

Sir,

As far as the changes to the helpdesk are concerned (*Changes to the helpdesk, Sept 2000*), for me the old system of hanging on was so much better than not knowing if or when you would be rung back and then (usually) not being able to answer the call-back anyway, as you have a patient with you!

I also think that there should be some sort of priority number or priority service that those of us who know what we are talking about can use. It seems very unfair that practices like ours that make one call every few months to the support centre, should be treated the same as those practices who make one or more calls every day—especially as our support charge is at the same rate as those higher users of the system.

Could Torex perhaps look at a priority service either for those practices where doctors run the IT set-up (and don't have the luxury of an IT manager!) or for practices who can demonstrate that they have reached a certain level of competence in self-managing their systems.

A priority option for low-frequency users would encourage more practices to make use of training courses or local user groups where information/training could be disseminated and this would then be rewarded by faster access to the support centre staff, when it was really needed.

Alternatively how about different bands of service charges depending on how much you use the support desk i.e. those people who use it most pay the most? Or a 'no-call' or 'low-call' bonus leading to reduced support charges?

John Lowes

David Davies, Customer Support Manager, Torex, writes:- On the subject of user competence we have on many occasions in the past, with the support of the user group, clearly indicated the

**Letters for publication
should be sent to the editor,
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importance of training. However, it has always been a heated debate amongst the user base as to whether poorly-trained users should receive the same level of help as well-trained users. The support centres are NOT a substitute for training, and calls regarded as 'training calls' are given a lower priority. However, if a practice has new staff and fails to train them, or takes a new system and only buys the minimum training (despite the best efforts of our sales staff) then we can only persuade, not use force. I firmly believe that this is where the user group, both locally and nationally, has a serious role to play in recognising practices who don't train staff, and apply peer pressure to encourage them to do so—this is a serious problem.

Sir,

Having read the latest edition of Torus, I am writing to support System 6000 against the sad criticisms that appeared in the letters column (*Sept. 2000*).

I don't know what these people are grouching about. I started with System 5, and when we upgraded, my staff had Windows experience, but no-one had any difficulty in picking up System 6000, and within a week we had the system sorted.

It just needs training, which my practice manager gives to each new member of staff. Even non-computer-literate people soon pick it up

Of course there are bugs and glitches, but has anyone got a copy of Windows that doesn't have similar problems? We just work with them, don't we?

With System 6000 we are at the front end of General Practice computing. It's

all developing so fast that things are likely to get worse, not better, whatever system you use, so if people want to jump out of the frying pan into the fire, then be my guest.

Of course, no-one wants systems that don't work properly, but if you want progress, then you have to accept that in a complicated program there isn't time to iron out every problem at once.

However, what really disturbed me was the one-liner from Torex implying that we are going to lose the superb System 6000 layout when System 6000 merges with Premiere. Torex needs to remember that System 6000 people chose System 6000 because of the layout and functionality. I sincerely hope that the various views will not be lost, because the problem orientated approach is a vital tool which enables the user to find the relevant note speedily. It also helps staff to place administrative items in the correct place. Viewing X-ray and lab results is easy too.

Any loss of such major functionality would be a much greater stimulus to join Roy Sharma than a few minor problems with X's, tabs and returns!
Jeremy Jackman

Dr Glyn Hayes (Medical Director, Torex Health) replies:- I can reassure all System 6000 users that they are not going to lose anything. The 'views' of information and the layout of System 6000 are the most advanced way known of handling complex medical data and I will ensure that they remain in the merged version.

I will also be ensuring that the Premiere forms-based entry is also maintained. Users of both System 6000 and Premiere can rest assured that they are not going to lose the way their system looks and feels. In practice, most of the merging will actually take place 'under the bonnet'.