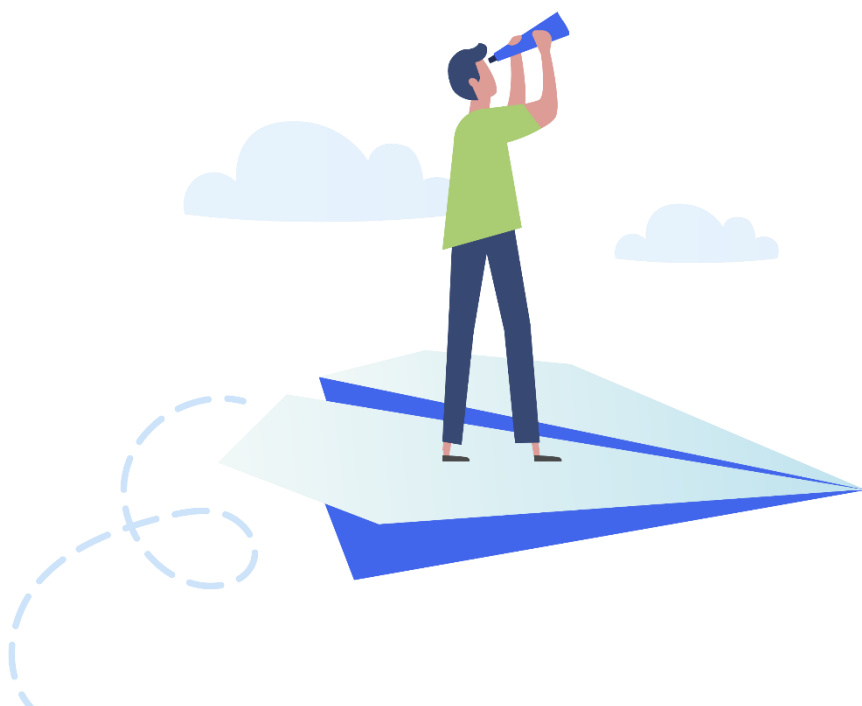




GP2GP Scotland User Guide

Version 1

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GP2GP - Scotland

Introduction

GP2GP enables the electronic transfer of computerised patient notes from a patient's previous practice to a new practice, when they register for primary health care, see [GP2GP Scotland Overview](#) on page 6 for details.

The main benefits of **GP2GP** are:

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

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

GP2GP Prerequisites - Scotland

The following prerequisites must be met for GP2GP in Scotland:

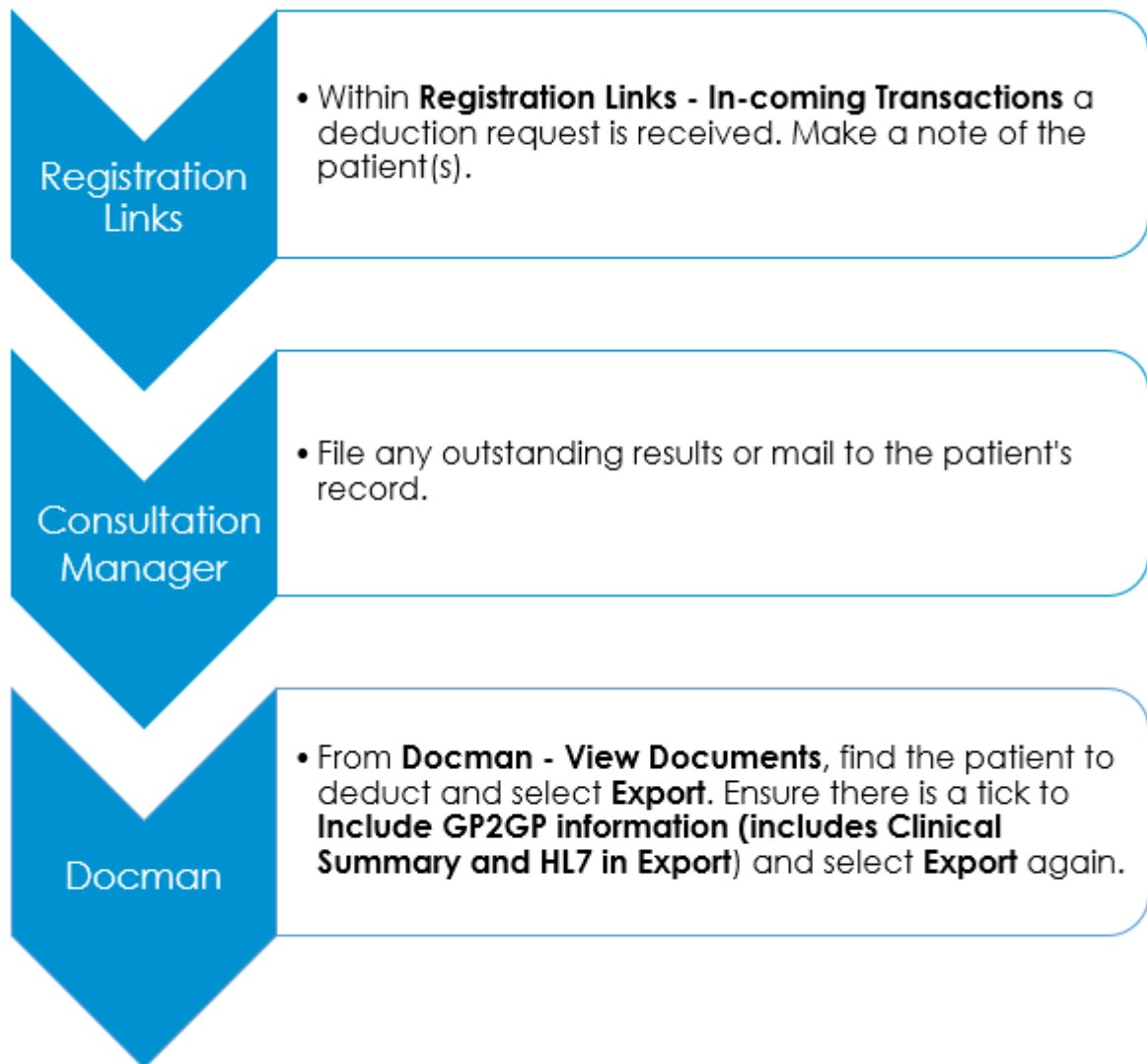
- **Vision PDF writer** must be installed on every workstation that you use for processing deductions.
- **GP2GP** must be enable on your **Vision 3** system.
- **GP2GP** must be enabled in **Docman**.

Please contact your Health Board for assistance with all of these configurations.



GP2GP Scotland Overview

Outgoing Patient Record



A summary of Outgoing Patient Records

When one of your patients registers with a new practice, you are notified by a **Deduction request** in **Registration Links**, complete the following:

File any outstanding results or mail

1. From **Consultation Manager**, select the patient required
2. Select **View Mail for Patient** .
3. Select **File All**.

Export the records via Docman

1. Within **Docman**, select **View Documents**.
2. Select the patient that is leaving.
3. Select **Export**.
4. Check there is a tick against **Include GP2GP information (includes Clinical Summary and HL7 in Export)**.
5. Select **Export** again.
6. Specify if there are any paper records to send.
7. Select **OK** and **OK** again.

A Read coded entry of **92...00 Patient de-registered** is added to the patient's clinical record.

Incoming Patient Record




A summary of Incoming Patient Records

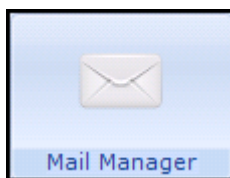
The following details the **GP2GP** process for a new patient:

1. **Register the patient in Registration** - See [Registering a Patient](#) on page **13** if required.

A **GP2GP** Request message is automatically sent to the previous practice providing the patient's previous practice is **GP2GP** enabled.

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

2. From **Docman**, select **Patients**.
3. Select **Import**.
4. Select **OK** once complete.



5. From **Mail Manager**, complete the following:
 - **File the record received** - The previous GP's practice send the notes automatically on receiving your **GP2GP** Request. When notes are received, a **Record Transfer** message displays in **Incoming Mail** with a status of **Available for filing**. Right click on the message and select **File All**. This files all the message details into the patient's record in **Consultation Manager**, see [Filing the Record Received](#) on page **16**.

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



6. Now select **ConMgr** to open the selected patients record and complete the following:
- **Add Reminders** - We recommend you add two reminders to the patient record:
 - A warning that it is a GP2GP record and therefore may not conform to your practice protocols
 - Notification that the records have not been summarised yet (remove once the record has been summarised), see [Adding Reminders to Identify Patients with a GP2GP Record](#) on page [18](#).
 - **Allergy Review** - A clinician should check and add allergies in **Consultation Manager**, ideally with the patient. No prescribing is allowed until degraded allergy records have been edited in **Consultation Manager**, see [Processing Degraded Allergies and Adverse Reactions](#) on page [20 for details](#).
 - **Medication Review** - Active repeat masters received must be reviewed and reauthorised to match your practice protocols. You cannot issue against masters that have not been updated, see [Processing Degraded Repeat Medication](#) on page [22](#).
 - **Degraded Record Review** - Review degraded records in **Consultation Manager**, see [Processing Degraded Data](#) on page [26 for details](#).

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

GP2GP - Deducting a Patient

To ensure a **GP2GP** transfer of records takes place, when you receive a deduction request in **Registration Links**, you must process the deduction in **Docman**:

i Important - Before processing a deduction for a patient, file any incoming results or mail for them to ensure a complete record transfers.

1. When you perform your daily check of **Registration Links - In-coming Transactions**, make a note of any patients who have a pending **Deduction** sent by the **Practitioner Services Division (PSD)**.
2. Log in to **Docman** if required and select **View Documents**:



3. The **Selection List** screen displays, select **Patients** and then **Select**.
4. In **Search for:** enter either the patient's CHI Number or Date of Birth and select **Search**.
5. Highlight the patient to deduct and select **Export**.
6. The **Document Export and Archive** screen displays, tick **Include GP2GP information (includes Clinical Summary and HL7 in Export)**.
7. Select **Export**.
8. A copy of the patient's **Vision 3** record saves in the selected patient's **Docman** record and is exported, along with all the patient documents held in **Docman**, to the **eLinks** folder for forwarding to the new practice.

9. Select from the following options:
 - **Paper Medical Records to Follow** - Select to indicate to the new practice there are paper records to follow.
 - **No Paper Medical Record** - Select to indicate to the new practice the electronic record is complete.
10. The **Document Export** screen displays, once this displays 'Archive completed', select **OK**.
11. The **Document Export** screen updates with the details of the **eLinks** extract folder, select **OK**.


The export file contains:

- The patients electronic clinical record.
- All **Docman** attachments for the selected patient.
- A printable **Patient Summary** report.

After you have processed the export in **Docman**, the **Deduction request** automatically completes in **Registration Links - In-coming transactions** and a Read coded entry of **92...00 Patient de-registered** is added to the patient's clinical record.


Registering a Patient

Before registering a new patient, you must search for them on **Vision 3** using their date of birth to ensure they have not been previously registered with your practice. A **GP2GP** record transfer does not occur for re-registering patients as it can result in duplicated records.

 **Important** – You should not Re-register a patient unless they have a Registration status of **Transferred out**. If they are registered with any other status, for example **Temporary Resident**, then **Vision 3** does not recognise they already have a clinical record and a **GP2GP** transfer is attempted. This can lead to duplicated data on your system.

 **Training Tip** - From **Registration**, use **Action - Re-Registration** to re-register a patient.

Once you are sure this is a new patient to your practice, to register a patient:

1. From the **Vision 3 front screen**, select **Registration**.
2. Select **New Patient** .
3. The 'Add Member to an existing Family' message displays, select:
 - **Existing** - If the new patient is being added to an existing household, select any member of the household with the same address.
 - **Selected** - If a member of the family you are adding this patient to displays at the top of the screen. Most common when adding a family group or a new baby.
 - **New** - If the patient you are adding has no connection to anyone on your **Vision 3** system.
4. The **Registration - Personal Details** screen displays, complete as appropriate.

 See [Adding a New Patient](#) in the Registration Help Centre for details if required.

5. Check the **Incomplete Details** and **Incomplete RegLinks** indicators at the top of the screen, if:
 - **Incomplete Details** has a tick, you have missed some mandatory information, select **Action - Acceptance** and run through the screens again checking for and completing any red entries.
 - **Incomplete RegLinks** has a tick, you have completed enough information for **Registration Links**, this is usually a missing CHI Number.
6. Select **OK** to save.
7. If the patient has incomplete details, a warning displays, select:
 - **Yes** to continue, or
 - **No** to return to the registration screen and complete any missing information.

 See [GP2GP - Importing a Docman Record](#) on page [15](#) for details.

GP2GP - Importing a Docman Record

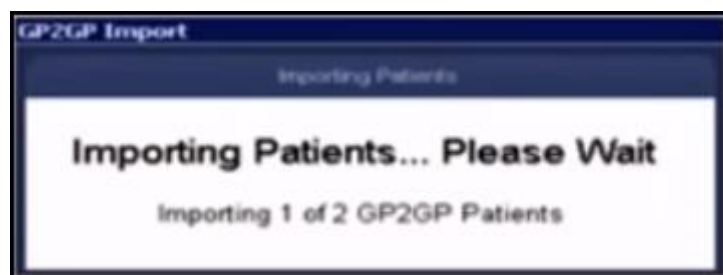
Once you register a new patient on **Vision 3**, a message is sent to the **Practitioner Services Division (PSD)** requesting the records.

To import **GP2GP** records:

1. Log in to **Docman** if required and select **Patients**:



2. The **Patient Search** screen displays, select **Import**.
3. **Docman** checks for any new patient records and if any are found the **GP2GP Import** screen displays, counting through as each record imports:



Once the import is complete, the **GP2GP Import Process Complete** message displays, select **OK**.

4. The **GP2GP Import report** screen displays showing the reason(s) any records were skipped during the import process. Select **OK**.

➔ See Docman Help at <http://www.docmanhelp.com/mobile/Advanced/Content/01%20Docman%20UserGuides/3%20Documents/GP2GP.htm> for details on rectifying skipped records.

5. Any imported records are now available within **Mail Manager** for filing.

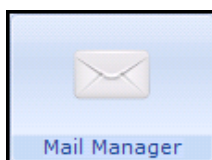
➔ See [Filing the Record Received](#) on page [16](#) for details.



Filing the Record Received

Once you have imported a patient record from **Docman** the records display in **Mail Manager**.


To file the records:



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

Status	Type	Read	Date	Staff	Patient	Action/Subject
Available for filing	Record Transfer	<input type="checkbox"/>	12/05/2015 16:01	*Fao: Practice M...	Amey, Aarondeep 2...	

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

 See [Adding Reminders to Identify Patients with a GP2GP Record](#) on page [18](#), [Processing Degraded Allergies and Adverse Reactions](#) on page [20](#) and [Processing Degraded Repeat Medication](#) on page [22](#) for details.

- For **KIS** and **ePCS** patients the clinical term **9Ee1000 Transfer summary report** is automatically added to the patient record.
- When a patient re-registers at a practice a **GP2GP** record transfer does not happen due to the risk of duplicated data. However a **GP2GP** message is still received in **Mail Manager** with a status of **Withdrawn**. Simply mark these messages as 'No Action Required' so you know you have seen them and they are not outstanding.

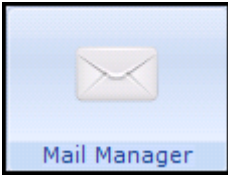


 See [Adding an Action to a Message](#) in the Mail Manager Help Centre for details.

Adding Reminders to Identify Patients with a GP2GP Record

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

To add a reminder

1. From either:

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

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



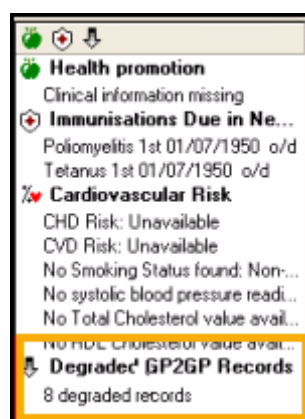
Remember - Delete the '*Not yet summarised*' reminder line once the notes have been summarised.

Reviewing Incoming GP2GP Notes in Consultation Manager

Most data received is automatically filed into the patient's **Consultation Manager** record in a structured way. However, due to different data conventions within GP clinical systems, some incoming clinical data cannot be directly filed, these records are referred to as **degraded records**. This particularly affects medication, allergies and business functions such as recalls. Therefore, once the patient record has been filed from **Mail Manager**, it is important you review the imported record.

To view the degraded data:


1. From **Consultation Manager**, you can list degraded records by double clicking on **Degraded GP2GP Records** within the **Alert** panel:



2. The degraded records display on the **Filtered List** tab, right click and select **Edit** on each record to process it, see [Processing Degraded Data](#) on page [26](#)

Clinicians need to be made aware that data in unsummarised **GP2GP** records may not appear where they are used to seeing it, for example, in the previous practice, priority numbers may differ, or problems may or may not have been used. We therefore recommend you use **Reminders** to notify staff of a GP2GP record, see [Adding Reminders to Identify Patients with a GP2GP Record](#) on page [18](#) for details.

 **Note** - Read code **91... Patient Registration** is automatically added to the records of newly registered patients with a **GP2GP** request. This allows you to make regular searches for **GP2GP** patients.

 **Note - Scotland only** - You may receive a back population of **SCI DC** and **SCCRS** data for a new patient. This results in a duplication of this information. There is unfortunately nothing that can be done about this.

Processing Degraded Allergies and Adverse Reactions

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

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

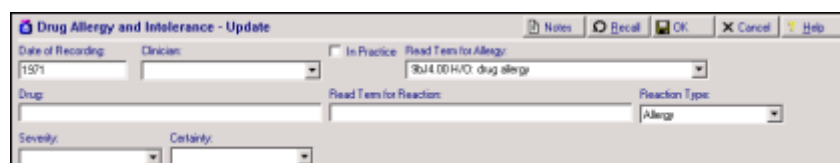


1. From **Consultation Manager**, select the patient required.
2. Double click on the degraded allergy line and the **Drug Allergy and Intolerance - Display** screen displays:




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

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



5. Complete as follows:

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

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



6. Select **OK**.

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



Processing Degraded Repeat Medication

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

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

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


If the patient had any items on serial prescribing at their previous practice, a cancellation message is sent automatically to their registered pharmacy. Any items you want to prescribe as serial prescribing need to be set up again.

 See [Reauthorising Inactive Imported Repeats](#) on page [22](#) and [Discontinued Medication](#) for further details.



Reauthorising Inactive Imported Repeats

Repeat medication received via **GP2GP** must be reauthorised before it can be issued, as the originating GP and source are not valid, and you may want to review the repeat drug to ensure it complies with your practice protocol. For this reason, when viewed in **Therapy - Repeats**, imported repeat

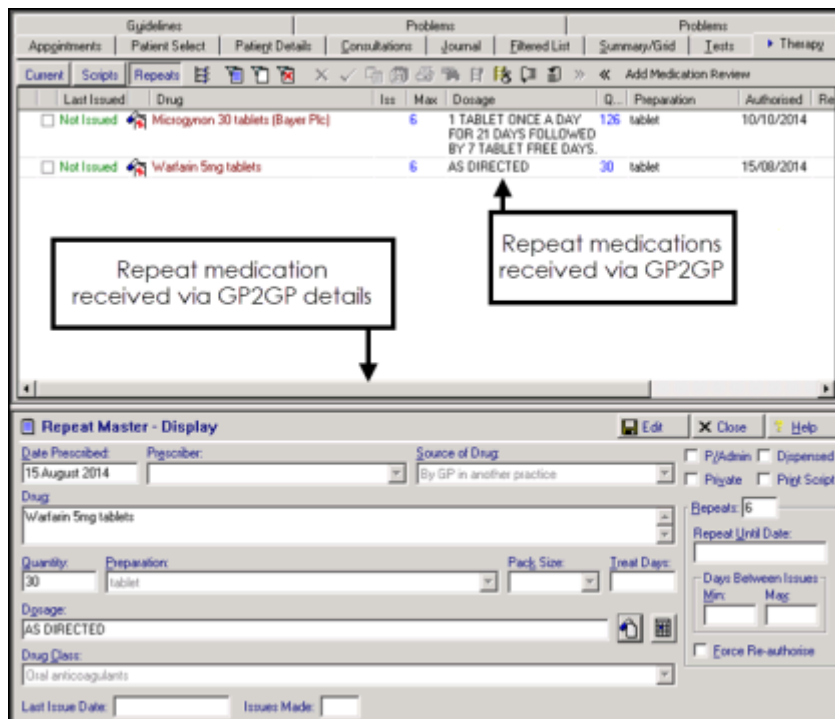
medication displays preceded with **Prescribed out of Practice** .



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



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



The screenshot shows the 'Therapy - Repeats' window with a table of medication repeats. Two boxes with arrows point to specific rows in the table:

- A box labeled "Repeat medication received via GP2GP details" points to the first row: Microgynon 30 tablets (Bayer Plc).
- A box labeled "Repeat medications received via GP2GP" points to the second row: Warfarin 5mg tablets.

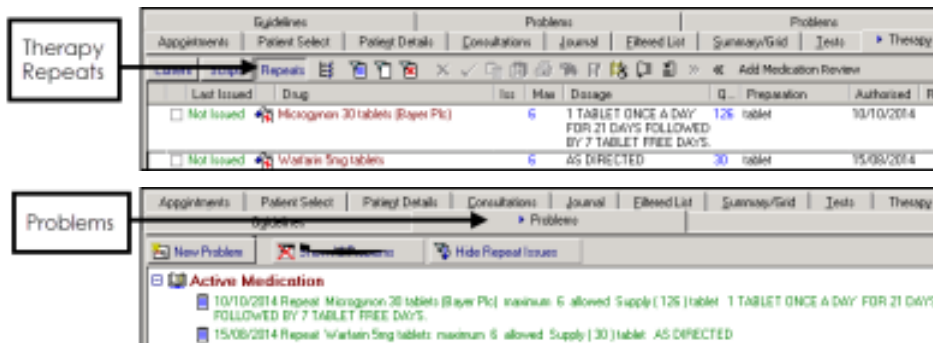
Below the table is the 'Repeat Master - Display' form, which contains the following fields:

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


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

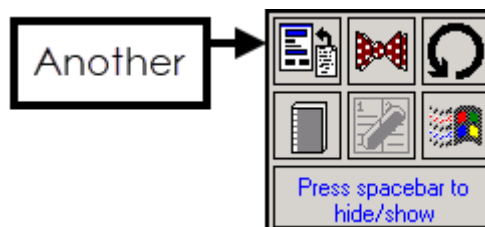


1. From **Consultation Manager**, select the patient required and open a consultation if necessary.
2. Select either **Therapy - Repeats** or **Problems - Active Medication**:



3. Highlight all the items you wish to reauthorise, by holding down the **<Ctrl>** button on your keyboard and selecting the items required.
4. Select the highlighted items and holding the click, move the mouse pointer to the floating toolbar that appears. Release the mouse on

Another  at the top left corner of the floating toolbar.





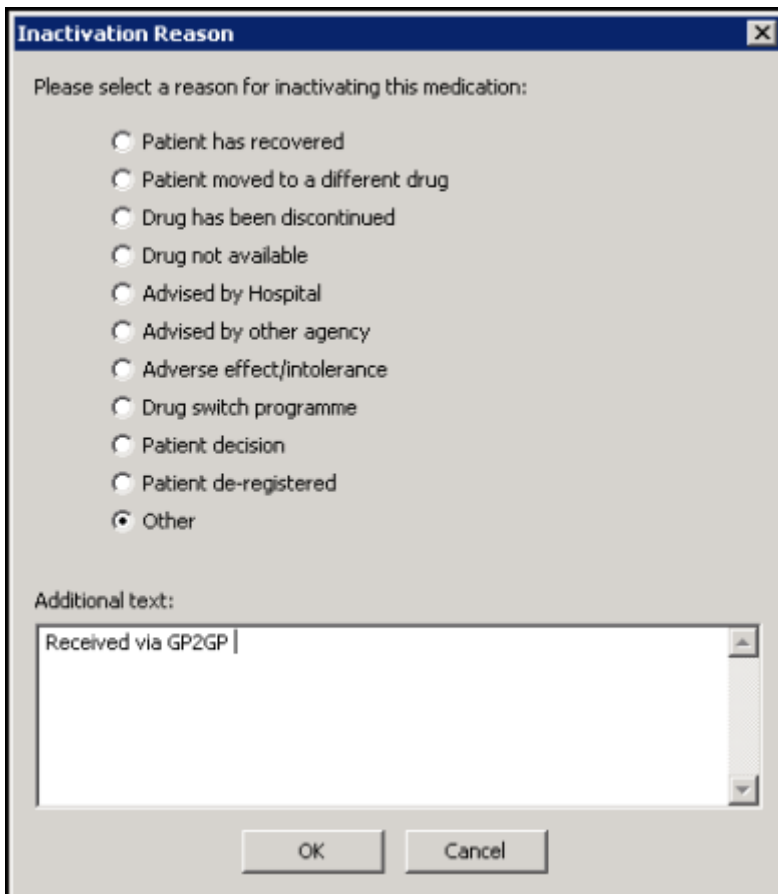
5. The **Repeat Master - Add** screen displays and completes as per your practice defaults.

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

6. Enter a suitable number in **Repeats**.
7. Select **OK**.
8. The next repeat now displays ready for processing.
9. If you are presented with a repeat you do not want to reauthorise, select **Cancel** to move on to the next one.
10. Repeat steps 5 - 9 until you have processed all of the **GP2GP** received repeat medications.

Once you have reauthorised the repeat medication you require, the repeat medication received via **GP2GP** must be inactivated. Remember, the original is available to view within the **Consultation Manager** audit trail. To inactivate the received repeats:

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



Inactivation Reason

Please select a reason for inactivating this medication:

- Patient has recovered
- Patient moved to a different drug
- Drug has been discontinued
- Drug not available
- Advised by Hospital
- Advised by other agency
- Adverse effect/intolerance
- Drug switch programme
- Patient decision
- Patient de-registered
- Other

Additional text:

Received via GP2GP

OK Cancel

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

Processing Degraded Data

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

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

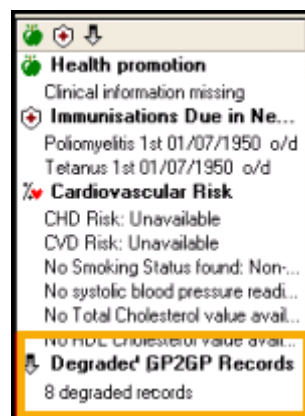
When processing degraded data, you can apply the following:

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

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



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



3. Process the degraded data as per the following:

Degraded Allergies

Until a clinician has reviewed and edited a patient's degraded allergies and/or adverse reactions, you are unable to prescribe, edit, reauthorise or reactivate therapy for the patient, see [Processing Degraded Allergies and Adverse Reactions](#) on page [20 for details](#).

Degraded Repeat Medication

Active repeat masters received must be reviewed and reauthorised to match your practice protocols. You cannot issue against masters that have not been updated, see [Processing Degraded Repeat Medication](#) on page [22 for details](#).

Degraded Acute Medication

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

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

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



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

Processing Degraded Medication Reviews


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



Remember - You must check **Key Information Summary (KIS)** and **ePalliative Care Summary (ePCS)** review dates.

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



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

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

 to start a new sequence.

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

Processing Degraded History Entries

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

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

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

Degraded History Entry

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

Degraded History Entry Normally Filed in an SDA

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

Reviewing Priorities

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

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



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

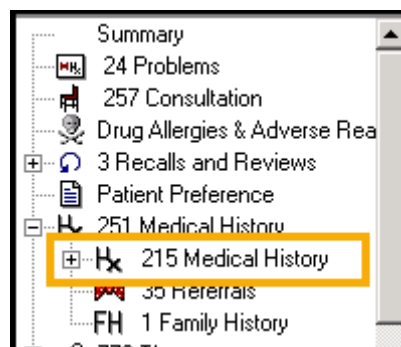
i Important - Medical History entries with no Priority specified, are automatically included in the Medical History mail merge field even where you select priority of Medical History attributes. It is therefore strongly recommended that you add appropriate priorities.

Manually Reviewing Priorities

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



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



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



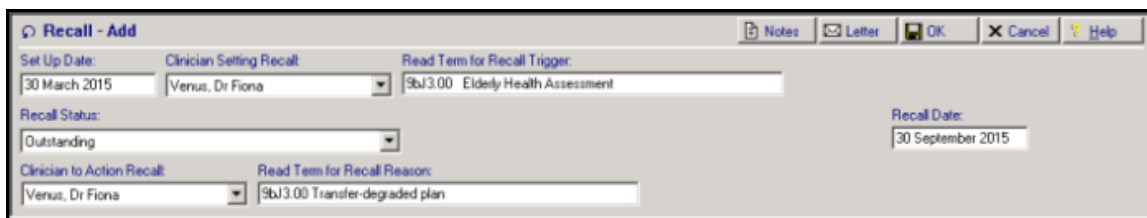
Processing Degraded Recalls

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



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

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



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



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

Additional Transferred Data Information

Please also be aware of the following:

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

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



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

- **Units of Measure** - Units of measure received via **GP2GP** should conform to the Unified Code for Units of Measure (UCUM) standard. Where any unit is represented in a different format, for example, /d or /day, those units are recognised and filed appropriately. There are several outside this list which have been historically supported by **Vision 3** are also recognised and filed appropriately. If a unit falls outside these classifications, then no attempt is made to automatically convert it to a known unit and it is therefore downgraded to text. For incoming test results where the numeric value is blank, but a unit of measure value has been sent, the unit of measure is changed to **<none>** to avoid confusion.
- **CPRD and THIN Collections** - If you subscribe to either CPRD or THIN Collections, you need to review any free text imported for patient identifying comments as it is included in the CPRD or THIN collection.



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

- **GP2GP Data Entry Free Text Notes** - Free text entries recorded on the previous system display in **Vision 3** as **Notepad** entries. They form part of the patient record and do not require any intervention. However, you may want to view the entry by selecting **Miscellaneous – Notepad**.

- **Attachments and Correspondence** Attachments filed within the patient record at the previous practice are transferred into the new record, this includes any eReferral referral letters. Letters sent by the previous practice display as either **Attachments** or **Correspondence**.

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

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


Formats for GP2GP Attachments and Correspondence

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

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

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

To remove an unnecessary image from an attachment

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

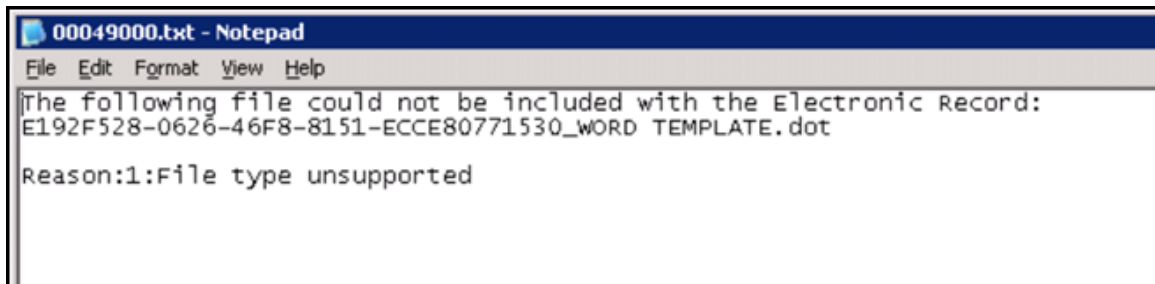
If at all possible, attached documents should be text only.

Documents not Transferred or Invalid Attachments

Documents held outside of the patient record, except for Docman, are not included as part of the **GP2GP** transfer.

Attachments included in a **GP2GP** transfers are limited to a maximum size of 5 mB in a single transfer. A transmission error displays if you attempt to send a message that is too large or contains too many attachments and the message is not sent to the new practice, see [GP2GP Message Errors](#) for details.

Some attachment formats are not supported by the **GP2GP** process. If there are unsupported attachments in a patient record a "placeholder" displays, these can be selected, but when you select **View**, a text message stating the reason the attachment is not present displays. You can either contact the previous practice or wait until the paper record arrives in the post and then decide whether to scan in the file in question.



Immunisations

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

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



Appointment	Patient Select	Patient Details	Consultations	Journal	Filtered List	Summary/Grid	Tests	Therapy	Guideline
Imported Immunisations									
Hx	10/05/2020	Infect.dis.prevent/control NOS	FC418B10-839A-11DB-96FE-001279C29FAC	Dr John Mcallister					
	08/05/2020	IGCMV Stage: 0 Given	FC3EADD0-839A-11DB-9676-001279C29FAC	Dr John Mcallister					
	08/05/2020	IGANTID Stage: 0 Given	FC3EADD0-839A-11DB-9675-001279C29FAC	Dr John Mcallister					
	08/05/2020	IGTETANUS Stage: 0 Given	FC3EADD0-839A-11DB-9674-001279C29FAC	Dr John Mcallister					
	08/05/2020	IGRABIES Stage: 0 Given	FC3EADD0-839A-11DB-9673-001279C29FAC	Dr John Mcallister					
	08/05/2020	HBIG Stage: 0 Given	FC3EADD0-839A-11DB-9672-001279C29FAC	Dr John Mcallister					
	08/05/2020	IGZOSTER Stage: 0 Given	FC3EADD0-839A-11DB-9671-001279C29FAC	Dr John Mcallister					
Hx	08/05/2020	Gammaglobulin admin. NOS	FC3EADD0-839A-11DB-9679-001279C29FAC	Dr John Mcallister					
Hx	08/05/2020	Requires a course of gammaglobulin	FC3EADD0-839A-11DB-9678-001279C29FAC	Dr John Mcallister					
Hx	08/05/2020	Requires a course of gammaglobulin	FC3EADD0-839A-11DB-9677-001279C29FAC	Dr John Mcallister					
	07/05/2020	IGZOSTER Stage: 0 Given	FC3EADD0-839A-11DB-966D-001279C29FAC	Dr John Mcallister					
	07/05/2020	HNIG Stage: 0 Given	FC3D2730-839A-11DB-966C-001279C29FAC	Dr John Mcallister					
	07/05/2020	OTHERCOMBINED Stage: 0 Given	FC3D2730-839A-11DB-9659-001279C29FAC	Dr John Mcallister					
	07/05/2020	TYPTYPHERIX Stage: 0 Given	FC3D2730-839A-11DB-9656-001279C29FAC	Dr John Mcallister					
	07/05/2020	HEPA2 Stage: 1 Given	FC3D2730-839A-11DB-9656-001279C29FAC	Dr John Mcallister					
	07/05/2020	HEPATITIS_B Stage: 1 Given	FC389350-839A-11DB-9643-001279C29FAC	Dr John Mcallister					
	07/05/2020	HEPATITIS_A Stage: 1 Given	FC389350-839A-11DB-9643-001279C29FAC	Dr John Mcallister					
	07/05/2020	MUMPS Stage: B Given	FC389350-839A-11DB-963E-001279C29FAC	Dr John Mcallister					
	07/05/2020	RUBELLA Stage: B Given	FC389350-839A-11DB-963E-001279C29FAC	Dr John Mcallister					
	07/05/2020	MEASLES Stage: B Given	FC389350-839A-11DB-963E-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Infectious hepatitis vaccinet	FC3EADD0-839A-11DB-966C-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Hep A gammaglobulin given	FC3D2730-839A-11DB-966B-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Immunoglobulin injection	FC3D2730-839A-11DB-966A-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Gammaglobulin administration	FC3D2730-839A-11DB-9669-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Booster hepatitis A and typhoid vaccination	FC3D2730-839A-11DB-9658-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Second hepatitis A and typhoid vaccination	FC3D2730-839A-11DB-9657-001279C29FAC	Dr John Mcallister					
Hx	07/05/2020	Fourth DTP polio and Hib vaccination	FC3D2730-839A-11DB-9655-001279C29FAC	Dr John Mcallister					

Health Promotion

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

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