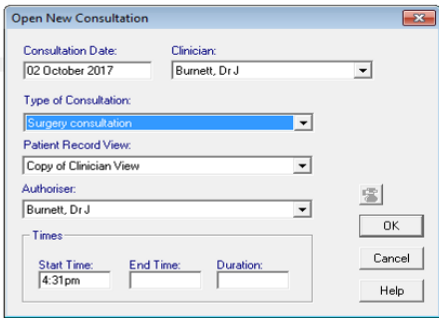


- This guidance will help you record consultations in Vision accurately and consistently.
- Coding consistently will help us understand and evidence the considerable clinical workload in Primary Care, including *indirect patient care (i.e. dealing with results etc)*.
- Many Practices already do this well, but there is considerable variation.

1. CORRECT LOGIN

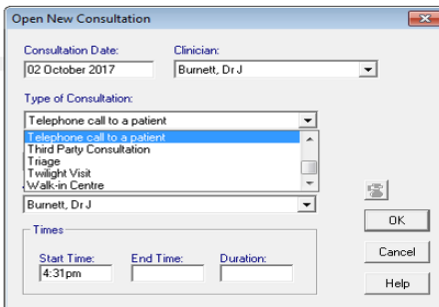
When working in Vision it's important that you are logged in as yourself. As well as being important medico-legally, it means that when you open up a consultation it is already set to the type of consultation that you use most often.

2. CORRECT CONSULTATION TYPE UNDER THE CORRECT CLINICIAN



← The 'Open New Consultation' Pop-up screen should appear when you open a new consultation.

Check it is set for the correct **type** of consultation and make sure that the clinician and authoriser are you.



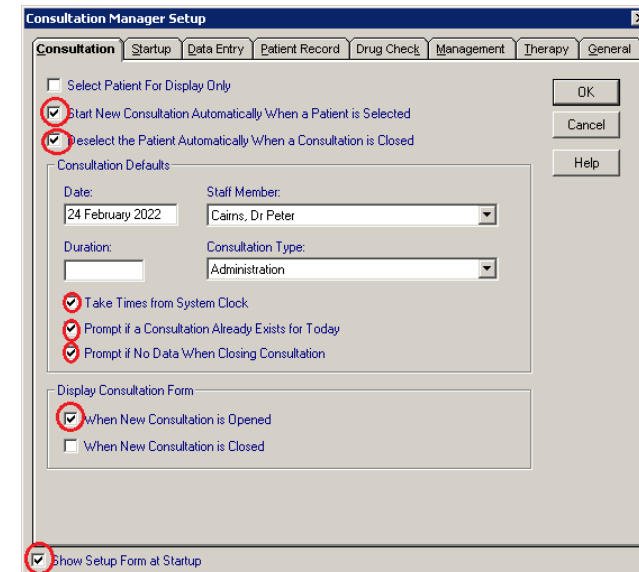
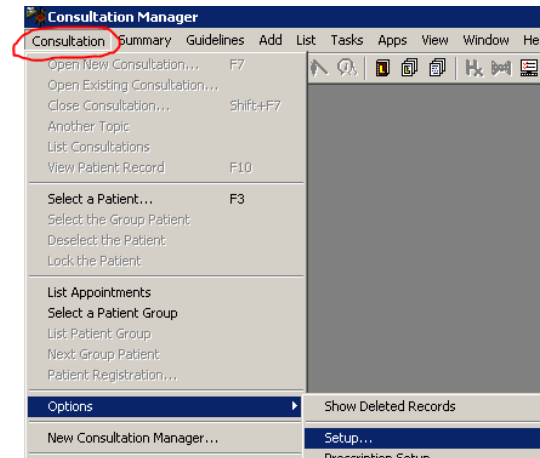
← If you need to alter the type of consultation you can click on the menu and scroll up and down.

Or you can use shortcuts from the keyboard. (Table 1 below) ↓

Type of Consultation	Keystrokes
Surgery Consultation	s
Telephone ('to patient')	tt
Third Party Consultation	ttt
Administration	aa

Home visit	h
Medicine Management	mmm
eConsultation	e
Video Consultation	v

3. If the 'Open New Consultation' does not appear by default you can alter this: Consultation – Options – Setup



Correct Consultation Manager Setup for most Clinicians, for general clinical work.

4. Direct and Indirect Consultations

We are interested in evidencing both **Direct** and **Indirect** Clinical Work

- Direct Clinical work includes Surgery Consultations, Home Visits, Phone Calls and Video Calls etc. – i.e. Direct Contact with patient.

e-Consultations and related systems will also usually be considered to be *direct*, even if the contact is ‘asynchronous’ (i.e. at different times).

Indirect Clinical work includes dealing with results, medicines management, and liaising with Third Parties e.g. Social Worker – there is no (or minimal) direct contact with the patient at that time.

5. What counts as a Consultation?

- 30 years ago, nearly all consultations were either face-to-face in the surgery (a ‘surgery consultation’) or a ‘home visit’. This was easy to record!
- Now we email, text, phone and video consult our patients, as well as seeing them in the surgery or visiting at home. Often we may, for example, phone somebody in the morning and decide to review them later in person.

Therefore we are defining a *direct clinical consultation* as:

- A *clinician* being involved with
- An *exchange of clinically significant information*
- That occurs within a *discreet timeframe*

- So an e-consultation that is dealt with in a *single period of time* is best represented as an **e-consultation** and nothing else, regardless of how it was subsequently handled – phone call, SMS, email, etc.
- A triage call that required a brief telephone review to establish that a further face-to-face clinical review was needed should be recorded as an initial **telephone consultation** type with the relevant details of the decision

made, and then when the patient comes in *later* recorded as a **surgery consultation** (i.e. *different timeframes*).

- BUT a triage call that was converted to a **video-consultation** *in the same timeframe* would probably be more accurately and sensibly recorded as **just a video-consultation** and nothing else.
- Sometimes it may not be exactly clear which consultation type you should use – choose the one that is the best approximation of what happened, and that will make the most sense when viewed on the clinical record.
- The clinical record should be clear about your decision making and what you subsequently did but you don’t need to open separate consultation types purely for workload/activity recording purposes.

6. What Consultation types should we record?

The Attached Consultation Type Table (see Appendix 1) shows the recommended consultation types to use, as well other consultation types and subtypes that would be also counted.

- For most practices in most settings the basic **Recommended Direct Consultation types** – Surgery, Telephone, Video-consultation, Home Visit and e-Consultation should cover most requirements.
- For Indirect Contact:
 - Use **Administration** where you have had to open the clinical record, for example, to make sense of results or a letter or report request.
 - Don’t delete Admin consultations if you have had to genuinely open the record, but haven’t needed to add anything in Vision.
 - Don’t *unnecessarily* open records just to reflect DOCMAN workload – there are other (better) ways to capture this.

- Use **Medicine Management** for indirect contact relating principally to the management of prescriptions. This would include generating and re-authorising repeat medications, polypharmacy reviews, medicines reconciliation etc.
- It should not include prescribing work generated primarily as a result of direct contact – e.g. during a surgery or telephone consultation (record as surgery or telephone consultation).

7. Defining Consultation Types for your practice

- In Vision there are 39 consultation types, some of which are rarely used. *It is therefore simpler if we mostly use the same several consultation types.*
- There may however be specific consultation types you wish to capture for your own Quality Improvement work – e.g. ‘Emergency Consultations’.
- **The Attached Consultation Type Table (Appendix 1)** has subsets of consultation types that may be helpful for this kind of delineation.
- For example, it may also be helpful in some practice settings to separate out ‘Nursing Home Visits’ from other ‘Home Visits’.
- National or Board level reporting will be at the aggregate level e.g. ‘surgery consultations’, without the added detail if they were also ‘Emergency Consultations’.

To make sure the coding guideline is useful for **your** practice, you need to agree what consultation types you wish to record in your practice for **all clinical** members of your team¹. An *example* is attached (see appendix).

8. Exclusions

- Vision has many automated consultation type entries.

For example, activity coded under ‘**Results recording**’ is an automated entry in Vision via Mail Manager. Other consultation types that may be applied automatically, and therefore *should be avoided* by clinicians recording

consultations, include: **Casualty Attendance, Hospital Admission, Mail to Patient, Minor Injury Service, Other, Out of Hours & Referral Letter.**

9. SMS messaging

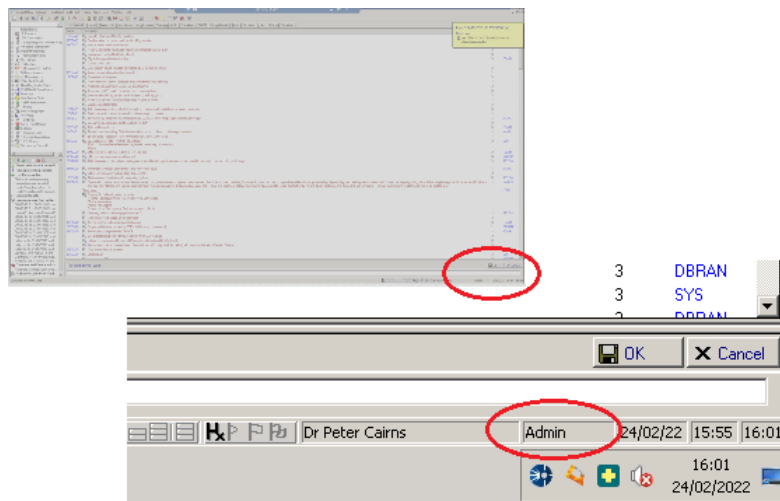
- Ad hoc SMS messaging (for clinical purposes) will usually best approximate to being recorded as an **e-consultation** – assuming it meets the criteria of a clinical consultation above, otherwise use **Administration**.

10. Recording DNA’s

- **for patients that missed a surgery appointment, or if you were unable to contact for a telephone consultation: keep** the consultation type set for the type of encounter that has been missed/failed & **add the ‘failed encounter’ code** (keyword ‘DNA’ or #9N4) to the clinical record and an appropriate free-text comment.

11. Other Useful Tips

- **Try not to go back into vision under an earlier entry if possible.** If you routinely go back into an earlier entry it is easy to end up being under someone else’s name, and you won’t be accurately recording the work you do – including the end time for consultation. A patient may have had a phone call that they haven’t answered, then a phone call to discuss a problem, followed by a face to face consultation later in the day. All of these should be recorded separately as a ‘new’ consultation.
- **Try and open and close a consultation (approximately) in real time if possible.** This ensures that a reasonably accurate duration of consultation time is recorded in Vision. Thinking time at the start and end of a consultation is still ‘the consultation’! Use an **administration** consultation if e.g. dictating a letter *later*.
- **If you choose an incorrect type of consultation in error this can easily be changed.** Double click on the consultation type displayed at the bottom right of the consultation screen and amend accordingly.



Click bottom right in Consultation Manager to amend Consultation Type.

12. Extracting and Analysing Data

New National Tools are in development to provide local dashboards around consultation type for Practices.

Existing tools include:

- Vision supply a [Consultation Type Count Tool excel report](#). This can extract consultation data into an excel pivot table. Instructions on how assemble to the pivot table, if required, can be found (here)².
- [ISD SPIRE](#) can generate a patient encounters report.
- Your local GMS Facilitator or Analytical Team may also be able to help.

Appendices:

1. **Recommended Consultation Types in Vision V3 (appended)**
2. How Vision 'sees' Consultation Data (appended)
3. Different Approaches to using Vision (appended)
4. **Agreeing and Defining Consultation Types for your practice (see attached example template)**

Notes:

¹ We plan to issue further guidance for non-clinical team members

² Still a work in progress as of Feb 22!

Drafted by the In-hours GP Activity Team, based on an original document by Hannah Waite & Peter Cairns @ NHS Lothian with significant input by Ian Thompson and Karen Lefevre.

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v1.1 26/08/22

APPENDIX 1
Recommended Consultation Types in Vision V3

Encounter Grouping	Consultation Type	Notes
KEY:	Recommended	Recommended Subset
	Not Recommended (but will be counted)	Not Recommended

DIRECT ENCOUNTERS

Surgery Consultation (F2F)

Surgery Consultation
Emergency Consultation
Extended Hours
Clinic
Community Clinic

Recommended

will be counted as **Face2Face**
"

Telephone Consultation

Telephone call to a patient
Triage
Telephone call from a patient

Recommended

If helpful for practices to separate out
not helpful to have 2 similar; has different status in Vision

Home Visit

Home Visit
Childrens Home Visit
Nursing Home Visit
Residential Home Visit
Hotel Visit

Recommended

may be helpful/relevant for some practices
" "
" "
may be helpful for one or two practices!

Video Consultation

Video consultation

Recommended

eConsultation

eConsultation

Recommended

INDIRECT ENCOUNTERS

Medicine Management

Medicine Management
Repeat Issue

Recommended

?too ambiguous

Administration (i.e. indirect clinical work in a record e.g. DOCMAN letters/results)

Administration

Recommended

Third Party Encounter

Third Party Consultation

Recommended

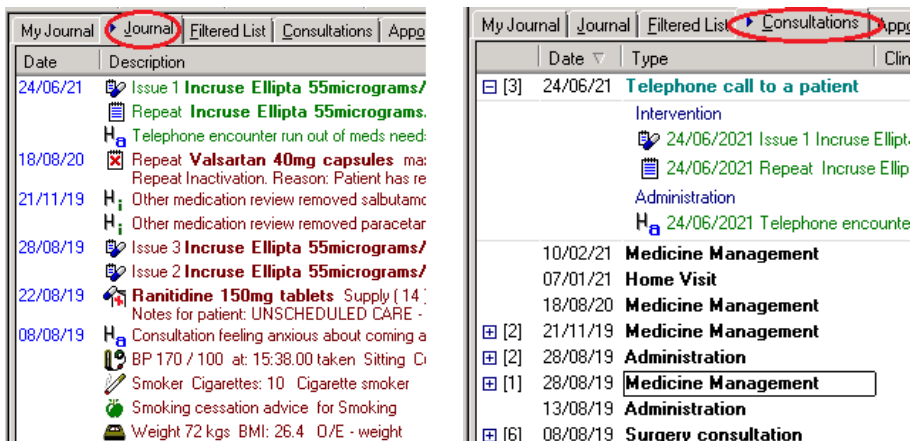
NOT Recommended

include: Casualty Attendance, Hospital Admission, Mail to Patient, Minor Injury Service, Other, Out of Hours, Referral Letter, and Results Recording.

Many of these consultation types are either too ambiguous and/or may be applied by Vision automatically

APPENDIX 2 How Vision sees Consultation Data

- Vision, like other GPIT systems, can store and represent clinical information in different ways.
- Most clinicians will use the ‘Journal’ or ‘My Journal’ view in Vision, which shows clinical information in time order, much like the old notes pages in a paper record.
- You can use appropriate read codes when adding to this view – e.g. ‘telep’ for ‘telephone consultation’ to add freetext information.
- **This is not the same as recording a telephone consultation type.** To understand how Vision “see’s” consultation types, click onto the ‘consultations’ tab:



Journal View (L) and Consultation View (R) – the richness of this clinical information is lost if consultation type is just set to a default e.g. ‘adminstration’ or ‘other’ and never altered!

Read Codes that may be useful to aid navigation of the clinical include:

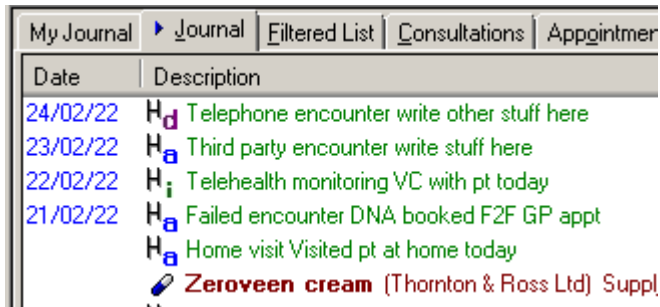
Shortcut:	Read Code:	Journal Entry:	Used for:
consul	#9Na	"Consultation"	F2F consultation
telep	#9N31	"Telephone Encounter"	Phone consultation
DNA	#9N4	"Failed Encounter"	DNA/unable to contact
telehealth m	#8AB	"Telehealth Monitoring"	Videoconsultation
de	#9	"Administration"	Data Entry/Administration
home v	#9N1C.11	"Home Visit"	Home Visit
third	#9N32	"Third Party Encounter"	Third party Encounter

(Can set up a readcode formularly to create shortcuts e.g. 'VC' for telehealth monitoring)

APPENDIX 3 Different Approaches to Using Vision

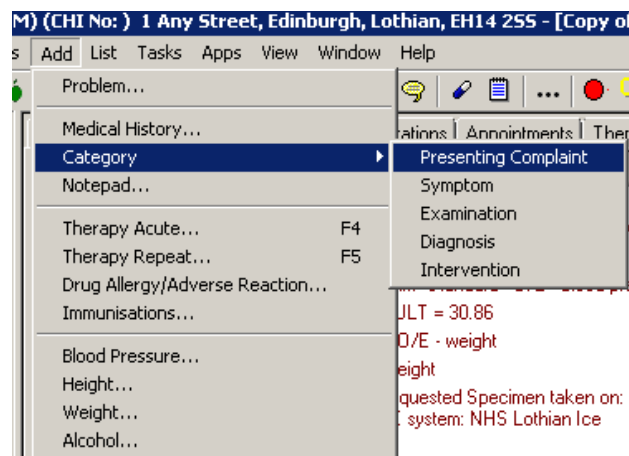
A. Journal Style –

This is how most clinicians use Vision – using key read codes (as above) to add freetext making it easy to parse the record in the ‘journal’ or ‘my journal’ view:

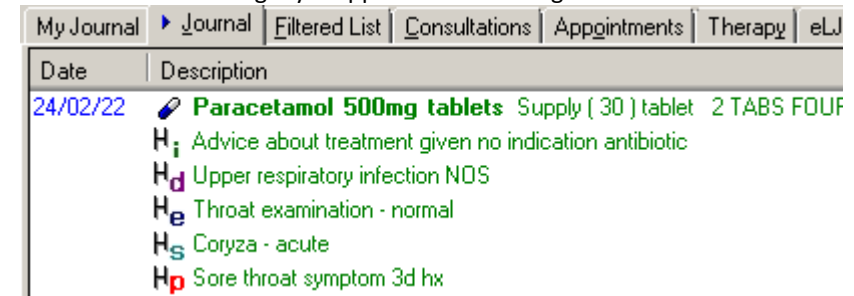


B. Coding (‘Old School’) Style

Clinical Systems were originally intended to capture as much information as possible as coded entities. This can be useful, but it is hard to standardise and it is debatable how much value coding *all* clinical interactions really adds. Vision can be used in such a way, for example using the Add History drop down, and adding relevant freetext to the codes added.



Journal View of Coding Style Approach to entering Data in Vision:

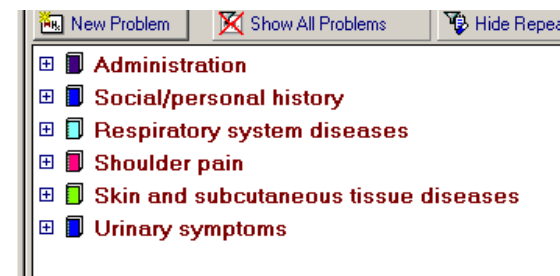


C. Problem Based Consulting

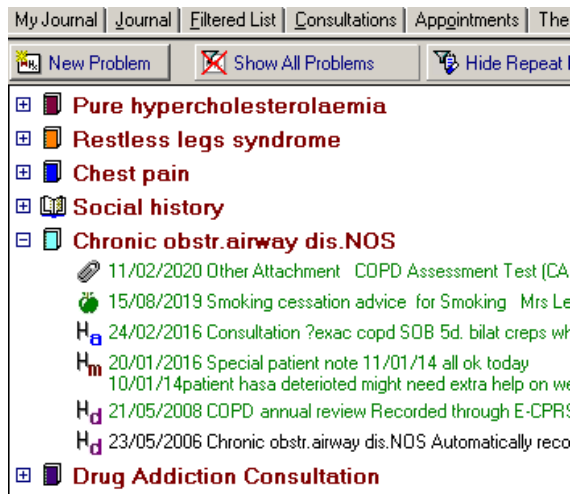
- Few Practices seem to use the Problem Based Consulting facility in Vision but it’s quite powerful. For example in one Lothian Practice all new patients get set up with Administration, Social History, Cervical screening (F only), Contraception (F only) as Problems (under the ‘Problems Tab’)



And these can be added to, with any other long term issues suitable for problem based approaches:



Clicking on the problem shows any attached entries:



- Problem Based Consulting requires a team based approach and training.
- A halfway house may to be use for certain conditions only – e.g. LTC’s or Chronic Addictions Issues.
- Cegedim/Vision can provide help and training on their website
- Your GMS Facilitation team can also advise.

Right clicking on a coded entry makes it easy to attach to a problem:

