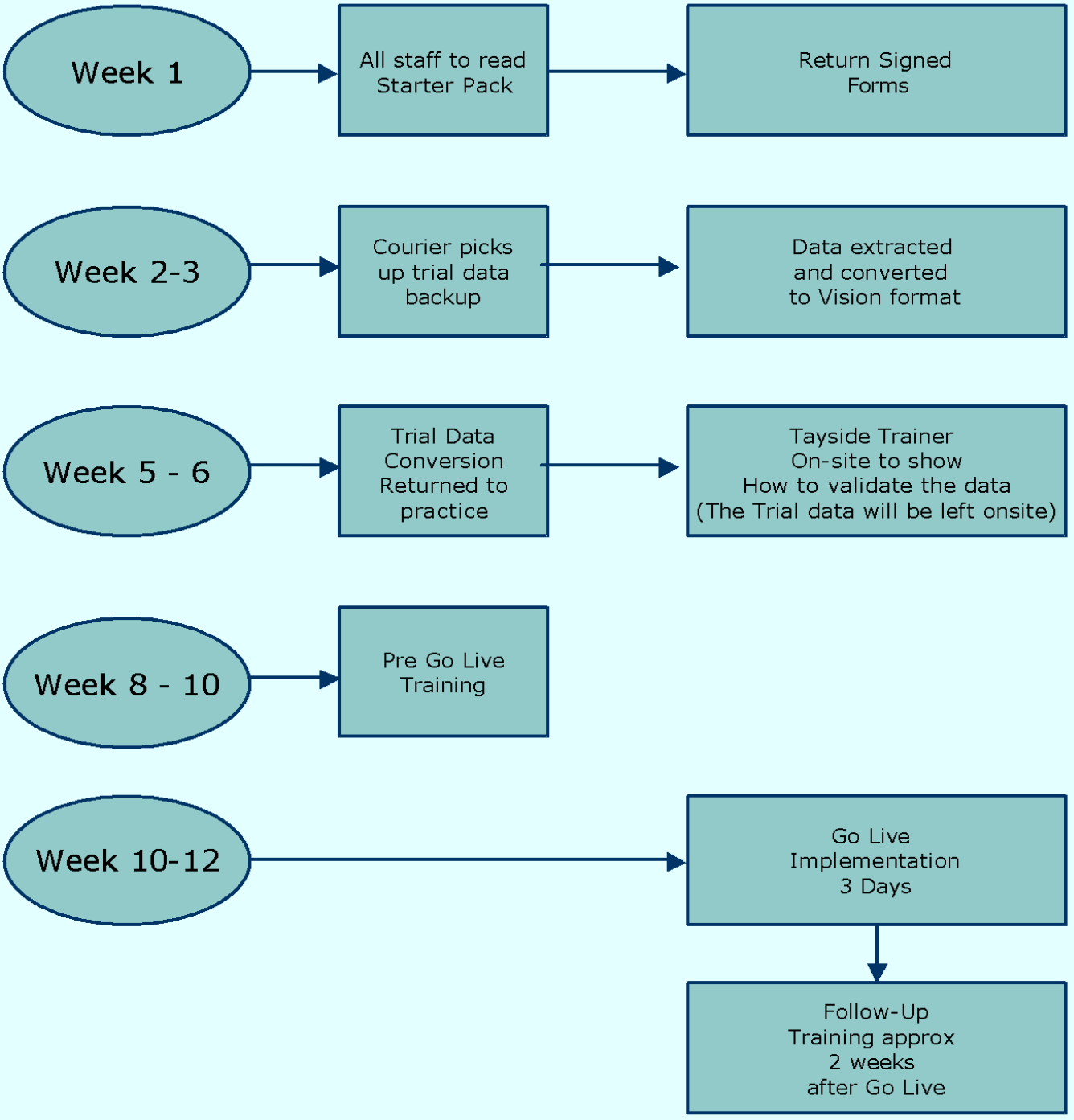
Milestones for Migrating to the Vision Clinical System



Data Validation Help Sheet

- All staff should make time to look at the data
- Look at percentage of your records (eg: patients on a disease register, smear and immunisations)
- Check everything, clinical, prescriptions (but not QoF points they will not be accurate until you go-live)
- Clinical Information goes into Medical History
    - High Priority goes to 1
    - Medium Priority goes to 2
    - Low Priority goes to 3

    Vision 3 offers priorities 0 through to 9, 0 is reserved for sensitive items. Talk to your Data Services Consultant if you would like to map data to any other priority level.

    NB depending on what the code actually is eg: ECG is a test will reflect where it sits in the left hand side of the Consultation Manager screen, Tests to tests etc. (click on priority in journal to put into order for easiest way to look)
- Check freetext is showing in journal – remember it will be linked to a code
- Check codes which have values attached (right click and edit) eg: HBA1c value should be in value box NOT comment box. (If code starts with zzzzzz still to be mapped – therefore should be in mapping software so above does not apply)
- Prescriptions
    - Check that scripts, dosages etc are correct
- Go through reports provided by INPS
- Use Quick reference Guide to supplement this help sheet
- Anything that you feel is incorrect contact your named Data Services Consultant (found on the back of your INPS letter). If you are unsure whether there is a problem then contact your facilitator. Take note of the patient name, DOB, additional identifier (this is on patient detail tab in Consultation Manager

inps TRAINING SERVICES

NHS Tayside

Things to Think About Prior to Go Live Implementation

- Consider issuing 2 month prescription in the run up to your Go Live Implementation
- Consider "on the day" only appointments over the Go Live Implementation period
- You can continue to use your existing system right up until switchover, this means that appointments, prescriptions etc can continue as before – HOWEVER remember that all information entered onto your existing system after your final backup has been taken needs to be transferred manually into Vision after the Go Live Implementation
  - Consider how this information will be transferred, by whom and when
  - Searches can be supplied for GPASS practices via a reporting Database – ask you facilitator
  - Consider printing out a copy of the consultation for every patient since during the period following the final back-up, putting it to one side and using this to re-input the data into the Vision system
  - Have a contingency plan in the event the system is down longer than planned
  - Results, letters – keep these to put into the new system
- Consider recording immunisations manually to be entered later
- Practices using Docman are able to continue to use Docman for scanning, batching and workflow right up until Microtech come in (usually 2nd day of the Go Live Implementation)
- Drug Mapping is a significant task – consider who will do this (clinical staff recommended) Try to get codes for things like catheters.
- **Reauthorisation** – try to decide how this will work once you have gone live – Try to have a protocol in place to follow.
- **Indication\Problems** – there are two ways indications can be recorded so agree how you want this to happen prior to go live
- Print off from existing system recall for the next 2 – 3 months
- Remember to inform patients, put up notices in the waiting room etc.
- Speak to Data Services re mapping chemists – The Data Conversion will send you a list to check and tidy.
- Where information relating to the dispense period is in the Quantity field of GPASS, this will transfer as part of the dosage. It is however limited to those records that actually have the word "dispense" in the Quantity field . Get a list from your current system so you can check this later
- If you use screening make a list of codes you use and decide which codes you are going to use once you are live with Vision.

Pre Go Live Help Sheet

- Ensure you have all staff members receiving training know which sessions they are required to attend
- Ensure that staff members are ready to start their allocated session to avoid wasting training time
- Consider a question and answer session on the third Go Live Implementation day
- Try to install the trial data on more than one pc and if possible in the same room so staff can be trained hands on at the same time

NB: Details of training sessions and checklists are in the Training Migration Booklet

Immediately Prior to Go Live Day

- Your facilitator will come, WHERE POSSIBLE, on the afternoon prior to
- the Go Live to start off drug mapping
- Ensure that the pharmacist or clinical is available at this time
- Provide list of users with:
  - Title, Full Name, (GP, HV etc) GMC, NMC numbers, Prescribing Codes, existing login name – Use the form provided by INPS
- Have lists of hospitals, departments, insurance companies
- Write out your appointments plan

  Who requires surgeries

  Slots types and colours

  Surgeries and breakdowns eg: Dr B 10am surgery, 120 min

  duration, last 3 slots emergency etc.
- Ensure everyone has a copy of the Quick reference Guide