

Hints and tips for ePCS

Vision

The following advice has been compiled by a GP in Lothian and is intended to be a 'quick guide' to getting started with PCS in Vision. This is definitely NOT official training material – but meant to be a helpful shortcut. The full official guidance is available on the user group website.

'How to create an electronic Palliative Care Summary':

Ensure that the enabling of ePCS for Vision (top of Page 2 in attached official Guide has been done) – this only needs to be done once.

Then:

Consultation Manager

Open patient

Consultation

Patient Registration

Consent – Tick Consent for palliative care data sharing, OK

To change Usual GP, Consultation, Patient Registration, Registration, Usual GP, OK, close window (using File, Exit)

Need to add a Problem, so:

Guidelines (this may vary depending on local setup)

Gold Standards Framework Scotland - Palliative Care

Palliative Care – Second Option on Upper Line

Change Priority from 3 to 1

OK for ZV57

Open 2) Palliative Care Plan

Must enter a Review Date – initial review seems to need to be within 30 days.

Don't need to do everything in Section 3 the first time

Problems

New Problem

Read Code #ZV57

Short name *GSFS1, OK, OK

Finally, make sure that the relevant Read Code diagnoses are showing in 'New Palliative Care Problem'. There are several ways of doing this – try looking in 'My Journal', sort codes by Priority, select code, right click, Problems, select *GSFS, OK.

The information from Vision is sent to the ECS (Emergency Care Summary) twice per day and you can check on ECS the following day to confirm that the process worked. Note, when accessing ECS (<https://ecs.mhs.scot.nhs.uk/ECS/Home/Login.aspx>) you don't need to get additional permission from the patient to access the ECS record – as the patient has already given consent for you to put the information on the site. It is helpful if you still send a message to the Out of Hours service to let them know that an ePCS has been created as this additional message also goes to NHS 24 and is even more visible to the call handler in NHS24 when the patient phones.

With many thanks to John Steyn