Newsletter of the British Computer Society
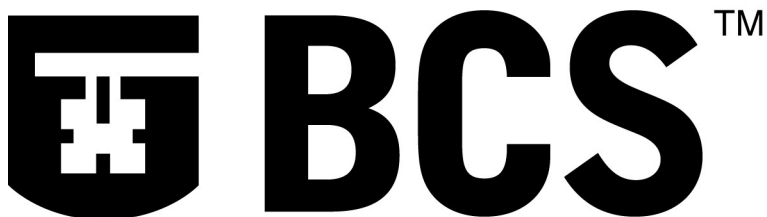# Heath Informatics (London & South East) Specialist Group

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BCS

THE BRITISH COMPUTER SOCIETY

Editorial

The summer can be a thin time for events, but we have managed to bring you information about two recent meetings. Or, rather, one of our meetings, and a hint of what is going on in the Radical Steps initiative.

That said, the timing of upcoming events is likely to mean that the next issues are not at two monthly intervals, but may be in October and then January.

The pace of life in healthcare informatics is fast and furious. One of the important questions we need to ask, and the Radical Steps initiative is one route for asking it, is whether this furious activity will lead to productive progress, or whether it is a signal of and prelude to drowning in a morass of recrimination. I don't doubt anyone's commitment, but ideas need a basis of current feasibility, or else they are not realisable without time-consuming prior research and development. Time is not one of the resources apparently on offer.

Mark Buckley-Sharp

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Committee Report
Wednesday 4th June 2003

The first item of good news is that Barrie Winnard has volunteered to become Chairman. Keith Clough, who has been instrumental in driving the group for the past few months, has agreed to become Vice-Chairman. But, we now require a new volunteer to become the Treasurer.

Mike Andersson reported that the recent programme to recollate the membership list and to encourage new members has led to a current confirmed group membership of 120. Although we are the London & South East Group, we are pleased to have some members from outside UK.

and Wednesday 9th July

An e-mail circular to members elicited several offers of help eg, to join the Committee and so help plan our programme. These will be followed up.

The recent Health Informatics Committee meeting heard that central support from BCS is being increased. This is good news for our group as we wish to centralise our membership management and finances.

There will be a stand at HC2004 for the various BCS groups. Ideally, this should be staffed on rotation by some group members who can advise visitors about our activities. To get the ball rolling, anyone who would be prepared to give a little time by joining a panel of volunteers is asked to e-mail Keith Clough at krc@imf.co.uk . Keith will pass on the list to whoever becomes the stand manager.

The future programme was discussed. Dates and titles are included in the What's On section of the Newsletter.

Contacts List

Chairman: Barrie Winnard,
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Vice Chairman: Keith Clough,
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Website Editor: Neville Vincent,
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Website URL at:
www.health-informatics.org/lmsg

Other Committee members include David Hancorn, Andrew Capey, Elizabeth Hunter, Jas Weir.

Membership of HI(L&SE)SG is open to anyone interested in its activities. It is not necessary to be a member of the British Computer Society.

There are two easy ways to join the group.

1) E-mail to Mike Andersson at
bcsgroup@andstrom.co.uk
advising your postal address, e-mail address; and include BCS membership number if you are a member of the Society.

2) Go to our web-site at
 www.health-informatics.org/lmsg
and fill in the on-line form.

At present, there is no annual fee to join the group. A small charge to cover local costs is made when attending meetings.

To unsubscribe from the group, please also contact Mike Andersson.

Group President

As the retiring President of the BCS Health Informatics London & South East Specialist Group, I am very pleased to announce that Dr Mark Buckley-Sharp (see photo) has agreed to be our new President. Mark has been a stalwart of the Group for many years and has been a BCS member since 1985. He was our Treasurer for 3 years and our host at the UCLH Windeyer Building for considerably longer. (The duties of this role included going to Tesco to buy the sandwiches and fruit juice.)

Mark has been a regular attendee of the HC Conferences at Harrogate as a delegate, supporting the Group's workshop and helping on the BCS stand. He is currently the editor of our Newsletter and I hope that he will continue with this task despite his elevation. I think it is very good for the Group to once again have a doctor as its President.

Keith Clough, Past President.

Keith has asked me to add a note about my day job, but first I must say what an honour it is to be invited to become the President, which is apparently a 5 year post.

As Keith says, I trained as a doctor, and am Consultant in Chemical Pathology at University College London Hospitals. Biochemical Medicine, as we now like to style ourselves, was one of the earliest serious users of computing for clinical purposes. I was the author of the Achilles derivative of the Phoenix laboratory system (Hammersmith Hospital), moving later to work with the Socrates system (UCH). I greatly treasure the awards of FBCS and later CEng for this laboratory work coupled with other developments in educational research.

I hope to use the role of President to publicise the work of the group to as many people as possible. This would continue Keith's work, and I must here pay tribute to his excellent contributions over many years. Particularly over the past year, Keith has led our reformation, pulling the L&SE back from the brink to become a strong and active regional body.

It seems that the roles of both President and Past President are no sinecures. Keith has become our Vice Chairman, and I am continuing with the Newsletter.

Mark Buckley-Sharp

Snippets from More Radical Steps 2003

The second (More) Radical Steps national workshop took place on 1st July at the Birmingham NEC under the auspices of BCS and ASSIST. It is tempting (at least for a participant) to call this an assemblage of the great and the good, but the benefit will really be more prosaic. The ongoing development of the national IT program in health and social care is, by any assessment, ambitious. It is therefore sensible to gather thoughts to help it along. Provided a reasonable number and variety of people contribute, then we should be reasonably certain that no significant thought or issue has been omitted.

The first such workshop in 2002 produced a summary which evoked lots of interest. The UK is not alone in wanting to improve informatics support for healthcare, and the report had world-wide attention as well as having a direct influence on its primary UK audience. Glynn Hayes commented that parts of the 2002 summary have produced actions (like the book publication on Ethics for Healthcare Informatics Professionals), although parts have not (like full-scale management buy-in to the programme). Concerns remain about planning blight; clinical standardisation; professionalism in healthcare informatics; and about NSFs being treated as data collection exercises rather than as clinical delivery standards.

While 2002 was in the environment of the release of '21st Century IT', the environment of 2003 is the 'National Programme for IT' and working with Strategic Health Authorities. No doubt there will be developments which change the environment again, and there may be a need for another (Even More) Radical Steps meeting in 2004.

Other than this historical and current overview, the Radical Steps meeting was held on the basis that all views are being sought and that a report of those views will be collated for later publication. The process was started by a number of workshops on the day, which will lead to cross-referenced initial position notes, and on to a collated summary.

That process cannot be pre-empted here. But here is the place to tell a wider community that it is happening, and that the views of people who did not attend are not to be excluded. The first cut of the consultation has been issued to the limited list of participants using the classification of the workshops held on the day. These covered:

- Management relationships between Service Providers and the NHS

- People on the ground – effects of the new order

- From operable to operational solutions – is everything being done that could be

- Phasing the National Programme (NPfIT)

- Retaining clinical involvement, commitment and understanding

- On the cusp – where NHS and other healthcare domains intersect

- and, an ad hoc workshop set up on the day about Information Governance.

The organisers are working to a tight timescale, and a second cut may be available more widely.

Meeting Report Thursday 17th July 2003 at Chorleywood

TeleMedicine in Practice

This joint meeting between the Group and Oxford ASSIST was generously hosted by the Chorleywood Practice. About 20 people sampled the delights of the inner Chilterns, not only to see telemedicine in a general practice, but also to see practical aspects of telemedicine.

After a tour of the premises, where we saw the thorough integration of many clinical professionals amply demonstrated, the main meeting was in two distinct parts.

Dr. Malcolm Clarke of Brunel University described the AIDMAN project. Traditional referrals between clinicians eg, from primary to secondary care, have very low information content. 'Please see and treat' may be a caricature, but it's not far off the mark. A consequence of information poor referrals is that the patient arrives, with the referee clinician knowing little or nothing of the patient's problem. The patient has to go through an investigative programme before the referee even knows if the referral was appropriate. The investigative programme takes time; may involve long patient journeys (or at least more than to and from the local general practice); during

which the patient's problem has not even begun to be addressed.

The AIDMAN project set out to change referrals into being information rich. That means first that a referral is more likely to be appropriate and to the right clinician. Second that the patient will not require so much work up by the referee clinician. Both of these free up time and enrich the case mix for the referee clinician. So, a third benefit is that referrals can realistically be prioritised. And, a fourth is the overall efficiency gain whereby all patients get their problems addressed much more quickly. Changing attitudes towards an expectation that referrals will be information rich improves referrals from primary to secondary care, and also within primary care, and then generally between all clinicians wherever they may be.

Two methods of increasing the information content of referrals were shown. First, some of the investigations which will anyway be required by referee clinicians can be done before referral, and may then show there is no need for referral. Exercise testing for chest pain is an example, but there are many others.

Video conferencing can be used both for initial consultation and for follow-up. The link is used for live video of the participants; video of patient examination (venous ulcers were used as an example); still pictures from earlier digital camera use (to show progress by time-lapse); and data from equipment. Technically, this can be run on a point to point ISDN telephone line. Socially, the patient gains the concurrent advocacy of the local clinician eg, practice nurse, which is not possible when the patient goes to a hospital clinic.

As a result of the project, there has been a 75% reduction in hospital outpatient appointments, and overall consultation time has reduced as well. Problems have involved installing ISDN lines, and especially explaining that these are not network ports with consequent security and privacy issues.

Increasing the information content of referrals may require some local investigative equipment, and this in turn requires a reasonable incidence of the relevant disease. However, it may be possible for practices to co-operate, and this is becoming easier under the auspices of the PCT structure.

Dr. Russell Jones (photo) of the Chorleywood Practice described the project for advanced monitoring of patients at home. So far, 'home' means residential care home where there are staff available to operate the equipment.

Far too many patients are sent to hospital as emergencies when the real problem is a failure of confidence in local management coupled with a lack of immediate backup. Many semi-acute cases could be managed at 'home' by providing extra facilities there.

The equipment is based on monitoring systems used in high dependency hospital care. Each patient unit is mobile on a stand, and allows physical data (pulse, BP, etc) and treatment data (drugs, drip etc) to be collected and transmitted to a central server. A doctor or nurse can then log on to the server from the practice or even from their home; can discuss the case with the local carer; and can give advice and effective support.

A supplementary video link between the patient/carer and the clinician is considered essential. Currently, because the logon is by internet, video is blocked at the NHS firewalls. A solution to this is being sought.

Photo of Dr Russell Jones by KRC

Overall, it was a delight to meet a group who have achieved much: not just by getting some equipment in, but by thinking through the purposes and likely effects of their schemes. Our thanks to the Chorleywood Practice for their time and hospitality.

(see also, Proceedings HC2001, p190, for more descriptions of the Chorleywood projects.)

What's On
Autumn 2003

Wednesday 17th September

HI (L&SE) SG

Committee meeting at 4pm followed at
5.30pm for 6pm by -

Providing the Public with Web Services

including a presentation and demonstration
by David Deakin

Moorfields Eye Hospital, City Road
London EC1

Tuesday 7th – Wednesday 8th October

IHM Annual Conference and Exhibition

Telford

Contact: 020 7881 3291
enquiries@ihm.org.uk

Thursday 16th – Friday 17th October

International eHealth Association
and Partners

eHealth 2003

Conference and Exhibition, London

Contact: 020 7828 7777
krc@imf.co.uk

Wednesday 19th November

HI (L&SE) SG

Patients and Confidentiality

Moorfields Eye Hospital, City Road
London EC1

What's On
Long Term in 2004

Wednesday 21st January

HI (L&SE) SG

ICT, Benefit and Risk

Moorfields Eye Hospital, City Road
London EC1

Monday 22nd – Wednesday 24th March

BCS – HIC

HC2004, Harrogate

[at which HI (L&SE) SG will host a satellite
session for another of its lively debates.]

Wednesday 23rd – Saturday 26th June

*Computing in Clinical Laboratories –
15th International Conference*

Guildford

Contact: ian.wells@royalsurrey.nhs.uk

Advertising Meetings

The Committee wishes to encourage an effective and lively series of meetings which should be suitable for those wanting a programme of continuous professional development.

There is a prime requirement to organise meetings which have a wide appeal of subject matter, and which have authoritative speakers and other contributors.

In support, there is a need for good and active advertising of the future meetings.

- Announcements should appear on our website.

- For members of the Society, meetings should appear in the regular e-Bulletin.

- For members of the Group, we have the Newsletter, but that may not appear with sufficient frequency.

- Notices of meetings will be sent routinely to members of other organisations such as ASSIST and IHM. Please would individual members of any of these organisations pass on advertisements to their colleagues at places of work.

Attending Other Meetings

Notices of meetings of other groups have been included in this Newsletter where they may be of interest to our members.

In many case, other organisations offer a discount on registration for HI (L&SE) SG members. That is a good reason to be a BCS member or to be on our mailing list.

HI (L&SE) SG makes a reciprocal offer to members of any other group, who are interested to attend our meetings. Advertising of our meetings in publications by other groups is positively encouraged.

Project Funding

BCS Health Informatics Committee is expected to make some funds available for project grants. Procedures are being considered, and any announcement will come from HIC. Anyone interested should watch the HIC website.

Contact: www.health-informatics.org

Health Informatics (London & South East) Specialist Group

Next Meeting

Wednesday 17th September 2003

Providing the Public with Web Services

including a presentation and demonstration
by David Deakin

at The Board Room
Moorfields Eye Hospital
City Road, London

5.30 for 6pm until 8pm
local charge may be made for refreshments
Please e-mail barrie.winnard@moorfields.nhs.uk if you will attend

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Your Debate – Your Idea

The Group's debate format at HC is always well received. Perhaps you have an idea for the debate at HC2004. It should be topical, and a subject on which there is reasonable uncertainty. E-mail your proposal to Keith Clough, krc@imf.co.uk

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