All hospital bookings to be done electronically by end of 2005

Rebecca Coombes *London*

The electronic booking service is designed to make it easier and faster for GPs and other primary care staff to book first outpatient and day case appointments for patients.

The system, which has been likened to that used by travel operators such as lastminute.com has been undergoing stringent testing since late 2003. The tests have involved building a database containing three billion records and simulating a transaction load of 2400 simultaneous users.

Despite recent press reports to the contrary, the National Programme for IT says that e-booking will be introduced throughout the NHS in England during summer 2004 with total coverage expected by the end of 2005. The London and North East regions will go live with e-booking first.

Doubts about its readiness centred on the fact that the system won't work until all patients have a unique identifying number, something not yet in place. A spokesperson for the programme said that health professionals will be able to use a patient's NHS number as a unique identifier.

Dr Arun Gupta of the South Lewisham Group Practice in south London has been developing e-booking for almost four years and helped pilot and inform the new national system. The system he uses differs from the final version, provided by Atos Origin, that will be rolled out nationally.

"We started with a fairly raw system but over the last few years have increased the number of specialties, trusts, and system suppliers. We have learnt that you need to change patient, GP, and consultant behaviour as well as administration behaviour. Patients were more surprised than anything and pleased that they didn't have to wait."

He says the referral stage takes between 30 seconds and 1.5 minutes on the computer. "It's a case of point and click. If you decide to refer a patient you can access the referral module from the GP system by a single key stroke. You get to the home page, select a service provider—for example, dermatology—and it will bring up locations. You will then be taken through the dermatology protocol and answer clinical questions, which have been worked out by secondary and primary care together. It may say that for this condition you don't need to refer but do x and y. After you have answered the questions you can then go through and book appointments." There is also scope for automatic upload of clinical information from the practice system, dispensing with the need for rekeying information about, for example, a patient's allergies.

The booking is usually done by the practice receptionists and can be done immediately or, in the case of patients who aren't already registered at a hospital, within one working day.

The scope of e-booking will expand over time to provide patients with a choice of hospitals (or secondary care facilities) until the target date of December 2005, when patients should be able to choose from up to four or five alternatives for most specialties.

Teething problems for Dr Gupta have included booking patients into clinics that didn't exist. "We helped secondary care clear up the pathways. There are also a lot of interdependencies—the NHSnet can be slow, for example. As time is precious, if something doesn't work once, you may not go back."

He said the real key to getting GPs switched on was integrating systems. "Before, there was no facility to integrate and move information across."

"But I am an enthusiast," he adds. "You are basically changing to a clear desk policy. I used to have a stack of referrals on my desk to sort out at the end of the week. Now I know in an instant." □

GPs worried about having to change to new untested software systems

Rebecca Coombes *London*

By 2010, every patient in England should have an individual electronic NHS care record.

In essence, this refers to a computer file that includes general practice and hospital records, detailing key treatments and care.

The 10 year contract to set up and run the NHS Care Records Service (NHS CRS) was awarded to BT in December 2003 and is worth £620m ($1.1bn; €932m).

The service will connect more than 30 000 GPs and 270 acute, community, and mental health NHS trusts in a single system.

Although much of the work is being developed nationally there are important local variations. BT will be the national application service provider, responsible for all services that are common to all users nationally, but the five separate NHS regions in the NHS National Programme for Information Technology each has a local service provider. Accenture, for example, will be local service provider in two of the regions—the East and the North East.

Dr Philip Posner from the James Wigg Practice in north London, a large "paperless" general practice, is positive about the NHS Care Records Service but has grave concerns about its implementation.

He believes the only way ahead is "national standards, coming from the centre." Yet EMIS, the system used by most GPs and which stores around 36 million patient records, has not been chosen as the preferred software system by any of the local service providers.

"Richard Granger [the NHS IT chief] has said that EMIS will be able to communicate with the NHS CRS and therefore be part of it," explains Dr Posner, "but the fear is that if your system is not the preferred provider the ultimate aim is to move to a new system, which means billions of pounds of procurement money, and historically if you change one system for another it spells missing data and huge training implications. We are being asked to change one tried and tested system for one that, in some cases, hasn't even been written yet."

He does, however, allay consumers' fears about confidentiality: "People always fear information can be hacked into. I have always felt that computer records are more secure than paper. You need a password for a start, and, in our practice, there are also different levels of access. Previously all staff had to do was pull paperwork from the shelf. We had a major flood, and our main server was under six inches of water, but we didn't lose any data. And we had back-up disk in a safe. Imagine if that had been 15 000 paper records."

A survey of 2000 patients by the Consumers' Association (*Health Which?*, 7 October 2003) found an overall positive reaction by patients to NHS CRS. They especially welcomed the opportunity to record their wishes on their medical record

A majority of GPs in England use the EMIS system but this system has not been chosen as the preferred software system by any of the local service providers

and have access to test results, their medical history, and prescription information. □