moved into the **Recent Incoming** folder and translated, the message status is updated to **Ready for the Clinical System** and copied into the **Incoming** folder.
  - If the message fails translation, the message is moved to the **Attention** folder.

- Depending on the message type:
  - An outgoing report may be produced and passed to the **Outgoing** folder.
  - Any network reports are matched to originating messages held in the **Pending** folder and then deleted.
  - Receipt Reports are matched to the originated message in the Pending folder, marked as Completed, moved to the audit folder with the corresponding original message also marked as Completed and removed from **Pending**.

- When the message is collected by Vision it is moved to the **Recent Incoming** folder and the status updated to **Complete**. The message archives in line with your practice protocols.

Events Folder

The **Events** folder contains a log of significant events for the current session. These events are not message specific but relate to timed schedule processing.
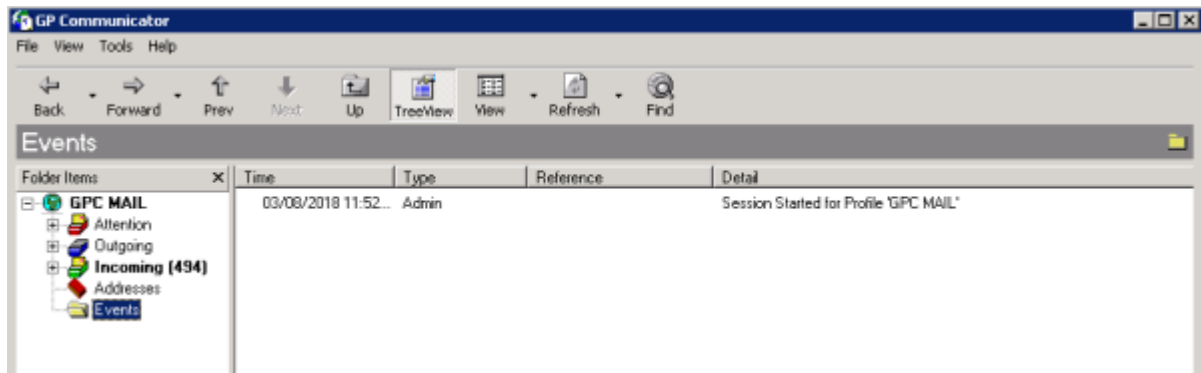

Note - This information is usually only used by the Helpdesk.

Message Types

The following list details the message types within **GP Communicator**:

Clinical Messages

Clinical messages are the core messages types consisting of data coming in and out of Vision. GP Communicator currently supports these types of message:

- **Registration** ◇ - The EDIFACT message type is:
  - **FHSREG** for England, Wales and Northern Ireland.
  - **REGIS** in Scotland.

- **Pathology Reports** - The EDIFACT message type is **MEDRPT.**

Note - PC supports both EDIFACT (RFA4+ and RFA99 versions) and ASTM pathology reports.

- **Kettering format XML** - OOH and Discharges (not Scotland)
- **Bowel Cancer Screening messages (England)** – NHS004
- **QOF (Scotland, Wales and Northern Ireland)** - XML

Scotland

The following message types are transported by eLinks within Scotland:

- EDIFACT Regis and RECEP

 Scottish Care Information Stores (SCI Stores) is used to deliver pathology messages using an **XML message** type of Test Report.

Receipt Reports

Receipt Reports are messages sent by the receiving system in response to a clinical message, they notify the original sender of the status of the received file.

The following Receipt Reports may be seen:

- **Registration** - EDIFACT message type is RECEP.
- **Pathology** (direct from lab only) - EDIFACT message type is NHSACK and is also known as the acknowledgement report, see Pathology Messages on page 33.
- **QMAS** - Received as acknowledgements for QOF reports, within 48 hours in Scotland. See QOF Report Messages to and from NMAS - Scotland, Wales and Northern Ireland on page 34.

Non-clinical Messages

Non-clinical message are any message found in the **GP Communicator** mailbox that it does not recognise. As **GP Communicator** is designed to process clinical messages, it cannot process non clinical mail, it should therefore be viewed, a note taken of what it is and who should have received it if possible, and then deleted.

Pathology Messages

The message type for pathology messages is MEDRPT .

Most practices receive a mixture of NHS002 and NHS003 messages. For each incoming NHS003 message received, an acknowledgment message (NHSACK) is sent to the pathology laboratory, so they know if a message has failed. For the NHS002 message NHSACK acknowledgment is optional and the pathology laboratory can switch off the acknowledgment for each message.

There is no receipt report for ASTM type pathology messages

To view the acknowledgment for a pathology message, select from the message.

The NHSACK has five stages. These stages can be viewed from the top line of the message audit trail:

- **IAF** - Everything is successful. The pathology message will be sent to Mail Manager.
- **IAP** - The Interchange is fine, but some messages have failed and not been processed. Contact your laboratory to request they should resend the messages.
- **IRI** - There is a problem at interchange level, and the whole interchange has been rejected. Contact your laboratory to request they should resend the messages.
- **IRM** - The interchange has failed because the problem is at message level, with problem(s) with one or more of the messages.
- **IRA** - Similar to IRM, but every message has failed.

The audit trail shows the reason for IRI, IRM and IRA failures, and the acknowledgment going back to the path lab tells them how to deal with it. You can reject a message, by selecting **Reject**.

In addition MA means Message Accepted, while MR means Message Rejected.

SCI Stores - Scotland Only

Scottish Care Information Stores (SCI Stores) are central repositories for pathology results from multiple labs.

At regular intervals, GP Communicator retrieves the latest pathology test results and forwards them to **Mail Manager** as XML messages. SCI test results store the date and time they were input into the SCI Store. Vision stores the date/time of the most recent result extracted from the SCI Store, and uses this as the basis of the next request (i.e. retrieves all results added since this date).

There are 17 SCI Stores in Scotland, each one covering one or more laboratories/trusts. Each lab transmits to a local SCI Store. A single practice may have to link to more than one of these stores, depending on its location, to receive all test results.

QOF Report Messages to and from NMAS - Scotland, Wales and Northern Ireland

The QMAS messages are encapsulated in a single XML document which covers three transmission types:

- **Registration** – Request to register the practice on QMAS
- **Report** – Regular (monthly) and Interim (ad hoc) reports to QMAS
- **Acknowledgement** – DIS responses to Register and Report messages, indicating approval or rejection.

In general, there are outgoing QOF Report messages and incoming Receipt reports.

If you select an outgoing QOF Report, addressed to QOF Reporting DIS, then select **Contents**, in addition to the Plain Text and Audit Trail tabs, there is also an XML Viewer tab.

This displays the figures in the QOF Report for each QOF quality indicator, eg, CHD02 Denominator [x], CHD02 Indicator [y] and so on.

Right click within this screen to select from **Print**, Export to Microsoft Excel, View Source etc.

Discharge Summaries/Out of Hours Messaging

Receiving OOH Reports/Discharge Summaries in Rich Text Format

Some Discharge Summaries and Out of Hours messages are not recognised by the GP Communicator and are stored in the **GP Communicator** Outlook account as email messages. To resolve these messages:

1. From **GP Communicator** , select **Tools - Resolve Incoming**.
2. The **Do you wish to Resolve emails?** message is displayed.
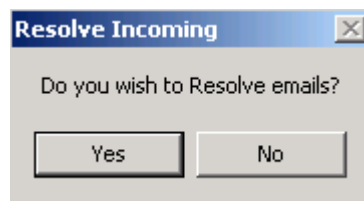

3. Select **Yes** to accept the message.

The message can now be processed through the system in the usual way.

Option to Stop Acknowledgements for OOH and Discharge Summary Messages

When a message is received by **GP Communicator**, an automatic acknowledgement receipt message is sent to the sender to confirm successful receipt. Some Out of Hours Reports and Discharge Summaries are sent as Kettering Format XML messages so there is no MESH return address available, the receipt reports therefore go into error. To select whether acknowledgement receipts are sent for Kettering Format XML Messages:

1. From **GP Communicator** , select the **Addresses** folder.
2. Right click on the address you wish to change and select **Properties**.
3. From the **Clinical Address** screen, select **EDI Options**.
4. By default the address is set to send acknowledgement messages. To stop this process, remove the tick from **Produce Acknowledgements**.

Remove the tick in Produce Acknowledgements
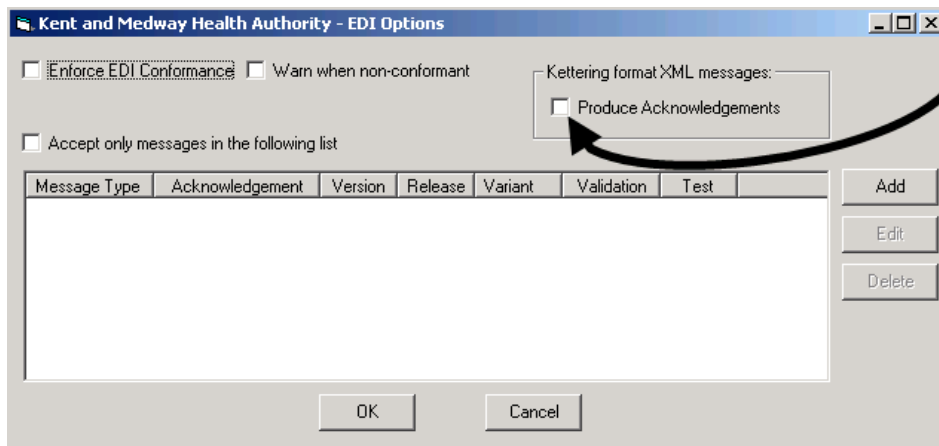
5. Select **OK** to save.

Mail View

Messages are normally viewed and maintained from the **Attention**, **Pending**, **Outgoing** or **Incoming** folders. Messages in the **Outgoing** and **Incoming** folders are likely to be in state of flux ready to be processed by the system.
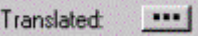
To view a message, select it from the top pane of **Mail List**, the details are then displayed in the bottom pane.
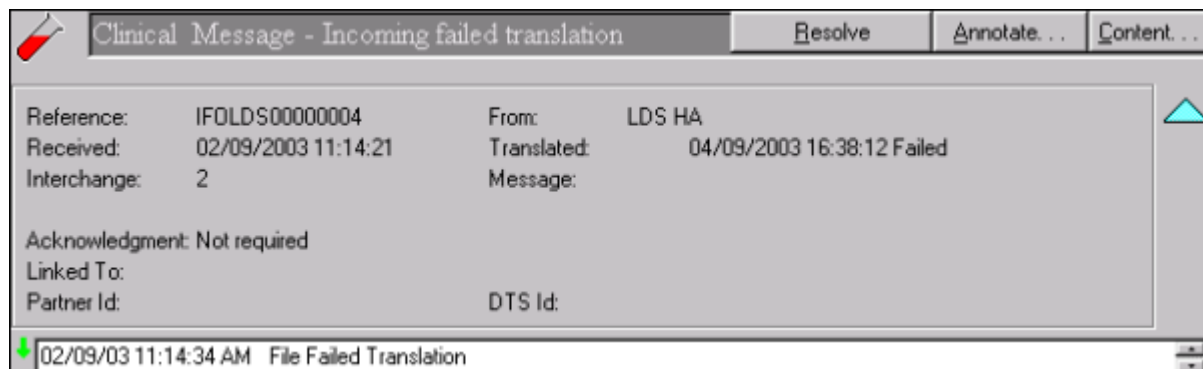
A message header contains the following information:

- An icon indicating the **message type**:
    - Registration Links
    - Pathology
    - Receipt Reports
    - QOF/XML message

- **Description** - A description of the message type and its current status.
- **Process Option** - A context-specific option, eg **Retransmit, Resolve**, to indicate the next step required for each file, this varies depending on the current message status.
- **Annotate** - Select to add comments to the audit trail.
- **Content** - Select to see the EDIFACT and translated data, this is used by the Helpdesk for support purposes. See Message Content.
- **Reference** - A unique reference assigned by **GP Communicator**, starting with either O for an outgoing file or I for incoming, the short name of the recipient or

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sender and a unique sequential number generated by **GP Communicator** ie IF00LA00000165. This reference is entirely independent of the interchange details.

- **From/To** - The address of the sender or recipient depending on the direction of the message.

- **Contract/Expand** - Select to view more or less of the header information. In the contracted state, only the information described above is visible leaving more space for the audit trail. In the expanded state, all the header information is visible.

- **Date/Time** - The **date** and **time** sent or received

- **Date/Time** -The **date** and **time** of translation.

- **Interchange number** - The unique interchange sequence number is used by both **GP Communicator** and the CCG/HB to keep track of messages. There are two sets - one for outgoing messages and one for incoming messages.

- **Message numbers** - This indicates the number of messages in an interchange ie 102 indicates one, 102 - 105 indicates four.

- **Receipt Report Status Indicator/Delivery Report Status Indicator** - This displays the date and time the Receipt/Delivery report was generated by the system.

- **Attached Filename** - In the case of an outgoing message, this is the file passed by the clinical system, this is used by the Helpdesk for support purposes.

- **Audit History** - Every action performed on a message is written to the audit trail which may be displayed in ascending or descending order by selecting the green arrow . You may add notes to the audit trail (for instance 'Phoned HA to check clinical address').

- **Message link** - Select to view the original message which links to this one.

- **Translated** - Select the three small dots by **Translated** to view the Edifact Message Details, this is used by the Helpdesk for support purposes.

- **Messages with errors** - Indicates a message has an error

Message Content

Successful Translation - Every successfully processed message has two attachments displaying the same data but in different formats:

- **EDIFACT file** - EDIFACT messages are automatically formatted with each segment occupying a separate line and messages within the interchange being presented in blocks. These are unreadable unless you also have the message definition to hand.
- **Flat file** - These makes some sense to the casual viewer, although you still need to understand the nature of the contents.

Failed Translation - If a message fails translation the flat file, for incoming or EDIFACT file, for outgoing, tab is not present.

To view the contents of these attachments, from the **Mail View** pane, select **Content**.

The final tab contains the full audit trail.

From **File** you have the option to:

- **Print** - To print the file.
- **Save** - To save the message to either the network or to a removable device.

Both these options refer to the current tab and allow dumping of the message or audit trail for support purposes.

From **Edit** you can select:

- **Find**- To search the message for a specific text string.
- **Goto** - To jump to a specific place in the message, for EDIFACT files Goto takes a Segment group number, for an internal format file you supply a line number.
- **Commit Changes** (Maintenance mode only) - To edit the message and save the changes back to the system, the file can then be retranslated. If it is an incoming message, a receipt report has already been generated detailing the original translation error, you are asked on retranslation if you want to produce a new receipt report. For outgoing messages you need to retransmit which forces a retranslation.
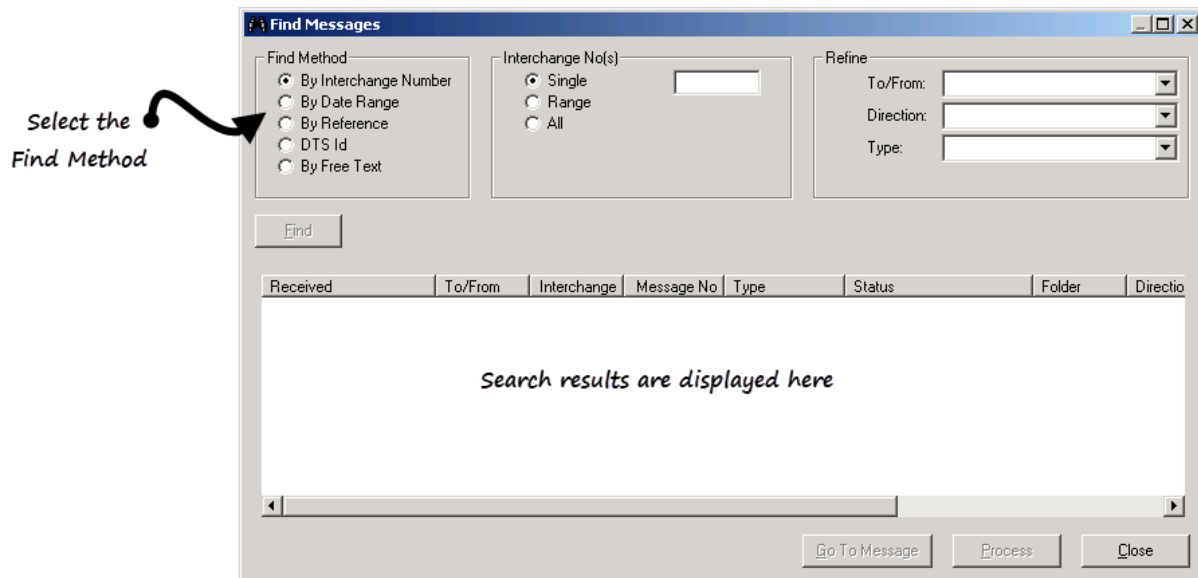
Finding Messages

To allow you to trace either individual or groups of messages **GP Communicator** has a **Find** facility. The most common use for this is to enable the retransmission of outgoing messages following a communications failure with a trading partner.

To find a message:

1. From **GP Communicator** , select **Tools - Find**.
2. The **Find Messages** screen is displayed:

3. Complete the **Find Message** screen as required:
    - Select the **Find Method**:
        - **By Interchange Number** - This can be used to locate both incoming and outgoing interchanges. There are three ways of defining the interchange search criteria displayed in the middle panel headed **Interchange No(s)**:
            - **Single** - Enter a single number, all messages which have this interchange number are returned.
            - **Range** - Enter a from and to number, all messages whose interchange number fall within the range (inclusive) are returned. You can leave the **To** number blank in which case all messages are included from the **From** number.
            - **All** - All messages are returned, there is no interchange number checking.
        - **By Date Range** - This allows you to select message sent or received within a defined date period (time is ignored). Select from **Date Range** displayed in the middle panel:
            - **From** - Enter the date you wish to search from, or select from the calendar displayed by selecting the down arrow.
            - **To** - Enter the date you wish to search to or select from the calendar displayed by selecting the down arrow.

- **Find by Reference** - Each message in **GP Communicator** is assigned a unique reference, this option allows you to find a specific message by this reference. As references are internal to **GP Communicator** and do not form part of the EDIFACT message, it is unlikely that **Find by Reference** is of general use except for support purposes.

  Although the reference is supposed to be unique, the search checks all messages in the system for matches, rather than stopping at the first match. If more than one message appears in the list, then there is something amiss with the messages.

  Once selected, enter the complete reference number you are looking for in **Reference**, no wildcards are permitted. The general format is daaaaannnnnnnn (where:**d** is either **I** for incoming or **O** for outgoing **aaaaa** is the address book name of the trading partner and **nnnnnnn** is a sequential number generated for each address).

- **MESH Id** - This allows you to search for messages by their MESH Id, once selected, enter the id into **MESH Id**.
- **By Free Text** - This allows you to search all messages, once selected enter your free text into **Find by Free Text**.

4. Select **Find** to search now, or refine your search further.
5. If you have selected any of the following options to search on, you can select from **Refine** to fine tune the search further:
    - **By Interchange Number** - Only available for **Range** and **All**.
    - **By Date Range**
    - **By Free Text**

    Select from:

    - **To/From** - Select a single address from your address book; only messages to or from this address are included. There is one special inclusion, 'Unmatched/Unknown' which includes messages that could not be resolved against an address.
    - **Direction** - Select **Incoming** or **Outgoing**.
    - **Type** - Select a specific message type.
6. Select **Find** to begin the search for qualifying messages. The process looks for messages in the incoming/outgoing and history folders according to the direction you have specified. This process can be interrupted by selecting **Cancel**.

Note - To include the corresponding incoming/outgoing archive folders, then you must first enable the Archive view by ticking **View - Archive Folders**. The **Attention** and **Pending** folders are never included as they only contain copies of messages stored in other folders.

7. The results of your search are displayed in the bottom half of the **Find Message** screen, with the following additional options:
   - **Go To Message** - Highlight a message and select **Go To Message** (or double click on the message) to display the message in the main **GP Communicator** screen.
   - **Process** - Highlight one or more messages (using the shift to block highlight, and control-click to multi-select non-consecutive messages), select **Process** to retransmit or resubmit the selected message(s). This starts a process that depends on the status of the message. The system works out what action to apply to each message:
     - If the message is **Incoming**, it is placed in the **Inbox** and retranslated (use with caution, only use when data has been lost).
     - If the message is **Outgoing**, it is placed in the **Outbox** and retransmitted.
     - If any of the selected messages have unresolved errors, then they appear in **Attention** for manual intervention. If archived messages are processed, they are archived again at the appropriate date.
8. Select **Close** at any point to close **Find Messages** and return to **GP Communicator**.

For help with finding messages in order to clear Unacknowledged Acceptances, see Clearing Unacknowledged Acceptances on page 51.

Message Status and Action Required

Below is a list of all the available message status's and any action required (sorted alphabetically, ignoring !):

Message	Description	Action Required
ADDRESS NOT ACTIVE	The address is not marked as active	Check **Active Address** on the **Address** screen or reject the message. Once actioned, go to the **Attention** folder, find message and **Retransmit** it.
AWAITING DELIVERY REPORT	Waiting for network delivery report	None
AWAITING HA RECEIPT REPORT	Waiting for EDI receipt report	None
CLAIMED BY CLINICAL SYSTEM	Message processing complete	None
CONFIRMATION OVERDUE	Message was in pending folder for more than specified number of days without any response from recipient	Retransmit or speak to recipient to resolve problem
DELIVERED IN COMPLETION	Message processing complete	None
!DELIVERY FAILURE!	Non delivery report from network	Speak to recipient to resolve problem, retransmit message
!FAILED TRANSLATION!	EDI translation failed	Manually correct error and retranslate, or reject message. You may have to inform sender if an acknowledgement cannot be generated. If an incoming translation failure, see Incoming Translation Failures. If outgoing translation failure, only retranslate if error has been corrected. Otherwise, contact Help Line
INCOMING FAILED TRANSLATION	EDI translation failure	Sender is informed by receipt report / acknowledgement, if possible; you may also want to speak to them
INTERCHANGE ERROR	Interchange number is not in sequence (EDI conformance switched on)	Speak to sender to resolve problem; reject or accept the message. See Interchange mismatch errors
INVALID ADDRESS	The sender's address could not be found	Select another address or reject message when prompted

INVALID ADDRESSEE	No matching address found in your address book	Reselect another address when prompted or correct the error in your address book
!LINK CODES INVALID!	Sender and recipient codes cannot be matched to your address book	Select another address or reject message when prompted. See Link Code Errors
MANUALLY ACCEPTED	You selected the manually accepted option to clear an error	None
MANUALLY CLEARED ERROR	You selected the clear error option	None
MANUALLY DELIVERED	You selected the manually delivered option to clear an error	None
MANUALLY REJECTED	You selected the reject option	None
MATCHED ACKNOWLEDGEMENT REPORT	Acknowledgement report matched to original message	None
MATCHED RECEIPT REPORT	Receipt report matched to original message	None
MESSAGE PROCESSED		
!MESSAGE REJECTED!	You rejected the message, refer to audit trail	Speak to the sender if necessary
NOT PICKED UP BY RECIPIENT	Message will be in Attention folder with this status if it has been correctly sent out to a MESH address but the recipient has not picked them up from their mailbox within 5 days	Message should be retransmitted after checking that the recipient will be able to collect them
PARTIALLY ACCEPTED – READY FOR CLINICAL SYSTEM	Some pathology reports in this message have Read code validation errors	For your information only. Message is still processed and sender is advised of errors
RECEIVED AND PROCESSED	Message processing complete (Receipt & Acknowledgement Report)	None
RECEIVED AND TRANSLATED – READY	Waiting to be loaded into Vision	None

FOR CLINICAL SYSTEM		
RECEIVED FROM CLINICAL SYSTEM	Waiting to be processed by GPC	None
REJECTION (VALIDATION ERRORS)	All pathology reports in this message have Read code validation errors	None, for information only. Message is still processed and sender is advised of errors
STATUS UNKNOWN	If this appears, it probably relates to problems sending the message	Retransmit or if problem is unclear, get technical help from Helpdesk
SYSTEM GENERATED	Waiting to be processed by GPC	None
TRANSLATED	Message translated successfully	None
TRANSLATED – INTERCHANGE MISMATCH (WARNING ONLY)	Interchange number is not in sequence (EDI warning switched on)	None, for information only. Message is still processed
TRANSLATION FAILED - NOTIFYING CLINICAL SYSTEM	This is the "dummy" message sent to the Vision mailbox to inform you that a pathology message (interchange) has been rejected	None, but refer to the failing message
TRANSMITTED	Message sent without requesting network or EDI confirmation	None
!UNKNOWN SENDER!	Cannot find the sender in your address book	Accept the details, select another address or reject the message when prompted. See Unknown Sender
UNMATCHED RECEIPT REPORT	Unable to find the original message to which this receipt report refers	Try matching again or clear error. You might want to inform sender
UNPROCESSED	A file that has been received but not yet translated. This file will be translated automatically according to polling and timed schedules	To process now, select **Tools - Refresh - Receive**
WAITING FOR THE RECIPIENT TO READ THE MESSAGE	Waiting for network read receipt	None

Resolving Messages in Error

Error messages display in the **Attention** folder and are marked with an error icon ⚠.

 Error messages require manual intervention.

Possible types of error include:

Invalid addressing information

When a clinical message is received by **GP Communicator**, it has to identify either the:

- **Sender**, for incoming messages
- **Recipient** for outgoing messages

Issues with identification, are known as **Address Problems**, see Addressing Problems for details.

Delivery Failure

This occurs when a non-delivery report is received, indicating a network problem, or, rarely, an incorrect address set up. You should normally attempt a retransmission, or contact the recipient to find out what could be the problem.

Incoming Message Errors

The normal method of resolving email addresses cannot be relied on as it is very unlikely that the name of the trading partner is set up identically in the sender's address book (eg Leeds HA) and ours (eg F0LDS).

The message is placed in the correct **GP Communicator** mailbox, based on the address in the message, but **GP Communicator** needs to match the sender to its address book for the EDIFACT translation process.

Fortunately the EDIFACT process itself provides us with a unique identifier in both, the **Recipient** and **Practice Link codes**. These are included in the header of every EDIFACT message and are part of the **GP Communicator** address book for each trading partner, and the pair are guaranteed unique for each address.

GP Communicator scans the address book for each clinical message received looking for this matching combination. If no such match is found, it is because of one of the following:

- The message has been sent to the wrong practice
- The address book has been set up with incorrect link codes
- The address entry for the trading partner has not been set up at all
- See Resolving Incoming Message Errors on page 51 for details on resolving these errors.

Unknown Sender

It is possible to receive messages from senders that are not recognised by **GP Communicator**. **GP Communicator** does not process any message from a source that it does not recognised as it has no way of validating the incoming message:

- If the sender of the message does not exist in the personal address book, the message is marked as **Unknown Sender**. The message is matched to an address book entry by extracting the recipient and practice link codes from the message header and looking at all address entries for a corresponding unique match.

  Select **Resolve** and then select the appropriate option:

  - **Reject Message** - If you have no knowledge of the sender of this message and are certain that it was not intended for this practice, you should reject the message. No further processing is undertaken.
  - **Select Address** - If the message came from a source that you recognise as having dealt with before, but the system has not recognised it, it is likely that the addressee has a slightly different e-mail address or identifier from that expected. You should simply select the entry from this address book and a mapping is created. Messages with this address will be resolved automatically in future. It is possible to receive messages from the same source but with different address details. This occurs very rarely, mostly at Pathology Labs where messages originate from different servers. If you can positively identify the sender of the message as being an existing address book entry, then you can select that entry. All messages from this source are routed to that address entry, along with messages from the originally configured source.
  - **New Clinical Address** - If this is the first communication with this party but you intend to send and receive clinical mail in future, then select **New Clinical Address** - **New**. If you are to send clinical mail successfully in future, you must complete the address details in full. If you are not in possession of all the details you should cancel and try again when the details are available.

    In most cases this error occurs simply because the address details have not yet been entered. The address details can be entered from here. Alternatively the address details can be entered in the normal way when they are available. If the address details have been entered subsequent to receipt of the message, selecting **Resolve** automatically processes the message with no further user intervention.

    Depending upon the content of the message and the address information supplied, one or more of the options may be inappropriate. The appropriate options are indicated with a tick and the action buttons enabled.

Note - For both unmatched incoming and outgoing messages, the message reference is generated using a special reference code of XXXXX, eg IXXXXX00000102, OXXXXX00000103 (I... incoming, O... outgoing). The message reference never changes even when the message is manually resolved to a real address, but the message appears in the correct addresses audit trail.

Link Code Errors

Each EDIFACT interchange contains Link Codes which identify the sender and intended recipient of the message. These link codes must be established in advance under a trading agreement.

The Link Codes are entered into the clinical address for each trading partner (see Addresses Folder on page 15). The system validates the link codes received in a message against those recorded on the relevant address entry.

If there is a mismatch, then the message is copied to the **Attention** folder with a status of **!Link Codes Invalid!**.

Select **Annotate** to add comments to the audit trail as a reminder of actions to be performed.

Select **Content** to see the actual EDIFACT and translated data.

When you select **Resolve**, the **Resolve Link Codes** screen is displayed. You should consult the sender of the message to determine how this discrepancy has arisen before taking any further action. Select one of the following options:

- **Reject Message** - *If this message has been received in error, ie, it is not intended for your practice or not sent from an appropriate party, you should reject this message.* No further processing of the message occurs.
- **Reset Codes** - *If the received codes are correct (as verified by the sender) the relevant address fields can be automatically reset. Only do this if you are absolutely sure that the received codes are correct.* Select if you are certain that the link codes in the message are correct and the ones in your address book are not. This updates the address book to match the message. If you reset the codes, the system configuration is updated to what has been received from this file. You can reset the codes for the first trading partner message, so subsequent messages do not have the same invalid Link Code.
- **Accept Message** - *Only under extreme circumstances may you wish to accept this message regardless of the Link Code mismatch. THIS IS NOT RECOMMENDED. You should only take this action on the advice of the sender when a message has been sent with erroneous Link Codes but is otherwise correct. This will only apply during the initial testing of a new message with a new trading partner.* This means you have decided to accept the message regardless of the error. It is very unlikely that this is the correct action to take.
- **Cancel** - *If you are in any way unsure about what action to take, press Cancel now. You should consult with the sender of the message in order to determine the correct action and then attempt resolution again.*

Interchange Mismatch Errors

GP Communicator keeps track of incoming interchange and message numbers from all your trading partners and therefore knows which interchange and message numbers to expect in their next communication. If the sequence numbers received do not match the expected ones, it is referred to as an **Interchange Mismatch Error**. This might be legitimate, for example, because the HA has retransmitted a file already received.

Interchange mismatch errors are handled in a similar way to incoming addressing problems. Select **Resolve** to see detailed options, recommendations and the automatic resetting of interchange numbers/rejection:

- **Cancel** - Select if you are unsure what action to take, seek clarification from the sender of the message.
- **Accept the Message** - Select to accept the message and to process it into Vision.
- **Reject the Message** - Select to reject the message, no further processing will take place.
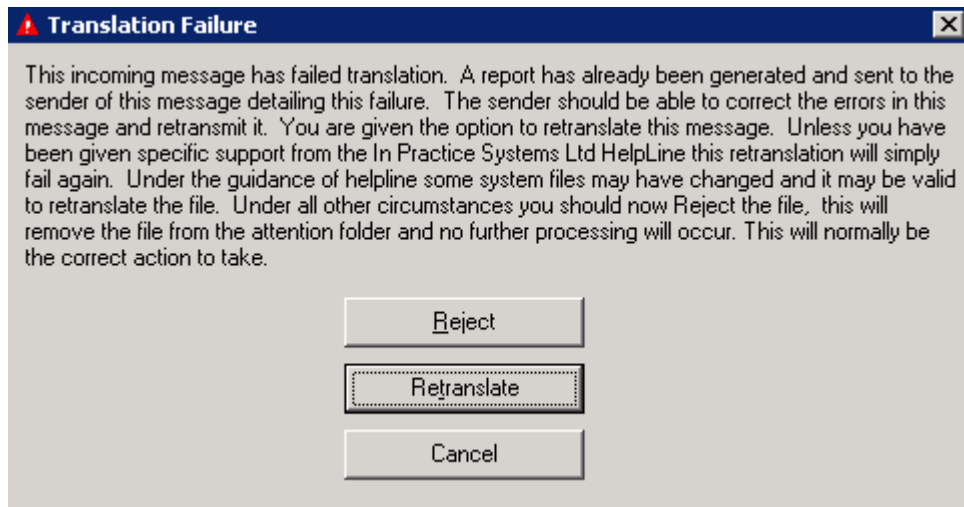
Incoming Translation Failures

A message that has failed translation cannot be processed. A report is generated and sent to the sender of the message detailing the translation failure.
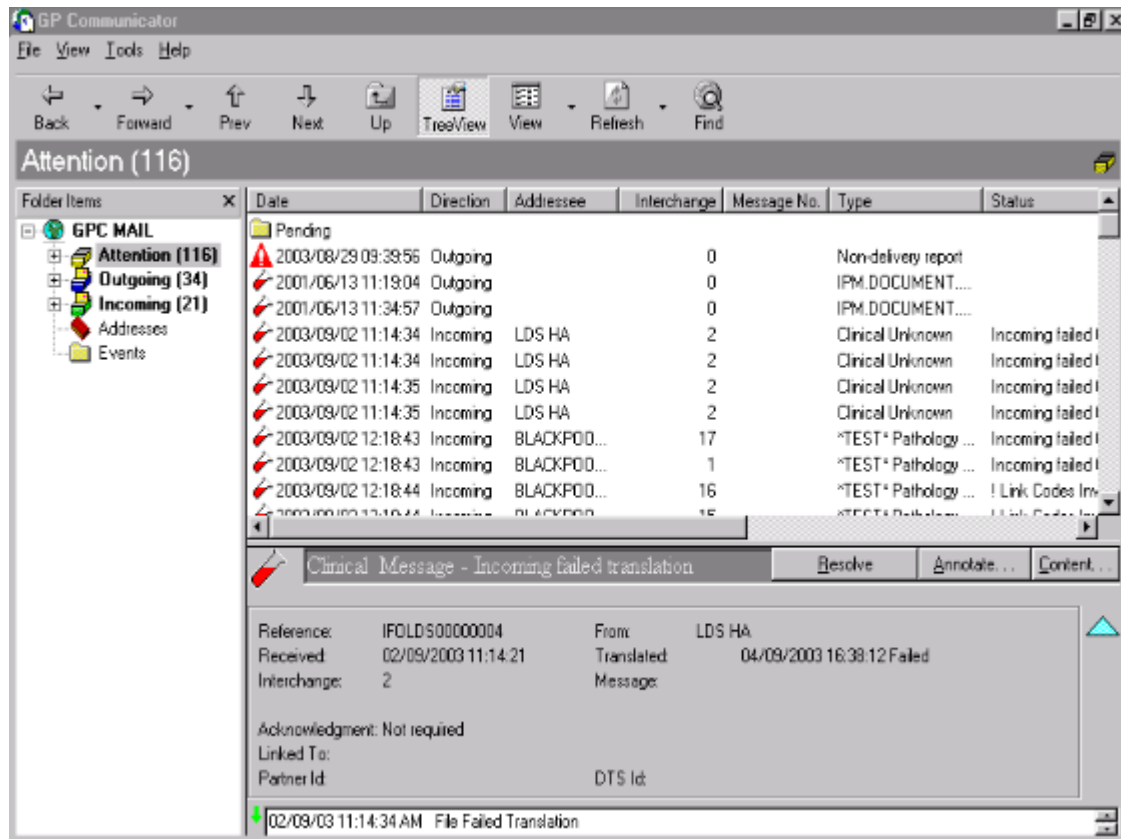
To clear the message:

1. Highlight the message and select **Resolve**.
2. The **Translation Failure** message is displayed.

3. Select from:
   - **Reject** - (preferred option) Select under all circumstances accept those below and then notify the sender as it indicates a fault at their end. Rejecting the file removes it from the **Attention** folder and no further processing occurs.
   - **Retranslate** - Do not use unless instructed to do so by the Helpdesk. Some system files may have been updated by the support staff and so, in those circumstances, it may be valid to select **Retranslate**.

Outgoing Translation Failures

An Outgoing Translation Failure indicates a problem with the process of collecting data from Vision or Vision itself, so it should be reported to the Helpdesk on the usual number. There are two options:

- **Retry** - This enables you to retranslate the message, but this is only worthwhile if the file has been edited to correct the error.
- **Cancel** - In effect, there is little you can do if an outgoing file suffers a translation failure without Helpdesk intervention, therefore contact Helpdesk for guidance.

Remember - All messages in the **Attention** folder are copies of the main system message held in the appropriate audit folder depending upon whether they are incoming or outgoing.

Addressing Problems

When a clinical message is received by **GP Communicator**, it has to identify either the:

- **Sender**, for incoming messages
- **Recipient** for outgoing messages

Issues with identification, are known as **Address Problems**.

These issues are easily resolved when we send normal emails. The author of the message selects an address from an address book (or types one in directly), and we know the address of the sender for incoming mail because their address is included in the email and most of the time we have this address in our address book. For clinical messages, as you may have gathered by now, is rather more complex.

In order to successfully deliver a piece of clinical mail, **GP Communicator** needs to have the following information available:

- **Correctly configured address entry in the underlying mail system** - This address must exist in the Personal Address Book of the main **GP Communicator** server. When posting mail from a clinical system, it should not normally be possible to address this to a non-existent entry in the Personal Address Book.
- **Correct EDI codes** - These need to be set on the clinical address entry so that EDIFACT interchanges can be generated correctly.
- **Currently Active Clinical Address** - The address needs to be marked as Currently Active in Clinical Address (see Editing a Clinical Address on page 20). This can also be used to temporarily suspend communication with a trading partner.

Outgoing messages can suffer the following exceptions due to **Address Problems**:

- **Unknown Recipient** - The address may not be known. The link between the transaction created in Vision and the address entry in the **Personal Address Book** is the **Health Link Mailbox** address set up in **Control Panel - File Maintenance - Organisations - TP/HB/CSA - Address tab - Communication number**, and the **Reference** entry on the **Address** form in **GP Communicator**, eg F0LDS. If this match is not found, the message cannot be translated.
- **Address Not Active** - The address may be recognised but is not clinically active. This may be because mandatory clinical address information (Link Codes, etc) is missing or because the address has been made inactive in order to prevent transmission of messages.
- **Status Unavailable** - The address may exist and be clinically active but causes a failure when attempting to deliver it to the network. There are a number of reasons for possible failure when delivering a message but insufficient information is passed back from the mail system to be any more helpful. The most likely cause is that the underlying address entry is invalid, corrupt, or blank.
- **Not Delivered** - The address may exist and be clinically active but the network is unable to deliver the message. The most likely cause of this when first communicating with a trading partner is that the underlying address is incorrect. If successful communication with the addressee has previously been established, then there may be a problem with their mail server. In the latter case, a retransmission at a later time is probably appropriate.

In all cases the message is copied to the **Attention** folder and a button appears. When the addressing problem is sorted out, select **Retransmit**. If this retransmission fails, you are informed of the fact and the message remains in the **Attention** folder.

Resolving Incoming Message Errors

There are a number of reasons why an incoming message can fall into error, the most common of which are:

- **Interchange mismatches** - see Finding Messages.
- **Unrecognised senders** - An addressing issue usually affects more than one message, see Addressing Problems for details. All messages received fall into error until the addressing problem has been resolved. Once the addressing problem has been resolved, then all messages are valid.

To resolve issues with incoming messages:

1. From **GP Communicator** , select **Tools - Resolve Incoming**.
2. You are presented with each of the messages in the **Attention** folder, causing them to be revalidated. Each message has the most appropriate resolution option available according to the error.
3. Simply select the resolution offered and the next message that requires attention is automatically offered.

Resolve Incoming runs through the **Attention** folder, but if you want to finish beforehand, select **Cancel** to cancel and exit the resolve cycle at the current record.

Clearing Unacknowledged Acceptances

Newly registered patients have a temporary **Unacknowledged Acceptance** status while your Health Board is approving their registration. Any outstanding acceptances more than seven days old, should be checked with the TP to determine if they have received them or not:

- **If the Health Board confirm receipt of the acceptance** - They should be able to confirm the interchange number of the file containing the acknowledgement that has been transmitted to the practice. You should check **GP Communicator** for this interchange using **Find**, see Finding Messages on page 39 for details.

  Note - If the file is older than 14 days, remember to search the archive folders as well to include archived messages in any search. Select **View - Archive Folders** to switch the archive search on before the search and then switch off again after the search.
- If the file has not been received, request the Health Board retransmits the interchange.
- If the file has been received contact the Helpdesk.

In exceptional circumstances, if the patient is permanent, and if you have their
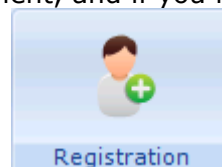
NHS number (ask the TP for this), from **Registration** select **Security – Approve Patient**.

- **If the Health Board cannot confirm receipt of the acceptance** - Check **GP Communicator** for the Registration files transmitted on or immediately following the **Transaction date** shown in the **Unacknowledged Acceptances** screen

within **Registration Links** . You should find a file which has not been successfully delivered to the Health Board. Make a note of the interchange number of this file and confirm that your Health Board has not received it.

Once you have confirmed the Health Board has not receive the file, you should retransmit the file to the Health Board. If you cannot find the file containing the acknowledgements or the Health Board claim to have received the file, contact the Helpdesk.

Import

Import is for Help Line use only.

Mail Gateway

Mail Gateway is a separate application on the desktop of the GPC Machine/EDI account that starts up automatically when your GPC Machine/EDI login starts. **Mail Gateway** cannot be closed as it must be running for scheduled processes to work. **Mail Gateway** actions all **GPC** scheduled functions including polling, sending and receiving and clinical interface.

Mail Gateway appears minimised on your Windows task bar, double click to restore it to full size.

England and Wales only

As well as **Mail Gateway**, you may see a minimised **C:\WINDOWS\system32...**, on the task bar, this is the MESH Client (Messaging Exchange for Social Care and Health Client).

Mail Gateway Overview

Mail Gateway is responsible for the clinical scheduler that processes mail. It runs separately from Vision, on either your:

- Server if you have your own server, or
- EDI log in if you have a remote access server.

Mail Gateway must be running for scheduled processes to work:

- **Clinical Schedule** - Times and days of clinical transmissions, see Clinical Schedule on page 56 for details.
- **Task Scheduler** (See Configuring Task Scheduler and Task Status) - Scheduled task monitoring.
- **Data Transfer Service** (see Other Processes) - For support purposes only.

Important - **Mail Gateway** cannot be closed, if you attempt to close Mail Gateway a '*Mail Gateway cannot be closed as it must remain running to process Scheduled Tasks*' message is displayed.

England, **Wales** and **Northern Ireland** - **Mail Gateway** may appear minimised on the task bar alongside **C:\WINDOWS\system32...** the MESH Client (Messaging Exchange for Social Care and Health Client). Both are required for GP Communicator to work.

To restore **Mail Gateway**, double click **Mail Gateway** on the task bar.

The Mail Gateway screen consists of the following sections:

- Clinical Schedule
- Download Manager Schedule
- Task Status
- Generation and QOF Report

Clinical Schedule

The Clinical Schedule section displays the scheduled times and days that the Clinical Interface is due to be run. These scheduled times are set up in **GP Communicator**

 - Tools - Options, see Scheduler Tab on page 10 for details:
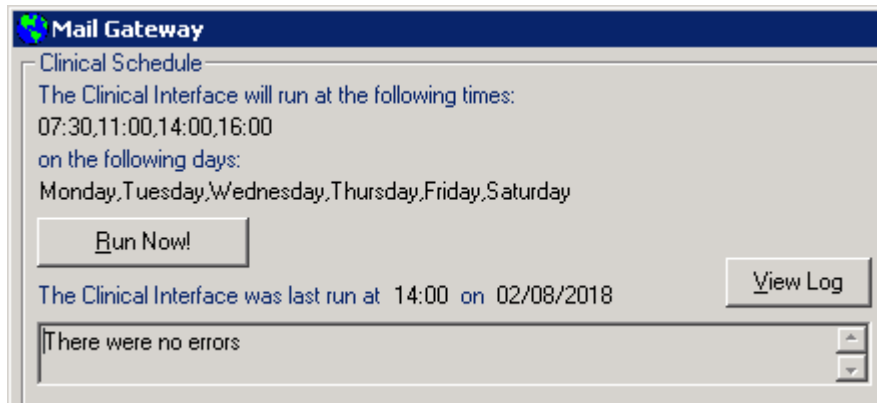
You can also perform the following from this section:

- **Run Now** - Select to run a transmission now, connecting to Vision and picking up from the clinical interface.
- **View Log** - Select to view a report of the last clinical interface run.

If the last clinical interface ran without problems, the message *There were no errors* is displayed.

Note - This may not mean that all messages have been processed, you should still check the **Attention** folder in GP Communicator to see if any messages need intervention.

If there are any errors encountered during the process, the error text is displayed in a red window, for example, *1 Error(s) encountered - See Log file*, select **Run Now**, to run the processes again. If the window remains red contact the Helpdesk on the usual number.

Download Manager Schedule

Download Manager (DLM) is the on-line software update service for Vision, it runs nightly over NHSNet and automatically updates your Vision software.

Download Manager queries the server to see if there are any updates available to download. If any updates are available, they are downloaded and automatically applied. Before any updates are applied, DLM automatically backs up any files that are about to be changed in case of failure, sites can then be returned to their previous configuration and continue working if necessary. Our Helpdesk system is automatically updated with the status of each practice installation.

The scheduled times and days for DLM are displayed within **Download Manager Schedule** of **Mail Gateway**. The scheduled times are set up from Configure Task Scheduler. If you change any of the schedule settings, select **Restart** for the changes to take effect.

The status of the last DLM is displayed on the Mail Gateway screen:

- If the last schedule ran without problems, the message window is clear and the text shows a message similar to *The system is fully updated*.
- If there was an issue during the last scheduled run, the message window displays in red with error details displaying, for example *Abandoned - There is no suitable update for this sequence no or user* . Select **Run Now** to try again, if the window remains red, contact the Helpdesk on the usual number. Select **View Log** to view the details of the problem.
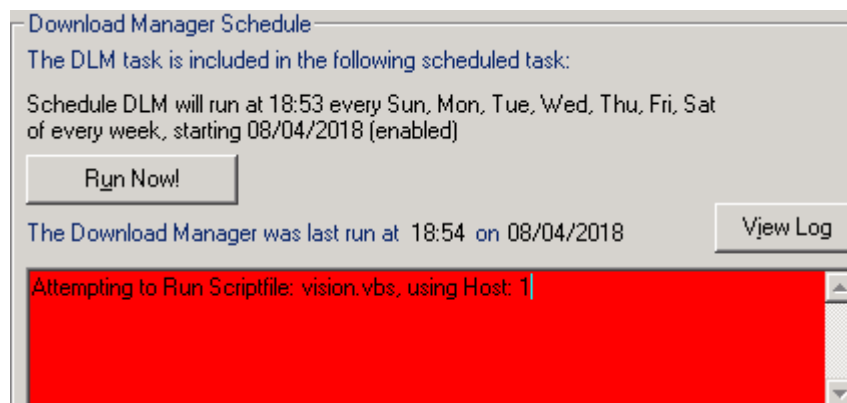
Task Status

The Task Status pane is used for monitoring the following scheduled tasks:

All Countries

- **Tasks** (see Configuring Task Scheduler).
- **Clinical Audit Generate** (including Daily Generation, Monthly generation, Regular QOF Report (QMAS) and GPES extractions).
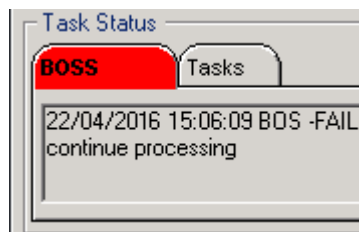
Scotland

- **BOSS** (Scotland).
- **SCCRS** (Scotland).
- **SCI Diabetic Care** (Scotland).
- **Mas eCare Download** (Scotland).
- **MDT Report** (Scotland).

Scotland and Northern Ireland

- **Emergency Care Summary (ECS)** (Scotland and Northern Ireland).

The status of the extracts can be viewed from Task Status which should be checked for errors on a daily basis. Check the date and that the transmissions are successful and report any errors by email to the Vision Helpdesk at helpline@visionhealth.co.uk.
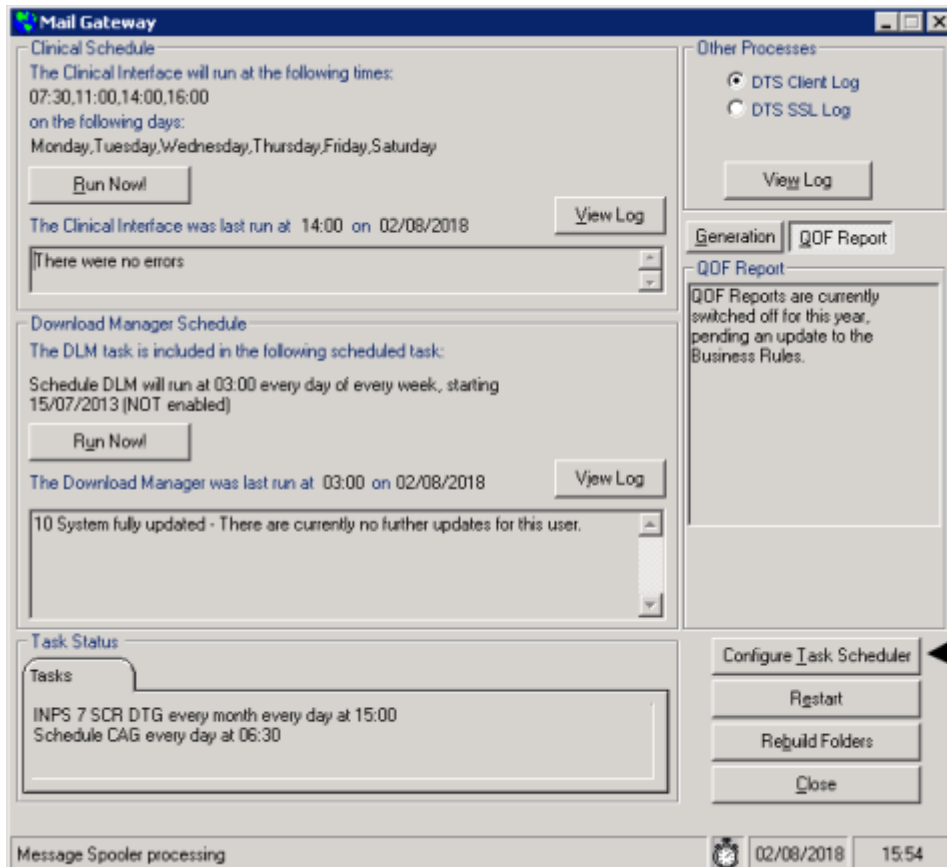
A failed extract is displayed with a red tab:

Configure Task Scheduler

The scheduling of all non-clinical tasks is managed from **Mail Gateway Configure Task Scheduler**:

The following tasks are scheduled here:

- **Auto-reindex**
- **BOSS** - Bowel Cancer Screening (Scotland)
- **CAG** - Clinical Audit Generate (including Daily Generation, Monthly generation, Regular QOF Report (QMAS) and GPES extractions)
- **CMS Message Collector** (Scotland)
- **Custom Tasks** - For Vision Engineering and Helpdesk use only - Vision Scheduler has the ability to run any application or command file, providing it obeys certain rules)
- **DLM** - Download Manager
- **ECS** - Emergency Care Scheme (Scotland and Northern Ireland)
- **ePharmacy Archive** (Scotland)
- **GP Appointment Extract** (England)
- **Mas eCare Download** (Scotland)
- **MDT Report** (Scotland
- **Palliative Review Report** (Scotland)
- **Pocket Vision Extract**
- **Practice Team Information** (Scotland)
- **SCCRS** - Scottish Cervical Call Recall System (Scotland)
- **DC** - SCI Diabetic Care (Scotland)

- **Swine Flu Extract** (Scotland)
- **VDT/THIN**

## Adding a New Vision Task(s) to the Schedule

Note - As England, Scotland, Wales and Northern Ireland have different tasks that require scheduling, you may have different tasks available to you compared to the examples below.

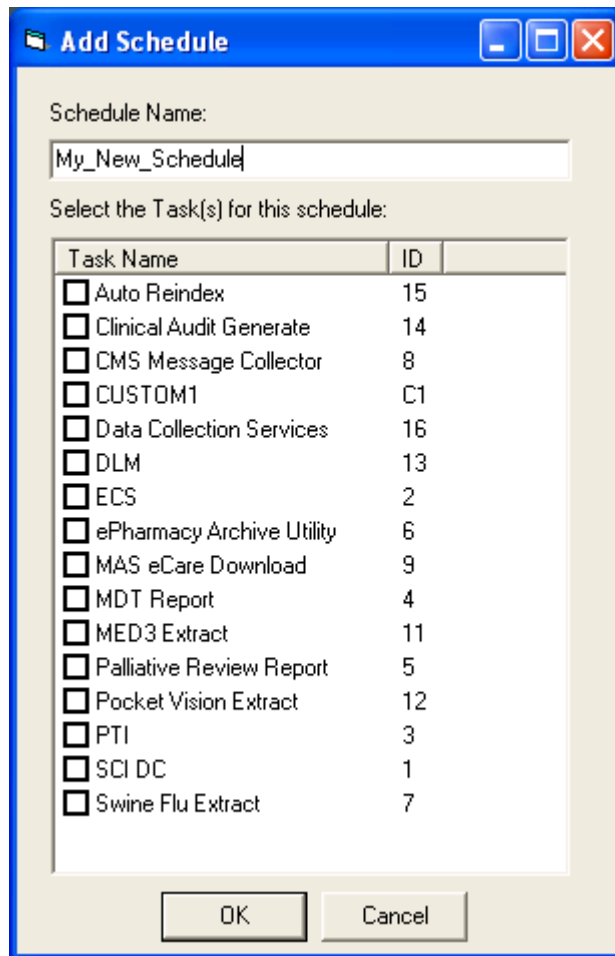To add a new task(s) to the **Vision Task Scheduler**:

1. From **Mail Gateway** [Mail Gateway]**, select Configure Task Scheduler - Vision Task Scheduler - Schedule Options**.
2. Select **Add**.

   > **Remember** - Check that the task you are about to add has not already been included within another schedule, this prevents duplicate scheduling.
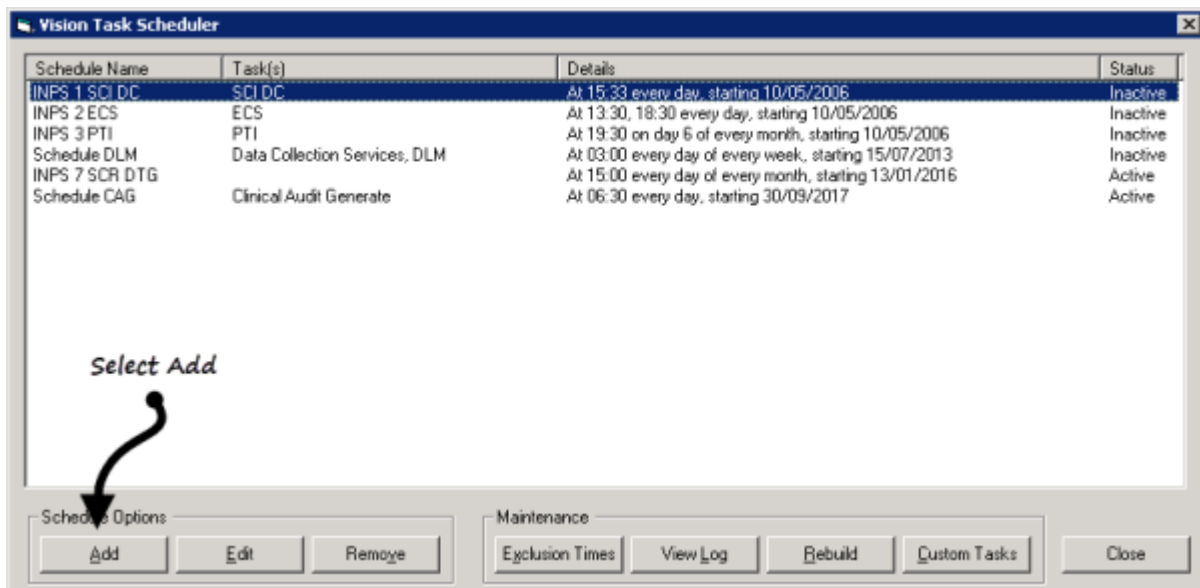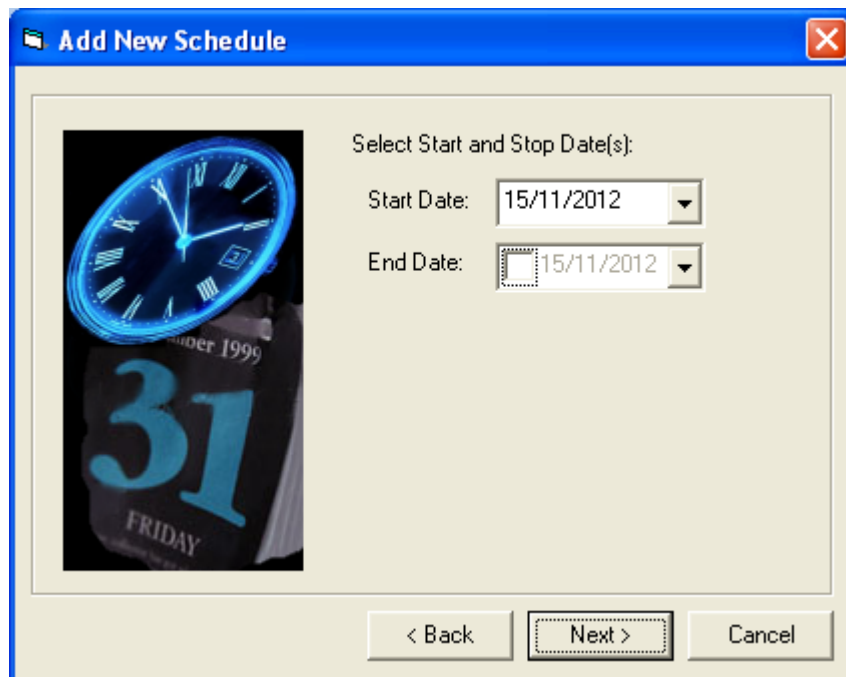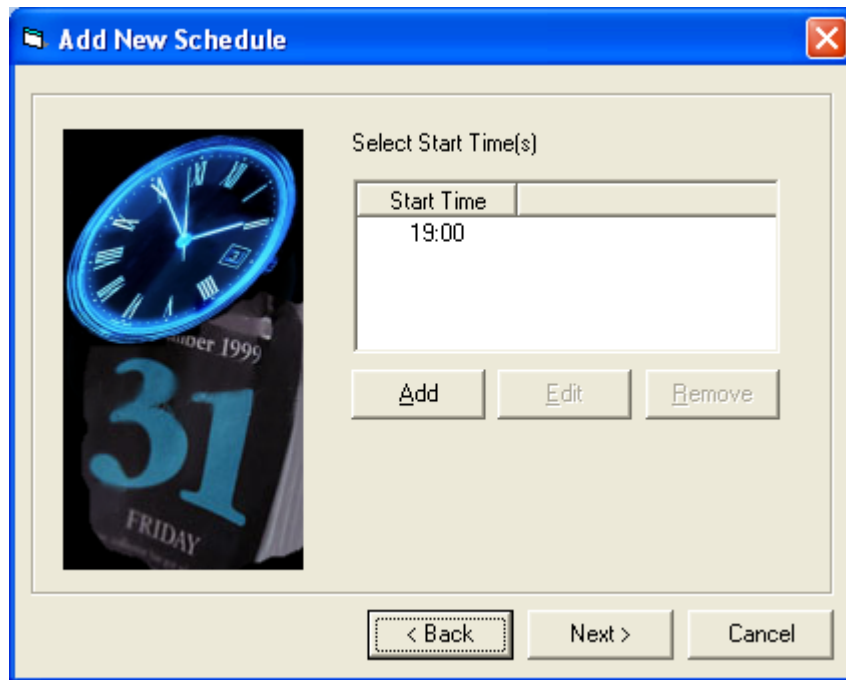

3. **Add Schedule** is displayed:

4. Complete as required:
   - **Schedule Name**- Enter a name for this schedule.
   - **Select the Task(s) for this schedule** - Tick all the tasks you want to include in this schedule.
5. Select **OK** to save and trigger the schedule wizard.
6. **Add New Schedule - Perform this schedule** is displayed, select how often you want this schedule to run from:
   - **Daily**
   - **Weekly**
   - **Monthly**
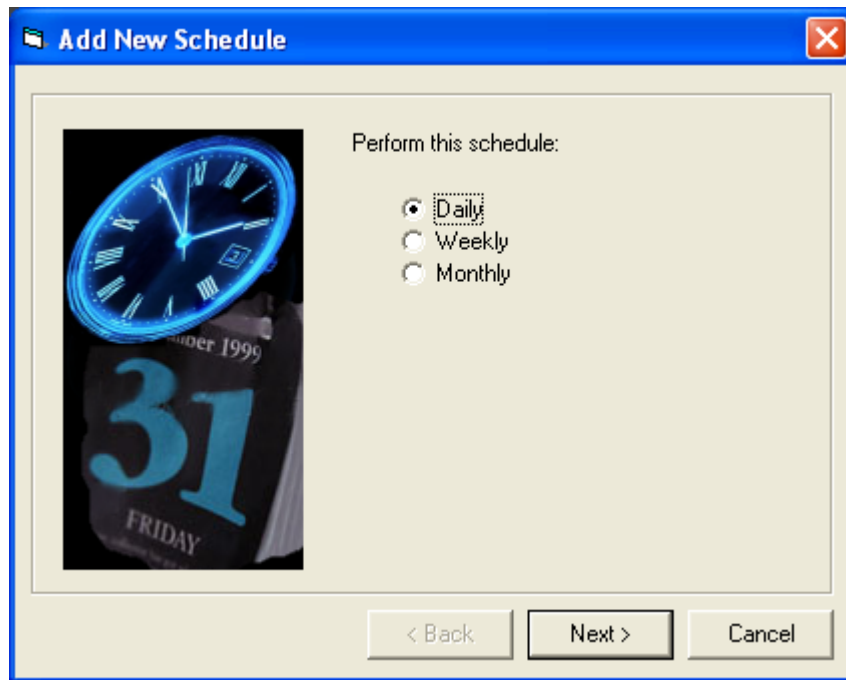
7. Select **Next**.
8. **Add New Schedule - Select Start and Stop Date(s)** is displayed. Complete as required:
   - **Start Date** - Completes with today's date, change if necessary.
   - **End Date** - A date after which this scheduled process should no longer be run can be entered here if required.

9. Select **Next**.
10. **Add New Schedule - Select Start Time(s)** is displayed. Complete as required:
    - Select **Add** to add a new start time (remember to use the 24 hour clock).
    - Select **Edit** to change a time already set.

11. Select **Next**.
12. **Add New Schedule - This schedule will perform the selected task(s) at the following time(s)** is displayed.
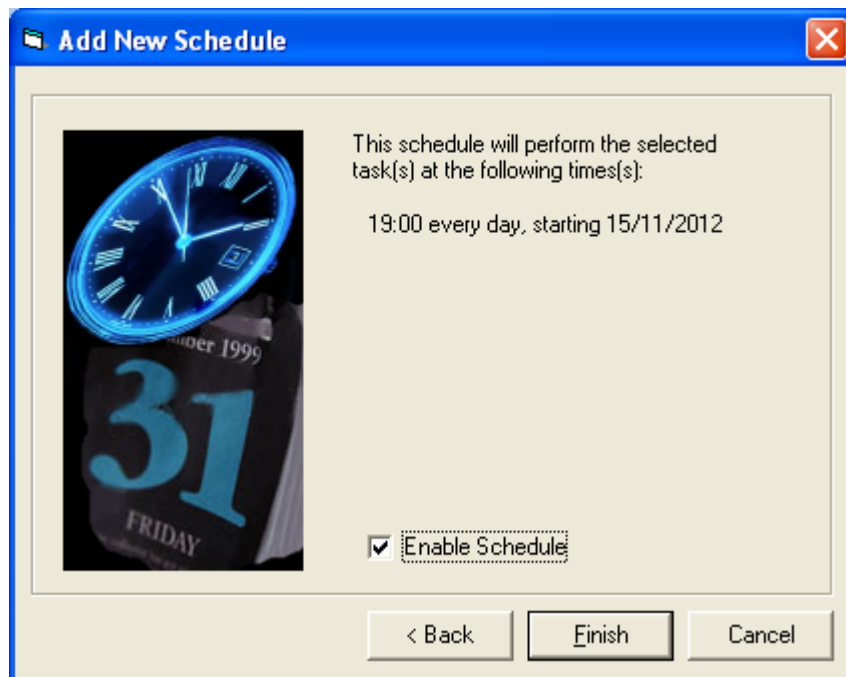
13. Tick **Enable Schedule** and then select **Finish** to save and close.

Checking Exclusion Times

Exclusion times are used to prevent clinical schedules and **Task Scheduler** tasks from running at certain times. This is to prevent conflicts with processes that would either interfere with or be interfered with if they were to run at the same time.

Setting an **Exclusion** time affects the following:

- **GPC Polling** - Suspended during Exclusion times.
- **Task Scheduler** - No new tasks are started during Exclusion times, however tasks in progress are completed (DLM and Reindexes are not affected).
- **Vision Online Services Appointment Booking** - Service is suspended during **Exclusion** times.
- **Message Bus** - The Vision database is not updated during **Exclusion** times.

Anything that requires full exclusive access to Vision can be affected by a scheduled task, you should therefore set your **Exclusion Times** to cover:

- **Backups**
- **Reindex**
- **Reboots**

Exclusion times should be set to cover the expected duration of the processes you are setting it to avoid, plus 15 minutes at each end to allow:
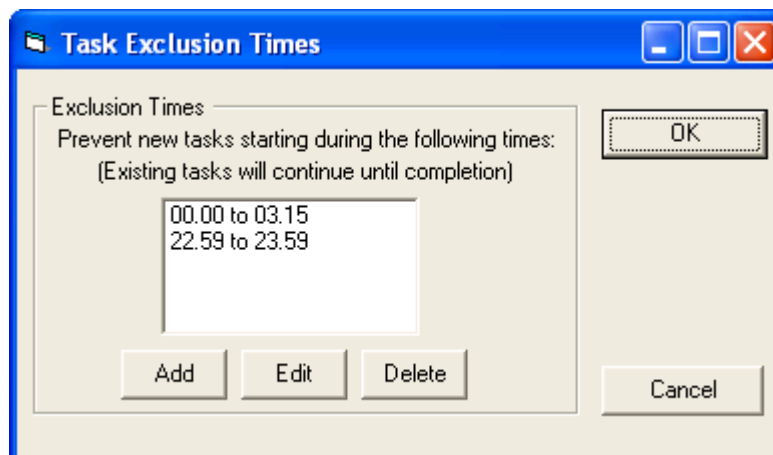
- Files in use to be closed properly
- Unexpected over runs

Note - As **Exclusion Times** prevent other tasks from running, adding more than 15 minutes at each end is not recommended.

To check and if necessary change your exclusion times:

1. From **Mail Gateway** , select **Configure Task Scheduler - Exclusion Time**.

2. The **Task Exclusion Times** screen is displayed:

3. Check the times set up:
   - To change the times, select **Edit**, change the times and select **OK** to save.

- To add a new exclusion time, select **Add**, enter the times you require and select **OK** to save.
4. Select **OK** to save and close.

Editing a Vision Task

To edit a Vision task:

1. From **Vision Task Scheduler**, select the task you wish to change.
2. Select **Edit** and make the required changes using **Edit Schedule** wizard.
3. Select **Finish** to save and close.

Deleting a Vision Task

To delete a Vision task:

1. From **Vision Task Scheduler**, highlight the item you wish to delete.
2. Select **Remove**.
3. The **Task Scheduler** '*Remove schedule "name of task here" please confirm*' message is displayed.
4. Select **OK** to confirm deletion.

Scheduling Non-Vision Tasks

Note - This functionality is for use under the guidance of the Vision Helpdesk only.

The **Vision Task Scheduler** has the ability to run any Windows application, command or script providing:

- The task does not require any interaction eg dialogue messages that require user input.
- You do not need to see the messages displayed during the process.

These are known as **Custom Tasks** and should only be set up with the assistance of the Vision Helpdesk.

Schedule Task Failed to Run

Any task scheduled through **Vision Task Scheduler** which fails to complete is added to the **Vision Event Log**:

To view the detail of a failed scheduled task:

- From the Vision front screen select **Management Tools - Event Log - Other Events** and select **Scheduled Task Failure**.

If this happens more than once, please contact the Vision Helpdesk.

CMS Errors

Scotland Only

The CMS tab is displayed in red if there are errors. If this happens, manually run CMS Message Collector, which should clear any issues. You can also look at the Message Collector Audit logs (see Consultation Manager on-screen help – eCMS) or run the Batch Messaging Errors report (see Search & Reports – Reports on-screen help). Please contact the Helpdesk on the usual number if you experience persistent errors.
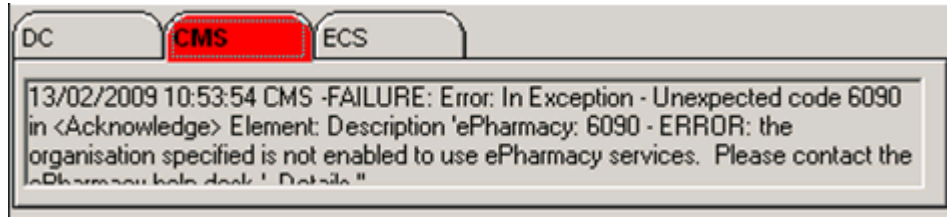
Generation and QOF Report

Mail Gateway is responsible for automatically running the daily QOF reports for the nGMS Contract audits.

There are two tabs in the middle right pane relating to clinical audits:

Generation Tab

The **Generation** tab shows the date and the time that your QOF audits were last run and when they are next scheduled to be run:

- If the audits have been run, **Audit Generation** states *The GPES QOF Report extraction was last run on DD/MM/YYYY at hh:mm.*
- If the audits are currently being processed, it may say *Processing Daily Audit Report Started - hh:mm* shown in red. In the bottom left pane under **Generation Progress**, it details how far the generation has reached, eg *Preparing generation*, followed by *Counting "Smoking last 'informed dissent' recorded more than 15 mths before reference date" for 18 June 2018* (the final date being the date of generation).
- If the audits have not yet been run, **Audit Generation** states *The GPES QOF Report extraction has not yet run*.

- **Generation** also displays the last time a generation was run and when the next generation is due, eg *Monthly Mar 2012. Next daily run today at 01:01, last run 17/06/2012.*

Note - *Waiting for Clinical Audit to be closed* is displayed in the bottom left if a generation is due to run, and is held up because someone is using the Clinical Audit module.

QOF Report Tab

The **QOF Report** tab directs you to the GPET (England) and CQRS (Scotland, Wales and Northern Ireland) websites for information regarding your QOF reports. The tab states *QOF Reports are managed by the GP Extraction Service. Go to the GPET-Q or CQRS web site for information on this practice's QOF Reports*.

Note - **England**, remember you need your Smartcard to log into these services and gain access to your practice's data.

Note - **Scotland** - The SCI extract box is temporarily hidden by an audit generation in progress.
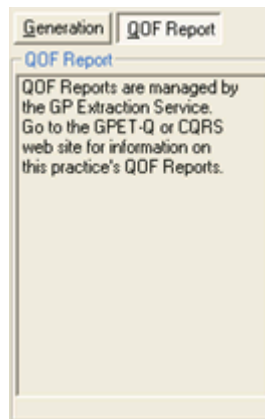
nGMS Monthly Audit and Report

QOF Reports are generated as soon after midnight on the first day of each month.

Once the report has been triggered and generated by a Mail Gateway session, the report is submitted immediately. Mail Gateway checks that MESH is running each clinical interface and also ensures that a MESH poll has been completed prior to a manual run. This is to catch acknowledgements that are waiting in the practice's mailbox before messages are unnecessarily retransmitted.

Note - The Clinical Audit/QOF report functionality (first day of new month) is not dependent on the GPC clinical schedule. It always operates even if there is no schedule established for that day.

QOF Status Report

The QOF Report section of **Mail Gateway** displays:

- The date and time the QOF Reporting audits were last run.
- The date and time the next QOF Reporting audits run will take place.
- If the QOF Reporting audits are currently being run, a '*The Clinical Audit is now running. Started [date and time]*' message is displayed in red.
- If there is a problem with an outgoing QOF report file, a red window is displayed, you may need to ring the Helpdesk to examine the **View Log**.
- Once a monthly report has been run, **Mail Gateway** displays the middle right pane 'QOF Report has been generated for [month year]. ... Monthly report last run for [month year] Submitted'.
- When the QOF has been received by QMAS: QOF Report has been acknowledged for [month year].

An XML file is produced after the monthly report generation from **Clinical Audit** and is submitted directly to QMAS, there is no opportunity to amend the XML file for submission.

If your Qof Reporting is disabled, you are warned that '*QoF reports are currently switched off for this year pending an update to the business rules*'.

Rebuild Folders and Restart

Rebuild Folders is a Microsoft utility which tidies up some problems that can occur with **Personal Folders**. Select **Rebuild Folders**
 once a week to check for any problems, if any errors are found you should contact the Helpdesk immediately.

If you update any schedule settings, select **Restart** for changes to take effect.

Other Processes

The options at the top right of Mail Gateway of **MESH Client Log**, or **MESH SSL Log**, and the **View Log**, are for support purposes only.

Registering with QMAS

Before any reports are run, you first need to register with QMAS. In England and Scotland, this can be done electronically from within **Clinical Audit**. Practices in Wales and Northern Ireland cannot register with QMAS from within Vision.

Note - If you are an English or Scottish practice and have already registered with QMAS via their website, you still need to register with QMAS from within Vision by selecting **Register** from **Clinical Audit - QOF Reporting**.

Before registering, you need the go-ahead from your Health Board:

- Your practice's National Identifier must be entered in **Control Panel**

 , **File Maintenance - Practice**.
  - You can look this code up on the NACS website. It is 6 characters - 1 alpha followed by 5 numbers (and often forms part of your practice's NHSNet email address).
  - **Scotland** only - The message transport in Scotland is eSMTP instead of MESH. Before registering with QMAS you must check your Practice Identifier, QMAS registration fails unless your Practice Identifier code is edited to exclude the initial letter S, for example, if your code is S12345, edit it to 12345. This Practice Identifier code should be edited

    from **Control Panel** , **File Maintenance – Practice Details**.
  - **Northern Ireland** only - Practices are implementing QOF reporting in conjunction with software supplied by MSD, and do not use Vision to register with QMAS. For Northern Ireland sites with GPC, the QOF Reports are automatically generated at month end, as for England. The results can be viewed using **View Results** from the **QOF Reporting** tab, but the report is not submitted electronically.

To register with QMAS:
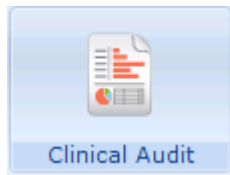
1. From **Clinical Audit** , select the **QOF Reporting** tab and then select **Register**.
2. A message is sent to QMAS automatically when the next **Mail Gateway** session is run.
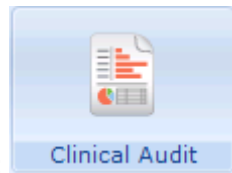
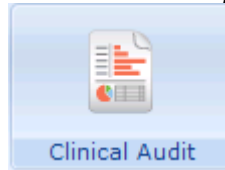- **Clinical Audit** - **Register** is disabled, and '*Registration has been requested*' is displayed.

- **Mail Gateway** - Displays '*GMS Registration pending approval - the QOF Report will not be run until registration is acknowledged*'.
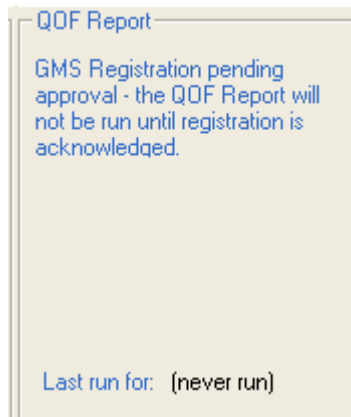
If Registration is successful ...

- QMAS send an acknowledgement and *Registration has been approved* is displayed

  on the **QOF Reporting** tab in **Clinical Audit** .
- QMAS then recognises that the practice has never submitted a nGMS contract report, and catch-up reports are generated from April to the end of the previous month, so, for example, if September registration, then from April to the end of August. These are submitted to QMAS on the next Mail Gateway session.
- **The QOF Report will be run monthly** is displayed
- **The Report will not be generated during the following times:** These times

  are set up from **GP Communicator** , select **Tools - Options**, see Use Polling Interval on page 12, in order to avoid clashing with any scheduled tasks.
- **Last run for:** This shows the month that the QMAS reports were last run and submitted (or *Last Run Never* if no run has been made).

If Registration is unsuccessful...

It is possible that due to various factors, registration to QMAS is not successful:

- There may be a message to say that registration has been rejected.
- There is an error message in GPC.
- The Mail Gateway says *Last run never* under QOF Report.
- There may be some practices who are not allowed to register (e.g. some locum practices). These receive a *Disallowed Submission Source* error.
- For one reason or another, it may be possible that some practices are not known to QMAS. These practices receive an *Unknown Submission Source* error.
- Any other error messages should be referred to Help Line.