In this issue

In this issue: use of electronic patient record (EPR) system data for emergency care, quality improvement and research – things not to take for granted

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Secondary use of routinely collected data for research

This issue continues the discussion within our journal about how we can legitimise the use of the routinely collected data for research. We have some of the best long-term computer records in the world – which are potentially goldmines for research. However, we are currently working through how to codify this process.

In their Editorial Mathers et al., set out the principles for the secondary use of clinical data for research, following the publication of the Wellcome report. Navarro, comments on the necessity for us to not take public support for granted, and to use appropriate technologies. What these technologies should be was debated in appropriate depth in last year’s journal.

Finally, Gibson-White and Majeed remind us of the importance of primary care records for research, and that this is a strength of the UK which we need to further develop.

Care Record Service (CRS)

The Care Record Service has been a cause of frustration to many in the informatics world. The idea of using IT to do what it is so good at: gathering and transmitting data to where it might be most useful – has to be a good idea. However, the execution of this programme is potentially problematic. Cresswell and Sheikh’s review covers much of the evidence, though the reviewers’ opinion was that whilst an excellent exposition of the evidence it did not go far enough in its recommendations for this programme to be back on track. Herbert and I have co-authored a commentary on the gap which needs to be closed.

Things not to be taken for granted

Stream reminds us how electronic health record (EHR) adoption may plateau at over 60% over the next six years in Washington state. This paper is a salutary reminder of how much subsidy there has been in the UK, and how without such financial support computerisation of primary care moves much more slowly.

Vaziri et al., question whether the current system of prescribing alerts lack specificity and may not be the best way of reducing risk. The authors make the case for rethinking our current approach.

Hunt et al., remind us that even using an informatics intervention to improve the quality of care in diabetes does not guarantee success. In this study they found it was hard to improve glycaemic control; glycated haemoglobin (HbA1c) actually got worse though the other indicators all improved. I think it is important we are realistic about what informatics can achieve, in your Editor’s own observational study – although recording of HbA1c improved there was also no improvement in diabetes control and the people with diabetes also became more obese. It is plausible that attempts to improve glycaemic control make people with diabetes hungry, they eat more and hence become more obese which in turn may lead to worse control.
The final assumption challenged in this edition is that the NHS online, real-time, outpatient booking service ‘Choose and Book’ is all bad. This service has received considerable criticism, including in the pages of this journal.16 These have included the assertion that attendance at clinics is worse.17,18 However, Parmar et al., tell a different story, and demonstrate an improvement in OPD bookings19 ... ... maybe we have to carefully differentiate two issues with Choose and Book. There is undoubtedly a problem using this service mid-consultation, it takes too long and few patients wish to actively choose another option; most happily opt for GP choice. However, making a live electronic booking has the potential to make savings elsewhere within the system and may be justified on this basis.20

Finally, please read my Editor’s report.21 Please feel free to comment and contact me or write letters for publication in the journal. The lifeblood of any journal is its readership – and all feedback from our readership is extremely welcome.

REFERENCES


3 Wellcome Trust. Towards Consensus for Best Practice: use of patient records from general practice for research. London, Wellcome Trust; 2009. URL: http://www.wellcome.ac.uk/gprecords

4 Navarro R. People and technology must work together to solve the sharing problem. Commentary. Informatics in Primary Care 2009;17:139.


10 Cresswell K and Sheikh A. The NHS Care Record Service (NHSCR): recommendations from the literature on successful implementation and adoption. Informatics in Primary Care 2009;17:153–64.

11 Herbert I and de Lusignan S. Further changes are needed if the National Care Record Service (NCRS) implementation is to succeed. Commentary. Informatics in Primary Care 2009;17:161.


19 Parmar V, Large A, Madden C and Das V. The online outpatient booking system ‘Choose and Book’ improves attendance rates at an audiology clinic: a comparative audit. Informatics in Primary Care 2009;17:183–6.
