







### Introduction

### Why we're are here?

 We are introducing a new Diary Entry Recall Feature to assist practices with specific recall activities across a number of clinical and administrative areas.

### What are we covering?

- The Challenge
- Where the resources fit
- What they provide
- The overall process
- Detail of what is covered
- How to get started
- Training your practice team
- Finding the resources
- Ongoing Support & Next Steps



### The Challenge

- Following customer feedback we have recognised a gap between existing PCIT recall resources and the operational needs of our customers.
- Not every practice has capacity or wants to implement the full OneRecall solution
  - Risk of duplication or missed recalls
- Every practice wants different types or levels of recall
- Cluttered diaries from inconsistent processes
- Different staff complete parts of reviews with no unified 'all done' marker



### Where does it fit?

- Every practice has a different requirement and level of maturity of recall processes depending on
  - Capacity
  - Population covered
  - Skills of team members
- PCIT recognised a gap between our existing resources and have subsequently provided
   Optional new resources to support practices in developing and improving their recall processes.

- CQC Navigator compliance recalls
- QOF Navigator QOF-only recalls
- Diary Recall support processes flexible menu
- Full OneRecall comprehensive, modular, month-of-birth process



## What do the Diary Recall support processes provide?

- Flexible menu of recall options
- Work allocated by staff role & clinical area
- Fully integrated with existing PCIT templates
- Master Diary Closer keeps diaries clean
- Standardised SNOMED codes for consistency





# The Diary Entry Recall Process and resources

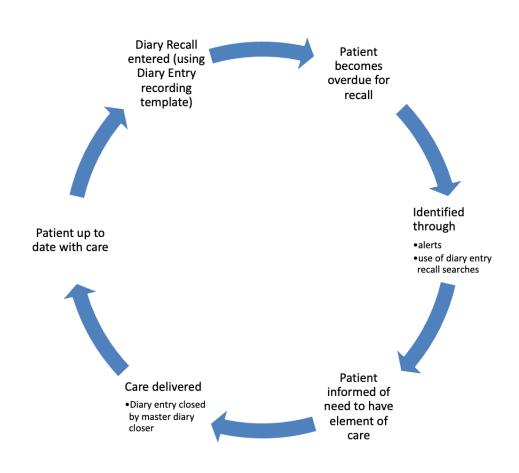








## PCIT Diary Entry Recall Support Resources



- The PCIT Diary Entry Recall Support Resources provide a complete framework for managing patient recalls in EMIS Web.
- The following resources support the process:
  - 1. <u>Diary Entry Recording Template (TM00209)</u>
  - 2. OneRecall Diary Searches
  - 3. <u>Diary Entry Due Alert (HP427)</u>
  - 4. Master Diary Closer (PT00410)



## PCIT Diary Entry Recall Support Resources

#### Diary Entry Recording Template (TM00209)

#### **Purpose:**

• Provides a single, standardised format for recording all diary recalls.

#### **Features:**

- •Two modes: Quick pages (date only) and Full pages (date + notes).
- Categorised sections for efficient classification:
- Long-Term Conditions (both QOF and non-QOF) / Diagnostics / Generic follow-up / Mental health / Women's health & contraception / Injections & immunisations / observations & admin / Medicines actions / Blood tests

#### Benefit:

•Ensures consistency, easy navigation, and accurate recall logging across all clinical areas.

#### OneRecall Diary Searches

#### **Purpose:**

 Provides search functions to track and manage recalls effectively.

#### Features:

- Finds overdue and upcoming diary entries, with results grouped by clinical area and staff role.
- Preparation search: Identifies recalls that are >13 months overdue.
- All Recall Diary Entries: Generates a complete baseline view of outstanding recalls.

#### **Benefit:**

• Enables proactive workload management and ensures no recalls are missed.

#### Diary Entry Due Alert (HP427)

#### **Purpose:**

•Delivers real-time prompts during patient record reviews.

#### Features:

- •Alerts users to outstanding recalls as soon as a patient record is opened.
- Displays recall category, type, and due date for clarity.

#### **Benefit:**

•Immediate visibility of recalls during clinical encounters, reducing the chance of omissions.

#### Master Diary Closer (PT00410)

#### Purpose:

• Automates the closure of completed diary entries.

#### Features:

- •Automatically closes recalls when relevant evidence is detected (e.g. coded test results, reviews).
- Prompts user input when recalls are non-specific or vague (e.g. "Change of medication").
- •Records every closure in Care History for full auditability.

#### Benefit:

•Saves time, reduces manual errors, and maintains a robust audit trail.





# What types of recall are included?









### What types of recall are included?

Clinician – Chronic Disease Review (National Contract) Clinician – Chronic Disease Review (Non-QOF)

Diagnostics – Imaging & Monitoring

Generic follow up

Mental Health – GP or MH Nurse

Nurse - Womens health & contraception

Nurse/HCA - Injections and Immunisations

Nurse/HCA -Observations or Admin

Pharmacist – Medication review

Phlebotomist - Blood test



## Clinician – Chronic Disease Review (National Contract)

AF COPD Asthma CHD CVA/TIA Dementia Diabetes Heart failure Learning Hypertension disabilities



## Clinician – Chronic Disease Review (Non-QOF)

**CKD Epilepsy PVD** Cancer At risk of Rheumatoid Osteoporosis CKD diabetes In house Coeliac Inclisiran Care plan dermatology indicated disease follow up



## Diagnostics - Imaging & Monitoring

Ultrasound CXR Echocardiogram Colonoscopy Audiogram DEXA Mammogram FIB-4 score Ultrasound **Biopsy** NAFLD score elastography of administration the liver



### Generic follow up

Follow-up encounter

Follow-up



### Mental Health – GP or MH Nurse

Depression review

Mental health review

ADHD review

Mild cognitive impairment review



## Nurse - Womens health & contraception

Cervical smear

HRT

Oral Contraception

Removal of IUD

Removal of IUS

Subcutaneous contraceptive change

Depot contraceptive

Vaginal pessary change



## Nurse/HCA - Injections and Immunisations

B12

Denosumab

GNRH injection/implant

Generic subcutaneous injection

Intramuscular injection

Neuroleptic injection

Vitamin D

Hep A booster

Herpes zoster vaccination

Pneumococcal vaccination



## Nurse/HCA - Observations or Admin

Doppler Raised BP Blood BMI ultrasound follow up pressure NHS Health **ECG** check follow Pulse rate Spirometry up Catheter Wound care attention



### Pharmacist – Medication review

Extended Dispensing Controlled Change of medication review Medication Medication dose medication substance medication by community optimisation tapering checking management pharmacist Medication review Medicine use Medication Medication review Optimisation of done by Pharmacological review done by medication reconcilliation community done assessment pharmacist pharmacist Synchronisation Review of Optimisation of Restart of Medication review of repeat medication medication drug dosage



medication

### Phlebotomist - Blood test

Blood test due	Bone profile	CA125	Calcium	CRP	ESR	CEA	FOB
Glucose	NOAC/DOAC monitoring	Fructosamine	Folate	FBC	HbA1c	Phosphate	High risk drug monitoring
Serum lipids	Lithium	Magnesium	Vitamin D	B12	Urine dipstick	ACR	Urine culture
Calcium	LFT	PSA	Renal function	TFTs	Electrophoresis	Warfarin	Testosterone
		Ferritin	Urate	Prolactin	PTH		





## **Getting Started**

How to get going









### **Getting Started Process Overview**

## The Diary Entry Recall Support process moves from;

- Step 1: Planning and preparation.
- **Step 2:** Resource setup with PCIT support
- Step 3: One-off clean-up of historical recalls.
- **Step 4:** Sustainable ongoing workflow.

Together, these steps ensure that recalls are consistent, auditable, and effectively managed across the practice.



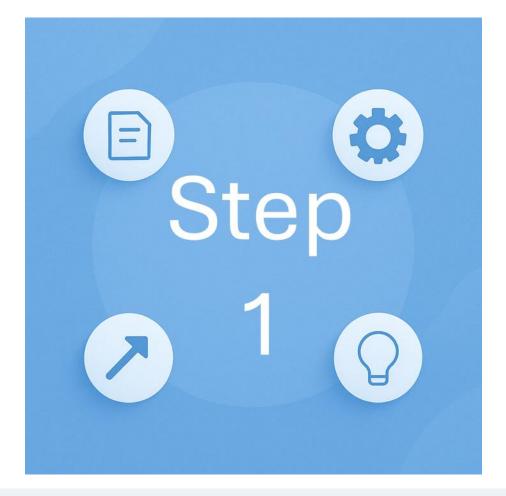


## Getting Started Step 1 – Preparing Your Practice

#### **Step 1 – Preparing Your Practice**

- Review current recall process: Understand how your practice currently manages patient recalls.
- Set priorities: Decide which areas to focus on first
- **Assign roles**: Allocate responsibility across the team (GPs, nurses, pharmacists, HCAs, admin) to manage and act on recalls.

**Goal**: Establish a clear, agreed approach before implementation.



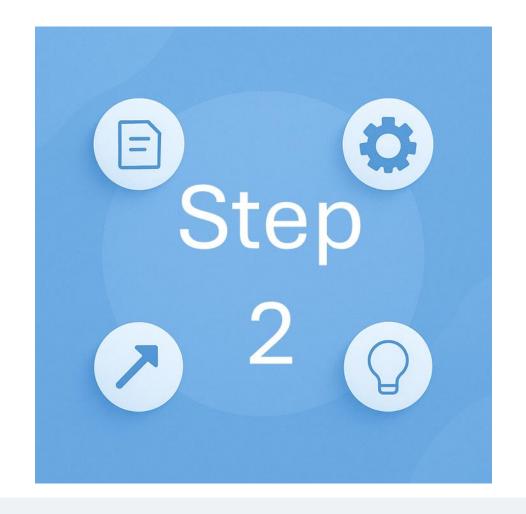


## Getting Started Step 2 – Request Installation from PCIT

### Step 2 – Request Installation from PCIT

- PCIT will install and configure the key tools:
  - Diary Entry Recording Template (TM00209)
  - OneRecall Diary Searches (updated version)
  - Diary Entry Due Alert (HP427)
  - Master Diary Closer (PT00410) (optional, but strongly recommended)

**Goal**: Ensure the practice has the full toolkit in place to support the recall processes.



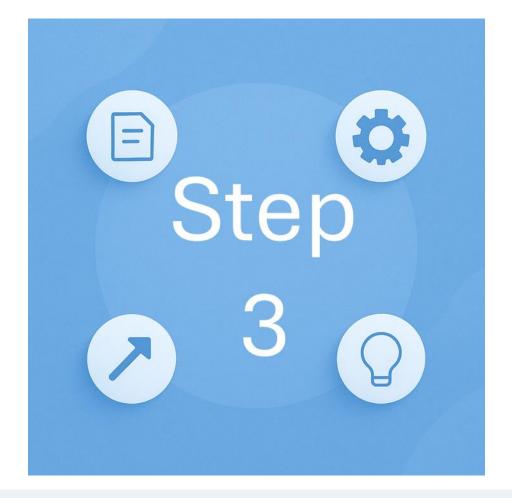


## Getting Started Step 3 – First-Time Tidy-Up

#### Step 3 – First-Time Tidy-Up

- Run the PREPARATION search to identify patients overdue by >13 months.
- Auto-close eligible entries using the Master Diary Closer (where evidence exists).
- **Manually review** any remaining backlog to resolve outstanding recalls.
- Adopt a "clean slate" policy: from this point forward, set all new recalls using PCIT templates only.

**Goal**: Reset the recall processes with an up-to-date, manageable baseline.



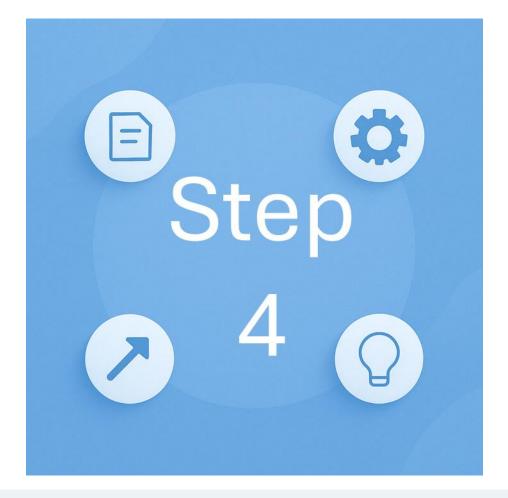


## Getting Started Step 4 – Ongoing Workflow

### Step 4 – Ongoing Workflow

- **Clinicians**: Set diary recalls when using PCIT templates in consultations.
- Admin/recall staff: Run searches weekly to assign and manage recall tasks.
- All staff: Respond to the Diary Entry Due Alert when opening patient records.
- Practice leads: Monitor recall coverage quarterly to check for gaps or missed actions.

**Goal**: Maintain a consistent, proactive recall process across the practice.







## Training your practice team









### **Training Your Practice Team**

- Finding the Diary Recall Template (TM00209)
- Recognising & using Diary Entry Due Alert (HP427)
- Awareness of Master Diary Closer behaviour
- Running OneRecall Searches (PREPARATION first)





# Finding the Diary Recall Template

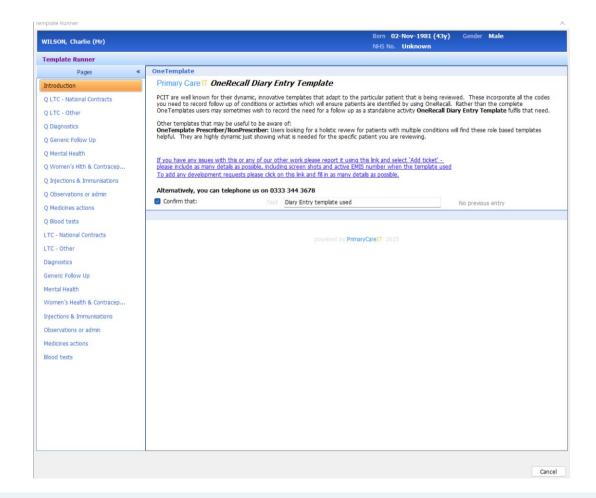






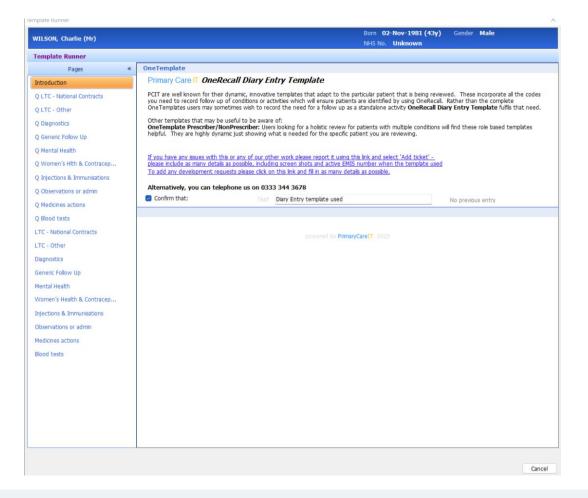


Search for "Diary" to find



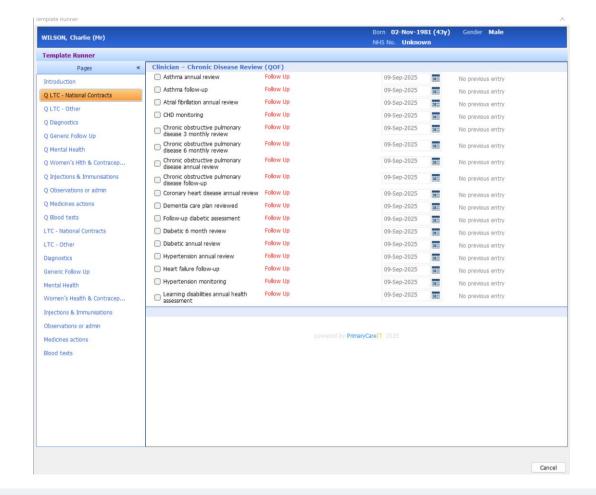


 First page will show any outstanding diary entry recalls or any that are due within the next 28 days



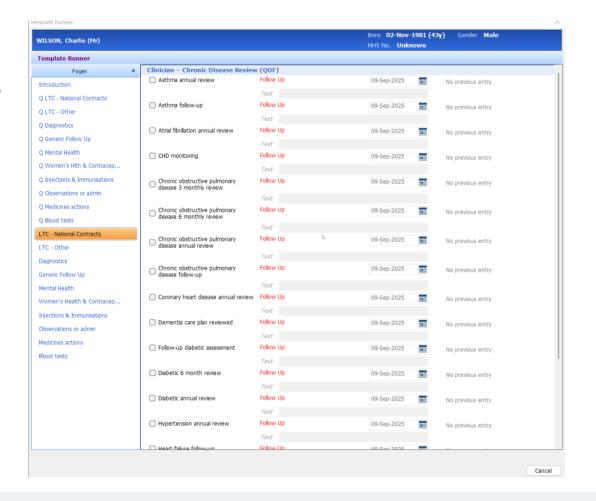


 Q Pages allow quick entry of recalls in the user or activity categories





 Full Pages allow entry of recalls in the user or activity categories along with text to provide more detail







# Recognising & using Diary Entry Due Alert



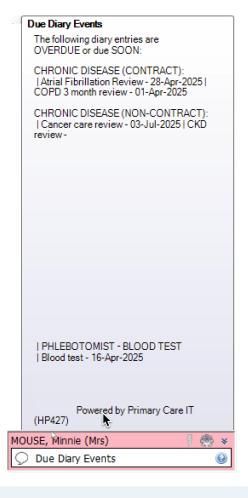






## Recognising & using Diary Entry Due Alert Diary Entry Due Alert

- Outstanding information divided into the categories
- For each outstanding
  - See what it is
  - See the date it was/is due







## Master Diary Closer







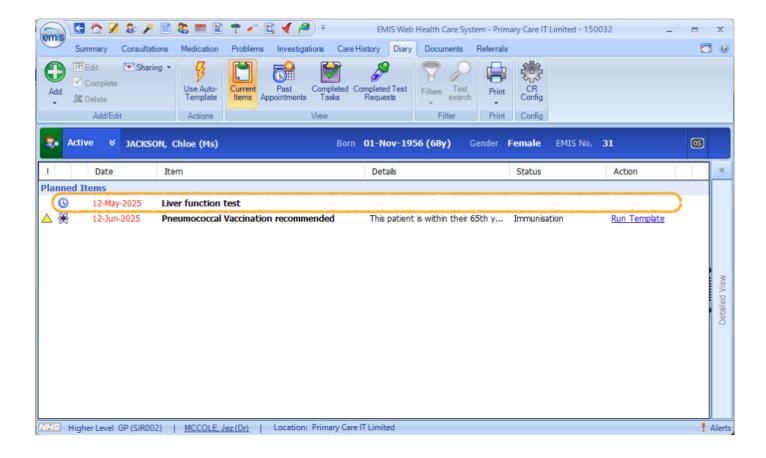


## **Master Diary Closer**

- Automatic closures: Where there is clear evidence, diary entries are closed without user input.
- With-check closures: For vague entries (e.g. "Change of medication"), the user is asked to confirm before closure.
- Audit trail: Every closure is logged in Care History with the reason and supporting codes.
- **Safe governance**: Only pre-reviewed clinical codes are accepted as evidence.
- Maintainable: New diary events can be added in future updates.

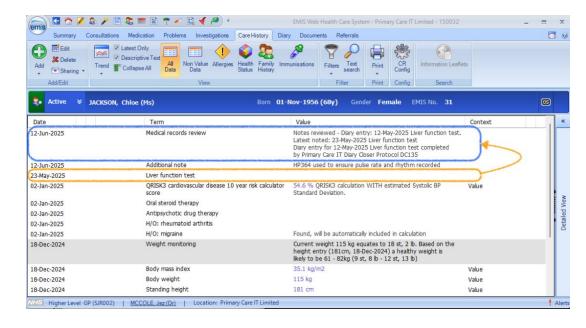


Overdue LFT



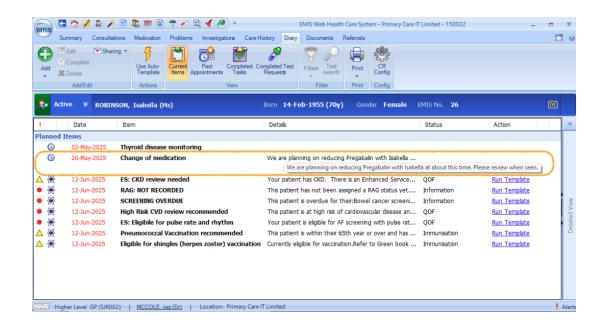


- When the protocol runs, it checks to see if there is a diary event for Liver function tests.
- If there is, it then checks for evidence of a Liver function test in the records
- It there is, it then checks to see if this is *later* than the date of the diary event.
- If it is, it completes the diary entry for you, since that code (or a clinically similar one\*) has been received.
- It is essential that this activity is recorded somewhere in the EMIS Care History. A code of "Medical records review" is added along with details of both the original diary entry and the code demonstrating activity\* as auditable 'Associated Text'.



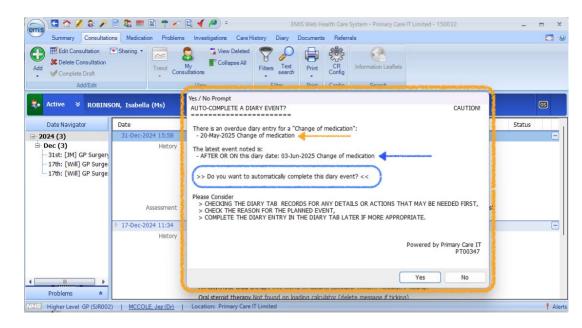


 Not all diary entries are safe to automatically reconcile in this way. They are too vague in nature and can't be precisely mapped to an activity code. In this example we have the overdue diary entry for "Change of medication" and supporting text about pregabalin dosing.



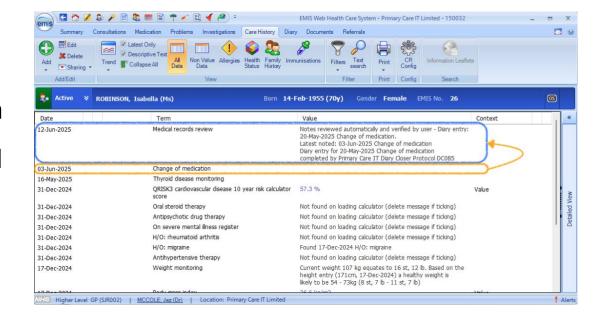


- Since we can't automatically reconcile such a vague diary event, the following process occurs.
  - The protocol checks to see if there is an overdue diary event for Change of medication.
  - If there is, it then checks for evidence of a Change of medication code in the records
  - It there is, it then checks to see if this is later than the date of the diary event.
  - If it is, a dialogue box is presented to the user. The user is asked about whether it is safe to complete the diary entry and as much information as technically possible is shown.



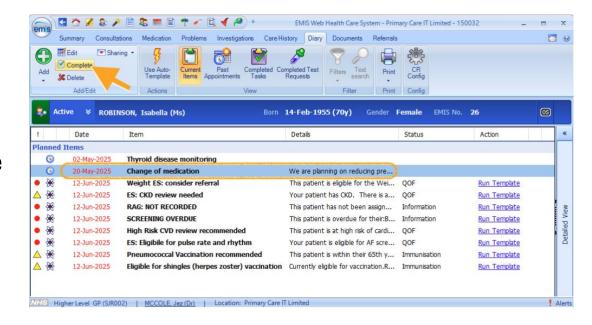


- Clicking "Yes"
  - If you click "**Yes**", you are opting to complete the diary entry at this point, with the information presented.
  - It is still essential that this activity is recorded somewhere in the EMIS Care History. A code of "Medical records review" is added along with the message "Notes reviewed automatically and verified by user", with details of both the original diary entry and the code demonstrating activity\* as auditable 'Associated Text'.





- Clicking No
  - You may not be able to answer "Yes" at this point, since you may need to investigate the care record further.
  - If you check the care records and discover that it is safe to complete the overdue diary event, then you can retrigger running of the protocol again by re-saving the record, manually launch the protocol
  - ...or
  - Go to the Diary tab in EMIS, click the overdue diary entry, then click Complete







#### Searches

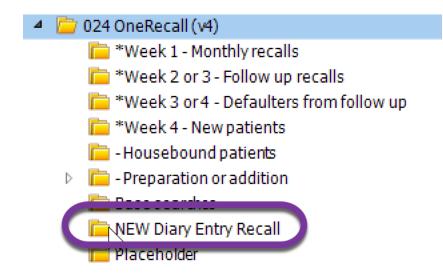






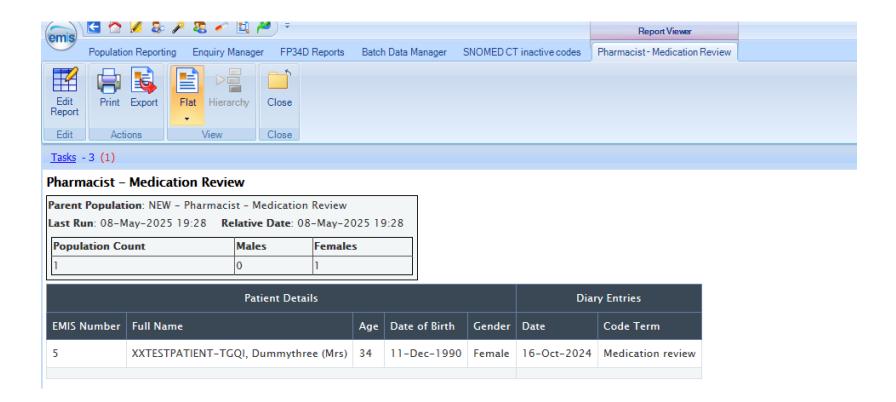


#### Searches



\*PREPARATION - All recall diary entries more than 13 months overdue ALL RECALL DIARY ENTRIES Clinician - Chronic Disease Review (National Contract) Clinician – Chronic Disease Review (Non-QOF) Diagnostics - Imaging & Monitoring Generic follow up Mental Health - GP or MH Nurse Nurse - Women's Health & Contraception Nurse/HCA - Injections & Immunisations Nurse/HCA - Observations or Admin Pharmacist - Medication Review Phlebotomist - Blood Test

#### Searches







# Ongoing support and Next Steps









## Ongoing support

- Dedicated PCIT Customer Relationship Manager
- Training at go-live and refresher sessions
- Guidance on recall allocation and diary cleanup
- Support Desk with fast SLAs for troubleshooting
- Detailed online support articles for self-help



### **Next Steps**

- Raise a ticket to request installation
- Work with your PCIT CRM for rollout
- Access support articles for guidance









