Vision: GP User Guide for Uploading and Sharing Key Information Summaries

1. **Choose a patient that you feel would benefit clinically from having their medical information shared** with emergency healthcare staff in the form of an anticipatory care plan. SPARRA/HHG/Frailty Index lists can help with this, but clinical judgement most important.

2. Talk to the patient, and the carers/relatives if appropriate, using a conversation structure such as RED-MAP (www.spict.org.uk/red-map/). Get consent to share this information if at all possible. Explore any specific wishes they may have about future care in the event of deterioration.

3. **Open up the patient record** in consultation manager. **Click on "list" tab** and **"ECS summary management"** at top of list. This opens up the KIS screen

4. **Go to "summary and consent status"** (found just under patients address), **click on "more"** to expand up the screen; there are 3 separate sections for ECS (implied consent/opt out) and KIS and PCS (both explicit consent/opt in)

5. **Click on the "change" box next to "No KIS consent status recorded"** and choose the appropriate option (consent given or consent declined – if consent declined, choose the reason from the drop down menu and enter info in the free-text box: eg – "vulnerable adult" from drop down – "patient has severe dementia", unable to give consent in the free-text).

6. **Suggest set the practice review date to 1 year** (use shortcut of 1y) by clicking on the "+" to the right of "No Practice review set".

7. KIS will auto-populate with certain information from the Vision record – eg anything with a "priority1" Read code

8. It is worth **checking the past medical history box** to ensure accuracy and also to check that any sensitive information is only shared if appropriate; do this by clicking on the "update" tab (priority 1 Read codes in the top box are all automatically included unless un-ticked; other Read coded items in the bottom box can be included if they are ticked)

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9. To ensure a consistent approach across health boards and to avoid confusion for clinicians reading the KIS at the other end, current advice is to **enter all free-text information in the special notes box at the bottom of the KIS form** (which will default to "never expires" unless a specific date is set). **Here clinicians can add the additional personalised patient info that isn't covered in the pre-populated data or the drop downs** that you think would be useful to share with emergency users. Consider Including info about:

   - baseline functional status

   - when and how to escalate treatment

   - how far treatment should go

   - any patient specific wishes.

   - Who are the key individuals and services involved in their care and how to contact them.

10. **If the KIS being created is designed to be used as an ACP rather than for just basic special note-type information**, also **click on the "patient has ACP" box** (which this then adds Read code 8CMM.00 to the patient record). This will also open up a free-text box – **suggest write "patient has ACP – see special notes field"** here. The other benefit of ensuring this box is ticked is that practices can then run searches for ACPs specifically by Read code.

11. Once ready to go, **click on "decision to send KIS"** (found in the summary and consent status) and the **KIS traffic light at the top of the form will change to green.**

12. **Print off copy of ACP for all care home patients and consider for other patients** too, such as those cared for at home. Go to the top RHS of the screen where it says "report" (there is a small printer icon next to it) Click on the drop-down and select the OOH summary report – this opens a screen showing which info is being sent. Click on the printer icon top LHS of the screen.

13. **GP2GP transfer will import old special notes from a previous practice**. Be aware that any KIS special notes you create in the few days between registration and GP2GP taking place will be replaced by the previous practice's version. If this occurs find the special note you have created, readcode 9bK5. This can be edited taking into account the

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information from the previous practice to create a combined version that
will automatically insert into the KIS.

For more detailed information, and patient information leaflets see
http://www.ecs.scot.nhs.uk/kis

For more information and advice

Contact: Anticipatory Care Planning Team
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