

## Computer

### G116 COPY LETTERS—DO PARENTS WANT THEM?

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**Background:** The Department of Health recommends that from April 2004 patients (or their parents) should receive copies of letters sent to their GPs following attendance at outpatient clinics. We did not identify any studies looking at whether these letters are wanted in the literature and worries about sending letters to paediatric patients have been raised. We aimed to ascertain parental wishes regarding copy letters.

**Methods:** A prospective study was carried out during two time periods of 5 weeks duration in two clinical settings—an acute paediatric hospital outpatient clinic and a community clinic. At the end of the consultation the paediatrician involved read a standardised statement, asking parents whether they would like a copy of the GP letter. The outcomes looked at the proportion of parents requesting a letter, an estimation of additional workload resulting from offering letters, and resulting parental satisfaction as measured by postal survey.

**Results:** 116 letters were offered during 17 outpatient clinics. 55 parents requested a copy letter (47%). A marked difference between hospital and community clinics was observed. In hospital clinics only 33% of parents wanted a letter compared with 66% in community clinics. No additional workload other than the copying of the letter resulted. Parental satisfaction of those who received a letter was high.

**Conclusion:** This study questions whether routinely sending copies of the GP letter to parents of paediatric patients following a consultation is best practice. Those who request a copy letter report high satisfaction. The additional workload involved with sending a copy letter is low. We would recommend asking parents before a letter is sent.

### G117 A REGIONAL TRAINING WEBSITE—OUR EXPERIENCE

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**Aims:** The Mid-Trent paediatric specialist registrar (SpR) training scheme has developed an internet website over the past 2 years to support training and communication. The establishment and maintenance of the website is discussed together with the results of an audit aiming to examine users' experience of the website.

**Methods:** An audit of the website eMITTEN ([www.emitten.org.uk](http://www.emitten.org.uk)) was conducted by examining the opinions of current SpRs via a paper questionnaire.

**Results:** 22 out of 23 current SpRs responded. 59% of SpRs reported no formal training in using the internet. SpRs accessed the internet on average 37 times per month and eMITTEN on average 4 times per month. Web links, email addresses, and various training resources were rated as most useful components. 86% of SpRs preferred correspondence via email compared with letter (4%). SpRs' homepages and other website preferences are presented.

**Conclusion:** Small websites such as eMITTEN are cheap, simple to establish, and a reliable way of providing information for specific groups of individuals within the medical profession.

### G118 DIARY HABITS OF SENIOR HOSPITAL STAFF

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**Aims:** Within the NHS there is significant under investment in and use of information technology. In addition, hospital consultants have been reluctant to use computers and slow to adopt handheld electronic diaries. As electronic diaries offer many benefits, we assessed the type of diary used by senior hospital staff and their interest in changing to handheld computers.

**Methods:** All consultants, associate specialists, and managerial staff employed by a large acute hospital trust were asked to complete a short questionnaire examining their current diary practices and interest in using a handheld electronic diary.

**Results:** A total of 103 of 125 (82%) consultants and associate specialists and 99 of 117 (85%) managers responded to the

questionnaire. No diary was kept by 20 consultants and associate specialists and by 6 managers. Paper/filofax type diaries were kept by 55 consultants and associate specialists and by 83 managers. Handheld electronic diaries were kept by 26 consultants and associate specialists and by 10 managers, while 2 consultants and 1 manager used personal computers. Of those not already using handheld electronic diaries, 58 consultants and associate specialists and 69 managers expressed an interest in doing so.

**Conclusion:** The majority of senior hospital staff used standard paper diaries and a third had a paper duplicate kept by their secretary. Less than a fifth used electronic diaries. Paper diaries are inefficient as they are not available to secretaries and are often duplicated. Handheld electronic diaries offer many potential benefits and should be adopted by NHS hospitals.

### G119 CONTAINER CLASSROOMS: INTERACTIVE EDUCATION FOR THE DEVELOPING WORLD

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Work pioneered in UK and being trialled in Delhi and Assam, India

Robust interactive technology based on DVD provides an innovative means to provide basic education to areas too impoverished to support even basic educational staff. Converting shipping containers using local technology and skills provides a cheap and highly effective means of basic education. It is not necessary to be able to read to use this technology as the interactive soundtrack is in the users own language. The first two container classrooms are already in use and 200 are planned to be in service with partners in Sub-Saharan Africa and Asia over the next 5 years. The interactive programmes are the core element of the process and are still evolving. To date four pilot programmes have been especially written including modules on HIV/AIDS, clean water, when to have a baby, and early child care. Modules being developed include breastfeeding, TB, communicable diseases, and oral rehydration. A total of 100 topics in 100 languages are planned for the next 5 years. This presentation will demonstrate the enormous potential of this technology in raising levels of knowledge and in disseminating basic information as a crucial step towards mass education. Demonstration modules will be available during the conference and we would be particularly interested in comments, offers of assistance, and ideas for further DVD programmes.

### G120 THE BALANCE OF CARE APPROACH: A WHOLE SYSTEMS FRAMEWORK TO SUPPORT PAEDIATRIC GASTROENTEROLOGY COMMISSIONING

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**Introduction:** The increasing complexity of both commissioning and providing paediatric services requires close, integrated working across different professional groups and organisations, and more detailed consideration of the resource implications of plans. The "balance of care" approach directly addresses these issues and is described in an application to paediatric gastroenterology.

**Methodology:** Working locally with a range of gastro care professionals, categories of gastro patients and their planning populations were defined. For each of these patient categories, one or more care options were developed in conjunction in terms of combinations and volumes of service to be delivered to meet patient needs. The balance of care approach incorporates a computer model that enables the cost and volume implications of various allocations of patients to care options to be assessed in a workshop environment.

**Results:** The methodology proved acceptable to both care professionals and commissioners: its resource requirements are informed by both population need and a clinical perspective on services; furthermore, the flexibility of the approach means that it can work from locally available data and can handle changes in planning assumptions.

**Conclusion:** The value of this method has been demonstrated by its ability to bridge the gap between clinical and non-clinical perspectives in service and resource planning and to provide a common focus for business cases for future service development.

### G121 DEVELOPMENT OF A METHOD FOR UNDERTAKING CD BASED AUDITS OF STANDARDS OF CARE FOR CHILDREN

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**Aim:** To obtain standardised information from trusts regarding achievement of agreed standards in relation to the delivery of anaesthetics and surgery for children across the area covered by partners in paediatrics and the rest of the old West Midlands region.

**Methodology:** A self assessment questionnaire was developed and circulated to trusts on CD for completion. Once completed, a single button emailed the answers back into a database for analysis.

**Results:** 22 trusts out of a total cohort of 25 completed the questionnaire on time. The results were analysed and presented at a stakeholder conference on the future on paediatric surgery. The data collected were thought to be an accurate picture of the current situation and are to be used to inform the development of local plans for achieving the standards as required by the three strategic health authorities involved.

**Discussion:** The initial plan had been to arrange peer review visits to trusts, but this proved to be too time consuming. In comparison this method had the following advantages: ease of use (the menu based questionnaire required no training); innovative use of technology (the completed questionnaires were automatically emailed back in an easy to analyse format); cost effective (the self assessment process proved to be less labour intensive for trusts and gathering the data was significantly less costly than undertaking "peer review" visits); comprehensive (peer review teams would not have had time to visit 25 trusts); and quick feedback (within 8 weeks of sending out the CDs, the results had been analysed and presented at a user conference).

### G122 IMPROVEMENT IN THE QUALITY OF CLINICAL DECISION MAKING IN ACUTE PAEDIATRICS: IMPACT OF A WEB BASED DIFFERENTIAL DIAGNOSIS TOOL (ISABEL)

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**Background:** ISABEL ([www.isabel.org.uk](http://www.isabel.org.uk)) is an internet delivered decision support system that provides a novel differential diagnosis tool. In response to clinical features from a patient, it produces a list of 10–12 diagnoses for the clinician's consideration, by searching standard paediatric medical content.

**Aims:** To assess changes in clinicians' decision making quality after their consultation with ISABEL, for real patients in district general hospitals.

**Materials and Methods:** Junior doctors in four district general hospitals in the south east of England used ISABEL on all cases for which diagnostic assistance was felt necessary in a 6 month period. On a trial website, their clinical decisions (differential diagnosis, investigations, and management plan, before and after consultation with ISABEL) were recorded. Four general consultants independently reviewed the

medical records of all patients and provided standard clinically important decisions against which the subjects' decisions were measured using a validated scoring system.

**Results:** ISABEL was used in 120 cases; 104 casenotes were available for panel review. Participating hospitals had, on average, one computer available per 10 doctors. ISABEL reminded the junior doctors of a clinically important diagnosis in one out of every seven cases, and prompted such an investigation in one out of 15 cases. No adverse investigations or management steps were prompted in any patient due to the use of the ISABEL system. This beneficial impact was delivered in less than 1 min of usage time.

**Conclusions:** ISABEL reminded junior doctors of a clinically important diagnosis in 1/7, and significant tests in 1/15 cases, in the real life environment, despite extensive barriers attributable to computer infrastructure. These results point to a significant improvement in clinical decision making in acute paediatrics with more widespread usage of the ISABEL system.

### G123 A EUROPEAN PAEDIATRIC CLINICAL TRIALS REGISTER

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**Introduction:** Currently national and international registers can be difficult to search for childhood data and none of them focuses on paediatric trials. Randomised controlled trials are viewed as the most reliable source for assessing a drug treatment. Registration prevents publication bias, duplication, and underreporting.

**Aim:** The creation of an online registry designed to collate essential data from all on going and planned paediatric therapeutic clinical trials. This will include data from all European member states. It should help recruitment, aid agencies in deciding on allocation of funds, and allow research into research. It will be a tool for promoting and co-ordinating paediatric drug research and for identifying children's therapeutic needs.

**Methods:** Funding has been granted from the European Community, through its Fifth Framework Programme, in December 2002. A 3 year feasibility project will take place with four partners: UK, France, Italy, and Spain. It will be prospectively updated every 6 months. Data collection sources will be ethics committees, national health agencies, universities, national and international societies, charitable organisations, pharmaceutical companies, and current registers such as the National Research Register.

**Results:** A data form has been agreed between the founding groups to include the core dataset established by current databases. Website development has taken place ([www.dec-net.org](http://www.dec-net.org)). This includes links to useful articles, legislation, and resources for clinical trials in children. The backing of the RCPCH and NPPG has been given for the project.

**Conclusions:** Registering trials would satisfy the rights of children, parents, and health care professionals to have access to all available evidence. Entries to the register will begin in February 2004. At the end of the first year of registration a qualitative analysis of trial data will be performed.