The first meeting of the Health Informatics Forum took place on Tuesday 11 January 2005 at BCS London Office - Southampton Street.

Present:

Mike Andersson  HI London and South East SG  
Helen Betts  BCS HIF EFMI Representative  
MJC Brown  HI London and South East SG  
John Bryant  BCS HIC - Chair HC Exec  
Paul Budgen  EFMI Working Group  
Keith Clough  TeHIP Group  
Giles Croft  Royal College of Physicians  
Ewan Davis  BCS HIC - Primary Health Care SG Chair  
Simon De Lusignan  EMFI Primary Care Working Group  
John Fox  Cancer Research UK and UCL  
Humphrey Gyde  Society of Internet Medicine (SIM)  
Andrew Haw  Chair of ASSIST  
Glyn Hayes  BCS HIC - Chair  
Ian Herbert  BCS HIC - Vice Chair  
Stephen Kay  BCS HIC - Chair HC SPC & Standards Rep  
Gerard Lachicoree  HI London and South East SG  
Christine Mayes  BCS HQ - Health Informatics Co-ordinator  
Alan Montgomery  HI London and South East SG  
Peter Murray  BCS HIC - IMIA Rep and Chair HI Nursing SG  
John Newell  BCS HIC - Webmaster  
David Preston  ASSIST  
Jean Roberts  BCS HIC - Policy Task Force Lead  
Mike Rodd  BCS HQ - Director Knowledge Services  
Helen Sampson  BCS HIC - HI Nursing SG  
Thomas Sharpe  BCS HIC - Chair HI Northern SG  
Adrian Skinner  British Psychological Society  
Sheila Teasdale  IMIA Primary Care WG  
Jas Weir  HI London and South East SG  
Debbie White  HI London and South East SG  
Barrie Winnard  BCS HIC - Chair HI London and South East SG  
Graham Wright  BCS HIC - Treasurer

LUNCHTIME PRESENTATION BY JOHN FOX

John Fox is Head of Advanced Computation Laboratory, Cancer Research UK and Professor of Cognitive Systems, University College London. His talk, ‘Improving decision-making and workflow in patient care: a review of PROforma technology and its current evidence base’ is available from www.openclinical.org/gmm_proforma.html#presentations

Summary

Cancer Research UK has been developing the PROforma language for modelling clinical processes and associated decision support and workflow technologies for about ten years. During this period the foundations of the language have been formally established, clinical applications and development tools have become increasingly flexible, and a range of applications have been built and clinically tested. Applications to date range from supporting prescribing and referral decisions in general practice to management of cancer and HIV+ patients. This talk summarised the concepts underlying PROforma and reviewed seven empirical trials which have provided quantitative data. These results strongly suggest that appropriate technologies can yield major benefits in consistency, quality and safety of patient care, together with improved resource management and good clinical acceptability.

Issues discussed:

Question: If decision support software is so effective, why isn’t it fully adopted yet?
John Fox: Lots of reasons, I could probably list ten, but reluctance to use new systems is always hard to overcome.

Q: If something goes wrong, have you tested who to sue?
JF: Ethics, liability and safety promote professional standards, agencies all over the world are concerned about safety. You cannot offer absolute safety but we do have a duty of care. So, your best defence is that you followed best practice – so you cannot be negligent.

Comment: In one American court case someone was sued as negligent because they did not use decision support software.

Health Informatics Forum
The BCS Health Informatics Committee became the BCS Health Informatics Forum with effect from 1 January 2005. As a Forum BCISHIF is much broader, better resourced and has a higher profile both within the BCS and externally. It has a large number of liaison bodies, many of whom are represented today.

The Forum was formed to cover all aspects of informatics in support of health, a sector of particular relevance and importance to the BCS. It will provide leadership in this sector, acting as a source of professionally recognised expertise, underpinning the outward-facing role of the BCS, ensuring that contributors to health informatics are recognised and respected. Professionalism is at the top of BCISHIF’s agenda.

Paul Budgen: Systemic Management
Paul Budgen (EFMI working group) gave a presentation on Systemic Management - Applying appropriate risk and systems management in a health care environment – his presentation can be found at http://www.bcshic.org/talks/Budgen.htm

He commented that good practice is what a progressive society is all about, and then asked how much this applies to the NHS at present.

One of the problems with NPfIT is that sometimes it’s difficult to stand back and look at the whole process. Planning is vital to prevent future creep, where ideas are added along the way.

Keith Clough: The EHealth Innovations Professional Group (TeHIP)
Keith gave a presentation on the work of the TeHIP group. The group’s aim is to improve health and healthcare by encouraging the successful introduction or appropriate e-health, telemedicine and telecare applications. Keith’s presentation can be found at www.bcshic.org/talks/TeHIPgroup.htm

Health Informatics covers everything related to information, how it is managed, collected, used and how you get it to the clinical front end and other activities.

Ehealth is how you do medicine, clinical use of the tools and information produced by Health Informatics. It’s why we are the BCSHIF, we’re not all techies but, we use the tools. The RSM use the term ehealth quite widely.

Telemedicine is the communication of images or data between remote sites.

Keith felt that definitions can be destructive. For some years he had been a NHS computer manager and had difficulty getting clinicians to talk to him. When he wore his telemedicine and ehealth hat he found it much easier to get people to talk to him. However ehealth doesn’t sit well with IT people. So to some extent it’s wearing the hat that the other person feels happiest with. Ehealth is a recent term, perhaps ecare would be better.

Assistive Technology
Keith is keen to explore the possibility of an Assistive Technology group forming. Assistive Technology is mainly about non-medical devices and would include the homecare and telecare devices which do not need a clinician to operate. Some of these might take measurements which only a clinician could interpret, eg sensors, monitors, health related web-sites. This group could help us take the health issues into the social services environment. It wouldn’t be about developing the technology, more discussing how it can be used. Keith will work with Andrew Haw to progress this. Those interested should contact Keith (krc@imf.co.uk)

Good work is already being done in Northern Ireland where textile manufacturers are weaving monitors into shirts which detect illnesses, eg diabetes. This is an excellent area for a group to work in.
**Professionalism and UKCHIP**
The UK Council for Health Informatics Professionals (UKCHIP) was formed in 2002 to promote professionalism in Health Informatics (HI). It operates a voluntary register of HI professionals who agree to work to clearly defined standards. Set up by the BCS, ASSIST and the NHSIA; it went live in March 2004. Registration is online and 2000 have registered so far. It’s taking a long time for the management of HI in the NHS to see its value. Many NHS managers do not have an HI education. However, NPfIT does include registration of UKCHIP in its job adverts. Some appraisals are recognising ongoing membership as CPD. The GMC also sees the value of membership.

UKCHIP has a set of standards and these need continual revision as well as mapping with the Agenda for Change and educations standards. Many of those in HI came in half way through their careers and it’s important to prevent a void opening up behind them. The BCSHIF has produced a leaflet about Health Informatics for schools and colleges (available from Jean Roberts. jean@hcjean.demon.co.uk)

**Agenda for Change**
The Agenda for Change (AFC) means jobs have been (re)evaluated. A problem with this was that qualifications alone were deemed as more important than experience, so someone could not be operating at a certain level without qualifications, even if, in fact, they were.

In the past the BCS had operated in this way, all sorts of qualifications were needed before you could become an MBCS, it was very computer science based. However, that has all changed and entry is no longer dependant on only qualifications. A large proportion of ASSIST members would qualify for BCS membership, gaining post nominals, and this might help the problem.

One concern was that if the HI profession challenges and wins, then the whole AFC programme would have to be re-examined.

This process (job evaluation) often causes problems, with staff being put on the wrong grades and HR often having to spend a great deal of time correcting this. Criteria are often very academic, especially in universities, and this is not always appropriate, especially with administrative and managerial staff.

There was a feeling that the AFC was a process focussed HR exercise, divorced from reality and a repeat of regrading which took place eight years previously and which still has unresolved issues. One of the problems is that junior staff had been drafted onto the AFC panels as senior staff were not available, and they were judging jobs which they could not understand and paying salaries far in excess of their own.

**HC2005 – Harrogate 21 – 23 March**
NPfIT are committed and supporting HC2005. Richard Granger is speaking as is UK Government CIO and Head of e-Government Unit, Ian Watmore. Regarding input HC2005 was oversubscribed. For more information and to register visit www.bcshic.org

**Education**
Following on from the success of Radical Steps on NPfIT and Open Source, the next event will be on Education. Taking place in Otley in March, a brief report from the event will be available at HC2005. More information can be found at www.chirad.org/educationsteps or contact Dr Peter Murray (peter.j.murray@btinternet.com)

**EFMI**
MIE2005 – The XIX International Congress of the European Federation for Medical Informatics takes place in Geneva between 28 August and 1 September. It has a biogenetic theme. More information available from Helen Betts (Helen.Betts@winchester.ac.uk)

**IMIA**
The next Medinfo takes place in Brisbane on 2007. However, there is a lot more to IMIA that just Medinfo, a lot of its works is done through working groups. Visit http://www.chirad.org/Guppy/index.php or contact Dr Peter Murray (imia.ukrep@bcs.org.uk) if you are in a BCS group or Liaison Group, you can apply for financial support to attend this event. Forms can be obtained from Chris Mayes (cmayes@hq.bcs.org.uk) CDroms from the London Medinfo are available from Jean Roberts.

**National Audit Office**
BCSHIF has now made a submission to the NAO. This was a major work which came up with a series of recommendations regarding NPfIT. The NAO are hoping to present their report in the summer, possibly published in July, or if after Parliament’s recess in October. Many thanks to all those who contributed to this submission.
**Future meetings**

BCSHIF is keen to promote communications between HI organisations. If you would like to speak at a future BCSHIF meeting please contact Chris Mayes (cmayes@hq.bcs.org.uk)

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<td>First Floor, The Davidson Building,</td>
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<td>26 July 05</td>
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