

## Chat from 'GP Computing – the First Ten Years' webinar

[Yesterday 6:08 PM] Glen  
I was just a boy in 1980

[Yesterday 6:08 PM] Ian  
you still are Glen

[Yesterday 6:11 PM] Aarts, J.E.C.M. (Jos)  
John Williams Hi John, How nice to see you again after so many years. I am now a graduate student of history and philosophy of science. Jos

[Yesterday 6:14 PM] Tim Benson  
A key event in 1980 was GP-INFO-80 at the RCGP, chaired by Clifford Kay. Clifford Kay also developed a very good appointments system.

[Yesterday 6:15 PM] John Robinson  
Tim. it was your telling me about that which prompted this meeting!

[Yesterday 6:17 PM] DAVIS, Ewan (NHS DIGITAL)  
Prof Ashford - The only man I ever knew who wore a monocle

[Yesterday 6:17 PM] Glen  
Ian is starting to talk my language

[Yesterday 6:23 PM] Cheryl Cowley (ext)  
This happened in a GP practice when I was part of the team developing EPS in about 2010!

[Yesterday 6:23 PM] PATEL, Dinesh (NORTH PRESTON MEDICAL PRACTICE)  
Great to see so many familiar names here

[Yesterday 6:24 PM] DAVIS, Ewan (NHS DIGITAL)  
There were not fanfold FP10's in the early days

[Yesterday 6:26 PM] Chandler, Rick  
I used to sell PC based GP Surgery systems in 1982-3. Biggest problem was computerising the patient records. Written by GP who was based in Poole.

[Yesterday 6:28 PM] Dr. Rahul Goyal  
I'm a GP from Lancashire- currently the clinical lead for the first and biggest health information exchange in the UAE and find it fascinating how technology has evolved.....

[Yesterday 6:28 PM] Simon Clay  
Ha Ha

[Yesterday 6:28 PM] Dr. Rahul Goyal  
from being technology centric to use case centric and the ever increasing involvement of clinicians in tech projects

[Yesterday 6:29 PM] Tim Benson

One of the quirks of the Ottery system was that it only supported 8 in wide paper. That led to the FP10 (Comp) with its spare bit on the RHS. It was Margaret Thatcher who decided it should be made available nationally. That was the most important thing that ever happened.

[Yesterday 6:30 PM] Alan McGurk  
I've only just noticed Robert's background is a SOPHIE .txt file.

[Yesterday 6:30 PM] Cheryl Cowley (ext)  
Well spotted Alan

[Yesterday 6:30 PM] Michael A. Bainbridge  
Absolutely Alan - Many hours hand crafting them !

[Yesterday 6:31 PM] Ian  
Is it fair to say that the Micros for GPs project was both hugely exciting but almost killed the tiny industry that was emerging? That was my perspective as a very young GP trainee getting involved in the Scottish GPASS project

[Yesterday 6:31 PM] Chandler, Rick  
Couldn't sell many once Pharma companies started giving them free to surgeries in return for Prescribing data.

[Yesterday 6:33 PM] Ian  
"Couldn't sell many once Pharma companies started giving them free to surgeries in return for Prescribing data." - at least one of the culprits is on screen right now!!

[Yesterday 6:33 PM] PAUL, Neil (ASHFIELDS P/CARE CENTRE)  
These memories and history need to be in a book - ive been around since 1998 and know nothing of some of this.. i got a bbc b for my 12th birthday

[Yesterday 6:34 PM] Glen  
Regarding Geoffrey Dove. This paper has resonance for some /much of the work I've been involved with in the last ten years [https://link.springer.com/chapter/10.1007%2F978-3-642-93120-8\\_25](https://link.springer.com/chapter/10.1007%2F978-3-642-93120-8_25)  
General-Practice History-Taking by Computer: A "Psychotropic" Effect  
This paper is a report of an experiment in the use of a computer for interviewing patients in general practice, in order to obtain their social and medical history, and the conclusions that we have...  
link.springer.com

[Yesterday 6:34 PM] Chandler, Rick  
where was GDPR then?

[Yesterday 6:34 PM] Joe McDonald  
I hope this is being recorded. Solid gold.

[Yesterday 6:35 PM] John Robinson  
Yes it is and should be available on the FCI youtube channel later.

[Yesterday 6:35 PM] Michael A. Bainbridge

Definitely being recorded Joe

[Yesterday 6:35 PM] Joe Jubb  
Joe McDonald it is indeed!

[Yesterday 6:35 PM] Tim Benson  
Micros for GPs was a test run for NPfIT and NHST&T. DoH/DTI was never gifted at picking winners.

[Yesterday 6:36 PM] Anne Marie Cunningham (NWIS - Clinical)  
Micros for GPs <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1339280/>  
Micros for GPs.  
[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

[Yesterday 6:36 PM] Tim Benson  
All True, Ewan

[Yesterday 6:37 PM] Jonathan Kay  
GDPR wasn't on the horizon... and control was very near to the practitioner. With the exception of the aggregated data on prescriptions.

[Yesterday 6:38 PM] Jonathan Kay  
There's a comment above about "increasingly close to practitioners". In this era it was closer than it's ever been,

[Yesterday 6:40 PM] katiemaclure  
DPA 1984 [https://www.legislation.gov.uk/ukpga/1984/35/pdfs/ukpga\\_19840035\\_en.pdf](https://www.legislation.gov.uk/ukpga/1984/35/pdfs/ukpga_19840035_en.pdf)

[Yesterday 6:42 PM] Anne Marie Cunningham (NWIS - Clinical)  
think most people will know this series but 2 of my favourites by Tim Benson  
<https://www.bmj.com/content/325/7372/1086.abstract> **Information In Practice**  
**Why general practitioners use computers and hospital doctors do not—Part 1: incentives**

[Yesterday 6:43 PM] Joe McDonald  
yayyyyyy David Stables

[Yesterday 6:44 PM] Anne Marie Cunningham (NWIS - Clinical)  
**Why general practitioners use computers and hospital doctors do not—Part 2: scalability**  
*BMJ*2002;325doi:<https://doi.org/10.1136/bmj.325.7372.1090>(Published 09 November 2002)Cite this as:*BMJ*2002;325:1090

[Yesterday 6:46 PM] Glen  
[https://www.cbronline.com/news/arnet\\_launches\\_multi\\_user\\_80486\\_80386\\_unix\\_systems\\_for\\_oem\\_market/](https://www.cbronline.com/news/arnet_launches_multi_user_80486_80386_unix_systems_for_oem_market/)

[Yesterday 6:48 PM] Colin Brown

GPASS also had some deal with Apricot kit, my pal's practice in Paisley had them, dead modern too (unlike the doctors).

[Yesterday 6:49 PM] John Robinson

It was amateurs getting stuck in, which led to such innovation

[Yesterday 6:50 PM] DAVIS, Ewan (NHS DIGITAL)

The apricot Xis was a beautiful piece of design. Not just a grey box

[Yesterday 6:50 PM] Jeremy Rogers

Larry Weed's 1971 Grand Round lecture - should be mandatory viewing for everybody in Health Informatics

<https://www.youtube.com/watch?v=qMsPXSMTpFI>

[Yesterday 6:50 PM] Michael A. Bainbridge

I mandate it for my students each semester Jeremy !

[Yesterday 6:51 PM] Glen

Great insight from David re: Larry Weed in terms of scalability. IMHO some things are just intractable without human intervention /rationale

[Yesterday 6:51 PM] Jeremy Rogers

Larry was his own worst enemy of course, as all visionaries are...but a very inspiring speaker.

[Yesterday 6:52 PM] Glen

indeed, Inspiring and still relevant 5 decades later

[Yesterday 6:52 PM] Ian

"GPASS also had some deal with Apricot kit, my pal's practice in Paisley had them, dead modern too (unlike the doctors)." Gorgeous - and very luggable. They have one in the National computing museum at Bletchley Park - I wept when I saw it!!

[Yesterday 6:53 PM] Ian

I'm still not convinced POMR is truly implementable on a computer - we used paper POMR and is definitely doable (and much more flexible)

[Yesterday 6:54 PM] Jeremy Rogers

The very obvious exponential explosion in the number of individually hand-crafted, subject specific templates that sat behind Larry Weed's PROMIS system was one of the findings that inspired Alan Rector and Anthony Nowlan to kick off the original RCGP-funded PEN & PAD project, which grew into GALEN and ultimately into the Description Logic approach to managing computable medical semantics that sits under modern day SNOMED.

[Yesterday 6:55 PM] Kenneth

Remember a talk by Larry Weed in 80's. Gp in Glasgow Neil McLean adopted concept and used it effectively first in paper and then on GPass.

[Yesterday 6:55 PM] Tim Benson

I visited Larry Weed in Vermont in 1977 when he had PROMIS working in a family practice on an Island in the middle of a lake. His nemesis was IDX, who thought that their accounting system should rule the hospital.

[Yesterday 6:56 PM] Ian  
Hi Kenneth!!

"Remember a talk by Larry Weed in 80's. Gp in Glasgow Neil McLean adopted concept and used it effectively first in paper and then on GPass."

As you know I worked in Neil's practice - we certainly coded terms but we never quite gave up the paper for POMR!!

[Yesterday 6:57 PM] MCCOLE, Jez (GLEADLESS MEDICAL CENTRE)

"Problem" indicates the data point has been allocated significance, but the significance is only significant in the context of the data around it... a DOMR in a fluid sea of changing data, including the patient's own, the current evidence as its compiled and the rest of the available data around the patient.

[Yesterday 6:58 PM] Jeremy Rogers

Jan Schulz's "History of PROMIS" article is worth a read.

<http://www.campwoodsw.com/mentorwizard/PROMISHistory.pdf>

[Yesterday 6:59 PM] David Markwell

Electric Monk was a character who was programmed to believe everything in Douglas Adams "Long dark tea time of the soul". I was christened as the Electric Monk because I believed in System 5 :-)

[Yesterday 6:59 PM] Tim Benson

I came across POMR when I was tasked with doing a feasibility study to implement them manually at Charing Cross Hospital in 1976.

[Yesterday 7:00 PM] Michael A. Bainbridge

The Electric Monk was a labour-saving device, like a dishwasher or a video recorder. Dishwashers washed tedious dishes for you, thus saving you the bother of washing them yourself, video recorders watched tedious television for you, thus saving you the bother of looking at it yourself; Electric Monks believed things for you, thus saving you what was becoming an increasingly onerous task, that of believing all the things the world expected you to believe

[Yesterday 7:00 PM] Ian

"GPASS also had some deal with Apricot kit, my pal's practice in Paisley had them, dead modern too (unlike the doctors)." More importantly they were being given away by pharma in return for some spurious research by CIBA Geigy - I think Ewan Davis had his evil hand in that at some point

[Yesterday 7:00 PM] Colin Brown

Hi Kenneth

Yes, Neil taught me to keep records as SOAP as a GP trainee. On paper - but we had A4 records that had a basic meta-structure using coloured paper forms - a structure that seemed to be abandoned on computerisation.

[Yesterday 7:03 PM] Glen

Desperate to discuss the work of Geoffrey Dove with Ian and Glyn

[Yesterday 7:03 PM] Tim Benson

At Alderley Edge meeting I remember there was superb hospitality (food and wine) a tradition that Geoffrey Dove was very keen to keep up.

[Yesterday 7:05 PM] PATEL, Dinesh (NORTH PRESTON MEDICAL PRACTICE)

We were much more independent and autonomous to innovate and develop in the 80s and 90s

[Yesterday 7:06 PM] Glen

I was born in Cheshire, Alderley Edge would provide a fantastic location for a CLICSIG - *The Weirstone of Brisingamen - I'll pay for a barrel*

[Yesterday 7:07 PM] Jonathan Kay

Agree about that closeness. I'd add that you knew what you wanted to do with the kit first... and then built up from that.

[Yesterday 7:07 PM] Kenneth

What made computing in Scotland take off was purchase of Gpass from David Ferguson and also provision of PCs to Gps in Glasgow in return for using it to pursue health promotion especially for raised cholesterol.

[Yesterday 7:07 PM] Mary Hawking

One of the consequences of GP IT has been the **ability** of DoH to micromanage general practice. By 2004, even the BMA understood that all practices were both computerised & keeping records which allowed QOF. Good for patient care - but also for central, top down micromanagement

[Yesterday 7:08 PM] Arturo Valerio Schlitzer

lovely a nurse in the informatics field! looking forward to hearing from her

[Yesterday 7:12 PM] Tim Benson

MICKIE comes from Chris Evans at NPL (who also did a TV series The Mighty Micro). Chris died in 1979 and NPL wanted it to have a future, so gave it to me.

[Yesterday 7:13 PM] Jain, Nilesh 2

<https://www.sciencedirect.com/science/article/abs/pii/S0020737381800314>

MICKIE—A microcomputer for medical interviewing

The National Physical Laboratory has developed a microprocessor system for interviewing patients to obtain their medical histories. The doctor specifi...

www.sciencedirect.com

[Yesterday 7:14 PM] Michael A. Bainbridge

There was an interim TRUDIE between MICKIE and SOPHIE. Peter Berkin in Milton Keynes (Surgery in the middle of a field) had got some custom screens to book in patients as they walked in the door.

[Yesterday 7:14 PM] Michael A. Bainbridge

Task Related User Defined Input Environment

[Yesterday 7:15 PM] Tim Benson

The problem with MICKIE and similar things is that no-one wanted to pay for it.

[Yesterday 7:16 PM] Kenneth

Hi Ian and Colin, disappointing no mention of GPass or SCIMP.

[Yesterday 7:17 PM] Tim Benson

Ian McNichol cut his teeth on GPASS.

[Yesterday 7:17 PM] Ian

I tried to prompt Ewan to say something - clearly failed so far!!

[Yesterday 7:17 PM] Ian

Ian McNicoll broke his teeth on GPASS

[Yesterday 7:17 PM] Colin Brown

There was a framing of these GP systems as standalone, implying static pt. populations who would never change GP - yet popn churn is 10% pa. When did we realise that records shd move with the pt?

[Yesterday 7:20 PM] Tim Benson

GP2GP was conceived by Leo Fogarty and David Markwell in about 1995. Leo described it as a "poisoned chalice". It was a remarkable success.

[Yesterday 7:20 PM] Glen

There is a subplot here that needs to be expounded re: Pharma and patient 'data'

[Yesterday 7:21 PM] WEST, Charles (NHS SHROPSHIRE CCG)

Certainly right about me/us. We disapproved of the no-cost systems. We bought EMIS and yes, I wore sandals.

[Yesterday 7:21 PM] Colin Brown

Tnx Tim, yes - did earlier ss have no imp/ex function?

[Yesterday 7:21 PM] Paul Miller

**GPASS General Practice Administration System for Scotland**, is a clinical record and practice administration software package that was previously in widespread use by Scottish general medical practitioners. It launched in 1984 and became dominant in the market while still being in public ownership, but a loss of confidence in it led to other systems being adopted and it had been largely replaced by 2012.

General practitioner

In the medical profession, a general practitioner (GP) is a medical doctor who treats acute and chronic illnesses and provides preventive care and health education to patients. A general practitioner manages...

en.wikipedia.org

[Yesterday 7:22 PM] Paul Miller

[https://en.wikipedia.org/wiki/General\\_Practice\\_Administration\\_System\\_for\\_Scotland](https://en.wikipedia.org/wiki/General_Practice_Administration_System_for_Scotland)

General Practice Administration System for Scotland

GPASS, General Practice Administration System for Scotland, is a clinical record and practice administration software package that was previously in widespread by Scottish general medical practitioners...

en.wikipedia.org

[Yesterday 7:23 PM] Ian

"GP2GP was conceived by Leo Fogarty and David Markwell in about 1995. Leo described it as a "poisoned chalis". It was a remarkable success." It was both a technical success (eventually) and a world-leading example of real-world detailed interoperability. It also demonstrated the power of direct engagement with vendors.

[Yesterday 7:23 PM] Kenneth

Disappointing that misinformation re Gpass is being presented without informed input.

[Yesterday 7:23 PM] Ian

GPASS was also (I think) the first system to have an openAPI - some time in the late 90s

[Yesterday 7:23 PM] UPTON, Karen (NHS BEXLEY CCG)

The training for non tech GPs was not brilliant in VAMP and we now still get people with erroneous coding from those days and they are most upset when they find they supposedly had some illness which they did not have

[Yesterday 7:24 PM] Cheryl Cowley (ext)

Robert Treharne Jones Can you get Ian McNicoll to speak about GPASS?

[Yesterday 7:24 PM] Joe McDonald

I think we should run one these events entitled "NPfIT- the First 10 Years"

[Yesterday 7:24 PM] Glen

Simple and 'well' is good in many cases

[Yesterday 7:25 PM] Jonathan Kay

External comms... we've slipped past Ewan's spotting that store-and-forward was the sweet spot for the time. And how that unlocked the delivery of laboratory reports.

[Yesterday 7:25 PM] Ian

@Nick - were you drunk?

[Yesterday 7:25 PM] Glen

possibly

[Yesterday 7:26 PM] Glen

Store and and forward is an excellent abstraction

[Yesterday 7:26 PM] FCI Hon Treasurer

@Ian I recall we both were

[Yesterday 7:26 PM] Anne Marie Cunningham (NWIS - Clinical)

accuRx probably perceived as organisation most responsive to user need at the moment

[Yesterday 7:26 PM] Ian

"Disappointing that misinformation re Gpass is being presented without informed input."  
I think we mostly got there eventually!!

[Yesterday 7:27 PM] Jonathan Kay

S-and-F wasn't obvious at the time....

[Yesterday 7:27 PM] Kenneth

In an independent assessment Gpass just before its demise was assessed as to be as good as the best which at that time was EMIS.

[Yesterday 7:27 PM] DAVIS, Ewan (NHS DIGITAL)

James Read was a complex character

[Yesterday 7:28 PM] Cheryl Cowley (ext)

Robert Treharne Jones Can we bring Ian Mc Nicoll in as there is lots of comments about GPaaS

[Yesterday 7:29 PM] Tim Benson

GP2GP took the ideas David had pioneered in the Exmouth Smart Card project to the next level. That kept a medical record including prescribing data on a small chip card.

[Yesterday 7:29 PM] Glen

Echoing Cheryl. we need IanMcN

[Yesterday 7:29 PM] UPTON, Karen (NHS BEXLEY CCG)

I have always wondered why the coding for trauma was so comprehensive, compared with other things. Particularly interested in Fall from space craft, or bitten by a venomous insect at a leisure facility

[Yesterday 7:30 PM] Michael A. Bainbridge

The stevedores and space craft came from ICD

[Yesterday 7:30 PM] Jonathan Kay

And the length of the boat where the injury had occurred.

[Yesterday 7:30 PM] Ian

Just as a side-note of Scottish history - NHS Scotland was the first nation to formally adopt READ codes. That followed a visit that I made to Tim Benson (bearded) in Barley Mow in 1986, and recommended it to the Scottish Health Dept.

[Yesterday 7:30 PM] Tim Benson

James Read was a bit obsessive!

[Yesterday 7:31 PM] UPTON, Karen (NHS BEXLEY CCG)

very poor on psychiatry though, ICD has not improved sufficiently IMHO even now

[Yesterday 7:32 PM] Jonathan Kay

In the CTP the orthopaedics group gave us their full list of procedures by return post.

[Yesterday 7:32 PM] UPTON, Karen (NHS BEXLEY CCG)

That explains it. Nothing compares with their list

[Yesterday 7:33 PM] Jeremy Rogers

Great Mysteries Of Our Time: does anybody know where Chapter 0 (Occupations) of the READ codeset came from? Cos a Professor in Occupational Health I worked with in the late 1990s didn't recognise it as anything that had ever been used in his field. And I think its still in SNOMED...

[Yesterday 7:33 PM] Tim Benson

I don't think James Read ever used a keyboard!

[Yesterday 7:34 PM] Mary Hawking

wasn't the problem with ICD-9 the progression from the ReadCode 4byte to 5byte set in 1994? Still scarred! Trying to equate completed hospital episodes to ongoing GP problems was always bound to be problematic!

[Yesterday 7:34 PM] Ian

Karen - I had hoped that the spacecraft injuries stuff was down to some crazy guy (it would be a guy) diligently thinking about every possible nastiness that might result. In fact, I understand this was because this came from ICD?? which had a way of post-coordinating accidents/injury/vector codes - and this was essentially a machine generated list of all the possibilities created as single codes

[Yesterday 7:35 PM] Michael A. Bainbridge

<https://www.icd10data.com/ICD10CM/Codes/V00-Y99/V95-V97/V95-V95.43XA#:~:text=Spacecraft%20collision%20injuring%20occupant%2C%20initial%20encounter,-2016%202017%202018&text=Code%20POA%20Exempt-V95.,effective%20on%20October%201%2C%202020.>

[Yesterday 7:36 PM] UPTON, Karen (NHS BEXLEY CCG)

Ian, yes it reads that way and highjacks new things GPs need to add such as referred to leisure centre, which is where I found all the 'in leisure facility' or something like it codong

[Yesterday 7:36 PM] FCI Hon Treasurer

I think someone at CAMS had a macro to build a list of all possible ICD9 accident codes

[Yesterday 7:36 PM] Jeremy Rogers

Legend has it that the reason ICD9 has a little taxonomy of accidents involving spacecraft, and doesn't have even one code for Collisions with an Elk, was mostly down to which Govt was paying the bills for its development than a realistic assessment of the annual toll of morbidity that might reasonably be given the code (Collisions with Elks being very common in Scandiwegia).

[Yesterday 7:37 PM] UPTON, Karen (NHS BEXLEY CCG)

Thanks for the link, most entertaining

[Yesterday 7:37 PM] Alan McGurk

Jeremy - I have a feeling the Read 0.... terms / codes had something to do with origins in OPCS .

[Yesterday 7:38 PM] Kenneth

One of the important aspects of GPass was that it automatically converted proprietary drugs to generic thus saving the NHS large amounts of money.

[Yesterday 7:38 PM] Dai Evans

And only now is MIQUEST fading out... we are still using it at PRIMIS

[Yesterday 7:38 PM] Glen

The byte size issue wasn't just isolated to medicine

[https://en.wikipedia.org/wiki/Japanese\\_language\\_and\\_computers](https://en.wikipedia.org/wiki/Japanese_language_and_computers)

Japanese language and computers

In relation to the Japanese language and computers many adaptation issues arise, some unique to Japanese and others common to languages which have a very large number of characters. The number of characters...

en.wikipedia.org

[Yesterday 7:39 PM] Mary Hawking

Jeremy, was this also the reason for not having a Code for Diabetic ketoacidosis - only for Diabetes mellitus with ketoacidosis?

[Yesterday 7:39 PM] Tim Benson

The occupation codes came from the OPCS classification of Occupations.

[Yesterday 7:41 PM] Tim Benson

MIQUEST is another of the key predecessors of GP2GP

[Yesterday 7:41 PM] Ian

"One of the important aspects of GPass was that it automatically converted proprietary drugs to generic thus saving the NHS large amounts of money." That was supposed to be my project when I joined GPASS as a research fellow, but I spent most of my time programming the cervical screening and immunisations scheduling!!

[Yesterday 7:42 PM] Glen

Isn't 'coding' the absolute nightmare? FF 50 years??

[Yesterday 7:42 PM] Paul Miller

[http://abiesuk.blogspot.com/2013/09/on-origin-of-read-codes\\_8.html](http://abiesuk.blogspot.com/2013/09/on-origin-of-read-codes_8.html)

[Yesterday 7:45 PM] Dai Evans

The biggest failure in Data Quality was the withdrawal of support for Data Quality by the HSCIC the precursor of NHS-D; and the subsequent failure of any other National organisation to pick up the gauntlet

[Yesterday 7:45 PM] UPTON, Karen (NHS BEXLEY CCG)

The use of the medication codes being organised by alphabetical order, rather than in drug families like the BNF is still a major detrimental result which looks never to be remedied

[Yesterday 7:45 PM] Tim Benson

The early success of GP computing has a lot in common with the early days of WWW. The key concept was and is "permissionless innovation". Not having to ask a bureaucrat before you did something.

[Yesterday 7:46 PM] Mary Hawking

From an individual practice point of view, what are the incentives for maintaining data quality (especially for GP2GP records) beyond the recording for patient management within the practice?

[Yesterday 7:46 PM] Dai Evans

Even now the COVID vaccination programme is bedevilled by health professionals recording referrals to a physiotherapist as "physiotherapist" hence huge numbers of pts being upgraded into Wave 2 for the vaccination

[Yesterday 7:47 PM] Jonathan Kay

Continuing Tim's thought... there weren't "IT Depts"....

[Yesterday 7:47 PM] John Robinson

Still no good training on keeping good EPRs for undergrads or post grads

[Yesterday 7:48 PM] PATEL, Dinesh (NORTH PRESTON MEDICAL PRACTICE)

Finally Templates and protocols are mentioned

[Yesterday 7:48 PM] Mary Hawking

Consistent Coding applies to all structured data entry systems - such as EMIS templates. Also made entry easier - & displayed previous data ..

[Yesterday 7:48 PM] UPTON, Karen (NHS BEXLEY CCG)

The learning disabilities coding and now searches, keep finding people coded in the 90s when it was a mother who had a child with LD and so the Mother gets called in for annual health check.

[Yesterday 7:48 PM] Dai Evans

What is the RCGP position on Data Quality and postgraduate training?

[Yesterday 7:49 PM] Glen

thks Dai... simplify simplify and let people decide PLEASE

[Yesterday 7:49 PM] Ian Thompson

@Dia "no space in the curriculum ??"

[Yesterday 7:50 PM] Jeremy Rogers

Mary - I would suspect that the lack of the term "diabetic ketoacidosis" in ICD9, and so also in READ2, was ultimately down to ICD9s clear desire to distinguish throughout between juvenile and adult diabetes. My guess is this led to a bout of the usual linguistic gymnastics and worries that make clinical terminology a challenge: fearing that clinical coders might not recognise the mouthful 'juvenile diabetic ketoacidosis' they went with a slightly less linguistically compressed 'Juvenile diabetes with ketoacidosis', and then echoed that wording pattern upward to the grouper code that is agnostic to whether its adult or juvenile diabetes. And so the snappy "diabetic ketoacidosis" becomes "diabetes with ketoacidosis".

[Yesterday 7:50 PM] Mary Hawking

Cheryl, there has never been any universal, agreed education in Coding **or** how "data" should be recorded. Why not?

[Yesterday 7:51 PM] Dai Evans

Mmm. None of our first 5 years GPs have had an appropriate foundation in using computers in the last 5 years

[Yesterday 7:51 PM] UPTON, Karen (NHS BEXLEY CCG)

Also some diagnoses get redefined, such as septicaemia now called sepsis. Autism no longer only Kannas autism.

[Yesterday 7:52 PM] Anne Marie Cunningham (NWIS - Clinical)

GiGo

[Yesterday 7:52 PM] Anne Marie Cunningham (NWIS - Clinical)

Although not quite saying garbage in...just the data is not there

[Yesterday 7:53 PM] Glen

FOLKS - We have to start again

[Yesterday 7:53 PM] Jonathan Kay

Shameless plug:

<https://facultyofclinicalinformatics.org.uk/blog/faculty-of-clinical-informatics-news-1/post/the-faculty-of-clinical-informatics-is-now-accepting-applications-for-new-members-and-fellows-for-a-limited-time-only-44>

The Faculty of Clinical Informatics is now accepting applications for new Members and Fellows, for a limited time only | Faculty Of Clinical Informatics

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facultyofclinicalinformatics.org.uk

[Yesterday 7:53 PM] Ian Thompson

In Scotland we have lots of problems with too much ending up as free text, GPs in my locality have not rated Problem Orientated Medical Records as a important issue !! Yet in my site (Still on EMIS PCS) I find it is vital way to practice effective medicine. Work of data quality and improving input templates and approaches is vital.

[Yesterday 7:54 PM] Jeremy Rogers

Dai - please tell me they're NOT trying to test for the presence of READ Occupation codes in a patient record and believing them to be a reliable statement of their genuine occupation, sufficient to triage people who thus appear to be an HCP for early COVID vaccination....

[Yesterday 7:54 PM] Glen

Can we fund Robert for another hour?

[Yesterday 7:55 PM] UPTON, Karen (NHS BEXLEY CCG)

There is a need for SOAP coding as well

[Yesterday 7:55 PM] Glen

(not BBC rates)

[Yesterday 7:55 PM] Dai Evans

Of course they are Jeremy!

[Yesterday 7:55 PM] Dai Evans

But we dodged it in the National specifications

[Yesterday 7:55 PM] Dai Evans  
As we recognised that it was going to be a problem

[Yesterday 7:56 PM] Tim Benson  
An early idea in Abies was to make the data interface quicker and easier to code data than to enter free text. This worked well when GPs were one finger typists, but not with touch typists.

[Yesterday 7:56 PM] Ian Thompson  
@Dia and Jeremy not north of the border (says the Englishman in Scotland)

[Yesterday 7:56 PM] Dai Evans  
Check your EMIS PCS systems Ian....

[Yesterday 7:57 PM] Michael A. Bainbridge  
Mike Robinson - I think you have intellect !

[Yesterday 7:57 PM] Jonathan Kay  
Fantastic session. Great charing. More than 1200/75 baud?

[Yesterday 7:57 PM] Ian Thompson  
@Dia will catch up with you out with but no searches available in PCS.

[Yesterday 7:57 PM] George Margelis  
Will a recording be available?

[Yesterday 7:58 PM] Joe Jubb  
George Margelis it will be yes

[Yesterday 7:58 PM] John Robinson  
Long live MIQUEST

[Yesterday 7:59 PM] Glen  
Thks David S Data (out of context) IS totally useless

[Yesterday 7:59 PM] Ian Thompson  
Can you capture the chat as well as Recording please.

[Yesterday 8:00 PM] Mary Hawking  
Who thinks GPES was a good substitute for MIQUEST?

[Yesterday 8:00 PM] Joe Jubb  
Thanks Ian Thompson , we'll export the chat after the webinar

[Yesterday 8:00 PM] UPTON, Karen (NHS BEXLEY CCG)  
Computers just change the problems which need to be solved

[Yesterday 8:01 PM] WEST, Charles (NHS SHROPSHIRE CCG)

I appreciate that it is after the era we have been talking about, but I would be interested in any candid views of the NHSIA. It seems to me that between 2000 and 2005 we were making quite a lot of progress. That progress was killed stone dead by NPfIT.

[Yesterday 8:01 PM] Tim Benson

We tried to get GPs to measure outcomes in Abies, but no-one used it.

[Yesterday 8:01 PM] John Robinson

WEST, Charles (NHS SHROPSHIRE CCG) you'll have to wait for the sequel

[Yesterday 8:01 PM] Mary Hawking

Computers certainly improved patient care - or at any rate the ability to access / search the information needed.

[Yesterday 8:02 PM] WEST, Charles (NHS SHROPSHIRE CCG)

Thanks John.

[Yesterday 8:02 PM] Glen

Provenance

[Yesterday 8:02 PM] Jonathan Kay

Folloiwng Charlie's line... how about future sessions on why this worked, and comparsion with secondary care?

[Yesterday 8:02 PM] Anne Marie Cunningham (NWIS - Clinical)

Completely agree that the way to pick data quality is to show it to people

[Yesterday 8:02 PM] Ian Thompson

hontreasurer@fci.org.uk locally guidelines were set up for had a chat with GP and had a telephone consultation ! [FacePalm]

[Yesterday 8:03 PM] Joe McDonald

this has been brilliant

[Yesterday 8:03 PM] Nigel Masters

I really did love the practice Amstrad dual floppy drive computer to do word processing.- in 1992 . Our practice leaflets were single folded A4 sheets with targeted headings ie young person's leaflet etc. Easy to change in house. This system is still in place today with modern technology.

[Yesterday 8:03 PM] WEST, Charles (NHS SHROPSHIRE CCG)

And of course, links between Primary and Secondary which jon might know a little about. ;-)

[Yesterday 8:03 PM] PATEL, Dinesh (NORTH PRESTON MEDICAL PRACTICE)

Thanks for bringing back memories of GP computing heydays

[Yesterday 8:03 PM] Tim Benson

This has been great!

[Yesterday 8:03 PM] Ian Thompson

Great point to end on Glyn

[Yesterday 8:04 PM] James Barrett  
Great session - good to see so many familiar faces!

[Yesterday 8:04 PM] WEST, Charles (NHS SHROPSHIRE CCG)  
Thanks everyone. Good session.

[Yesterday 8:04 PM] Alan McGurk  
Well done Panel and Chair

[Yesterday 8:04 PM] Dr Simon Clay  
Marvellous all of you. Thanks so much. Distilled wisdom & history.

[Yesterday 8:04 PM] Roz  
Well done all, I have learnt a lot, but also brought back so many memories!

[Yesterday 8:04 PM] Glen  
Thank you Robert

[Yesterday 8:04 PM] Dai Evans  
Time for a Pint - Cheers to the panel - another boat race?

[Yesterday 8:04 PM] Jonathan Kay  
Thanks, all.

[Yesterday 8:05 PM] John Farenden  
thanks all.....stay safe ....

[Yesterday 8:05 PM] Paul Miller  
Thanks very much, excellent session (smile)  
For interest here is a link to a HOC committee report from 1998 on the purchase of Read Codes and the management of the NHS Centre for coding and classification. Read Codes - so good he sold them twice!  
<https://publications.parliament.uk/pa/cm199798/cmselect/cm Pubacc/657/65703.htm>

[Yesterday 8:05 PM] KOCZAN, Phil (CHURCHILL MEDICAL CENTRE)  
excellent event, well done

[Yesterday 8:05 PM] Shaw, Andy  
Thankyou

[Yesterday 8:05 PM] Iain Keith  
Absolutely fascinating. Thank you all. Without your hard work and dedication, I wouldn't have the job I love.

[Yesterday 8:05 PM] Aarts, J.E.C.M. (Jos)  
thx

[Yesterday 8:05 PM] Mary Hawking  
many thanks]

[Yesterday 8:05 PM] Ben Hardman  
Thank you

[Yesterday 8:06 PM] Colin Brown  
Think we need a meeting for each decade?