

**MINUTES OF THE AGUM IT SUB GROUP**  
**MEETING ON 13<sup>TH</sup> SEPTEMBER 2002**

Present: Garry Brook (Central Middlesex)  
 Richard Gilson (Mortimer Market Centre)  
 Dave Kellock (Mansfield)  
 Richard Lau (St Georges Hospital; Host)  
 Meg Weir (Barnet)  
 Andy Winter (Glasgow; Chair)

Apologies: Steve Dawson  
 Uday Joshi  
 Jonathan Ross

DETAILS	ACTION
<p><b>1. Development of EPRs</b></p> <p>The group reviewed the current situation with IT suppliers for GUM systems. At the time of the meeting, two new systems were in the process of going live: <b>Clinic Pro 2</b> at Roehampton and <b>Appareo's</b> new system at St Georges. [Subsequent to the meeting AW has been notified of the release of a third system, Lilie produced by Blyth Computing] These new systems use similar architecture with Microsoft SQL Server and windows 2000 platform. No one present at the meeting had current experience with Telecare, which Jonathan Ross was using in Birmingham.</p> <p>Richard Gilson's <b>Template</b> system was likely to undergo major modification to update its architecture to the current standard. Andy Winter was in the process of developing electronic patient records for Family Planning service for Sandyford but had not concluded negotiations with the proposed supplier, <b>FMI</b>. Gary Brook had attempted to develop a full electronic patient record with the <b>EMIS</b> system but this project was faltering with a number of issues. These included inherent technical problems making a GP based system survive in a hospital environment, varying commitment and changes in personnel at the company to see the project through: difficulty understanding essential GUM issues such as KC60 coding and Soundex codes and anonymity, mapping REED codes to KC60 codes had proved difficult.</p> <p>Meg Weir described her experience with a trial <b>hospital based electronic patient record</b>, the PAS Cerner Millenium system provided by Siemens as part of the hospital's PFI bid. Although in theory this could build walls around a clinic, in practice at present the laboratory part of the software could not resist merging patients where it felt dates of birth matched. This meant that a confidential laboratory test sent from the GUM clinic could be married up with a general hospital record even if the patient had registered separately. These difficulties are being addressed, but highlight the problem GUM clinics may face with general hospital EPRs.</p> <p>The group agreed key difficulties with adopting hospital electronic patient record included:-</p> <ul style="list-style-type: none"> <li>• Specific GUM coding</li> <li>• The ability to cope with walk in patients</li> <li>• The ability to hold appointments with minimal details and no GP details</li> <li>• The need for specific partner notification modules</li> <li>• The need to maintain a confidential ring around electronically requested laboratory results from the GUM service</li> </ul> <p><b>In summary</b> no member felt that there were any working examples of</p>	

<p>GUM electronic patient records at present. The three new systems with SQL server technology should be able to deliver such a record. There are a number of technical and logistic difficulties that have to be overcome to integrate such systems into the hospital environment.</p>	
<p><b>2. IT system procurement</b></p> <p>The group shared their experience of procuring IT systems. We agreed to share (where confidentiality and trust restrictions allow) the statements of requirements and procurement documents, particularly those generated from Glasgow, North East Thames and South Thames. AW reported on discussions with <b>Mark Greenwood</b> from the IT Purchasing Authority.</p> <p>The group felt that we should move to obtain a <b>national procurement template</b> against which GUM clinic systems and wider integrated sexual health systems should be measured.</p> <p>AW would pursue discussions with Mark Greenwood and circulate relevant documents.</p>	<p>AW, RG, GB to circulate</p> <p>AW</p>
<p><b>3. Confidentiality</b></p> <p>Meg Weir reported she was part of an NHS Information Authority group (the Advisory Group on Consent to Sharing of Clinical Information) looking at the <b>consent policy</b> for information sharing around the NHS . With so much flux in clinic systems and the development of electronic patient records, the group did not wish to update existing working document on confidentiality, as this should be incorporated into a procurement template.</p>	<p>MW to report</p>
<p><b>4. Sexual health services data group</b></p> <p>The group considered the submission from <b>Angela Robinson</b> seeking comment on the recommended data sets for level 1, 2 and 3 and whether these could be achieved by electronic patient records. The group felt all the data required could be generated by electronic patient records, but this would require concerted national procurement effort.</p> <p>Two steps were suggested:-</p> <p>1 To conduct a <b>national audit of clinic IT estate and knowledge</b></p> <p>This had been successfully performed in North Thames as part of their procurement exercise a few years previously, when only 70% of clinics were actually computerised. AW would write to the Chair of the Data Group to suggest the Department of Health supported this, and would be happy to design a questionnaire in consultation with other members.</p> <p>2. To suggest that electronic patient records for collection be <b>piloted</b> in a few well defined units with IT experience and in a number of units with very little experience to fully assess the feasibility of electronic records to collect such data</p> <p>Dave Kellock again emphasised that clinics not taking part in electronic patient record initiatives should not be penalised for this.</p>	<p>AW to write to AR</p> <p>SHSDG to consider</p>
<p><b>5. Data protection issues</b></p> <p>The group had concerns about returning NHS numbers or date of</p>	

<p>birth for surveillance purposes as this is personally identifiable information under Data Protection Act.</p>	
<p><b>6</b>      <b>AGM</b></p> <p><b>Richard Lau</b> agreed to demonstrate his local intranet system for 10 minutes. The group felt the most helpful way to use the hour was to promote small group discussions on electronic patient records with a rapporteur from the IT group with each small group.</p> <p>Key questions would include:-</p> <ul style="list-style-type: none"> <li>a) What do you see as an ideal patient information system in 5 years time?</li> <li>b) What links should your system have to the outside world?</li> <li>c) How would you like patients to get their results?</li> <li>d) How much information should be extracted from your system to return to CDSC?</li> </ul> <p>Each group could be set a different task to tackle and a rapporteur to feed back at the end.</p>	<p><b>RL</b></p> <p><b>AW to liase with Sue Mitchell for practical group support (paper, flipchart, roving mikes)</b></p>
<p><b>Date of next meeting</b></p> <p>To be decided</p>	