

Torex acquires AremisSoft Health

Torex have made the following announcement: 'On 4th September 2000, Torex plc acquired the assets and liabilities of AremisSoft Health Division (previously LK Global). This means that the users of GCS, GRSA for DOS, GRSA for Windows and Genisyst 4 NT Systems have had their support contracts transferred to Torex Health.'

'The business of AremisSoft in this area had become financially unviable over recent years and was deteriorating. This was not in the users or the NHS's best interest as their products were in danger of falling behind, with support and services becoming unsustainable.'

'Torex have given a commitment to existing AremisSoft users to assist them migrate over a period of time to Torex System 6000 or Premiere.'

'It is expected that this process will take at least twelve months to achieve. Torex is therefore happy to continue to support these products during this period and will offer every customer whose support contract expires in 2000 a twelve-month extension to enable them to have sufficient time to make a decision on which product they consider best for their needs. In addition, for those whose contract expires in 2001, Torex will offer a six-month extension of their support contract for the same reasons. On a best-efforts basis and subject to a commitment to change systems, Torex will continue to support the AremisSoft products through into 2002.'

AramisSoft discussion list

The Torex User Group extends a warm welcome to all AramisSoft users. TUG is for everyone who has a Torex medical system, and we hope that AramisSoft users will both get a lot from being members of TUG and contribute much, too. Details of TUG membership will be found on the flier enclosed with this copy of Torus.

TUG has already created a separate discussion group on the listserver for AramisSoft users, which can be found at aramisdiscuss@listbot.com. To join the list, go to the TUG web site www.tug.uk.com select 'Join discussion lists' and answer the questions put to you. AramisSoft users are also encouraged to join the TUG general discussion list.

For further details about joining and using the TUG discussion lists, please refer to the previous edition of *Torus*—see below.

Discussion lists—closed or open?

The type of discussion list was hotly debated at the last TUG committee meeting, not the least because the Premiere list remains open (i.e. anyone can join, even if not a user of Torex products) while the remainder of the TUG lists have traditionally been closed, with membership automatically granted to any user of Torex medical software, plus any others whom the

webmaster agrees has sufficient reason to be a member of the list.

There are arguments on both sides. Those on the Premiere list have said they wish it to remain open, feeling that the world might as well know any intrigue, subterfuge, plans or failings connected with the software and the parent company. On the other hand, a closed list allows people to be much more frank, and it is doubtful if the current prominent and active presence of Torex personnel on the closed TUG lists would continue were they to become open.

Those using the lists do value highly the immediate help and advice that is achieved by having a Torex presence, and the possibility that this might have to change if the lists became open constrained the committee to keep things as they are for each list.

Therefore, the Premiere discussion list will remain open; and the rest of the lists will remain closed. Particularly in the case of the closed lists, the webmaster wishes to remind users that netiquette requires list members to treat information acquired from the list as confidential: this applies particularly to opinions, which should not be quoted outside the list without the author's permission.

Torus back numbers.

To view previous copies of *Torus* as well as its predecessor, 'AMUG News', go to the TUG web site, look for 'TUG services' and select 'Torus—the TUG journal—newsletters' which is found under it.

Torex Christmas donation

Torus has been asked to convey the following message from Torex: 'Torex wish all their customers and colleagues a very Happy Christmas and successful New Year. Torex will not be sending Christmas Cards this year but instead will be making a donation to charity. The gift will be to the Torex Foundation, a charity established by the Chairman, Chris Moore. Its first beneficiary is to be a project called Care.Net which Oxfordshire health-care professionals and others are establishing to provide a co-ordinated service for children within the Oxfordshire area who have life limiting illnesses, and for their families.'

System 6000

v3.0

System 6000 v3.0 has been approved for general release. It will be rolled out to the entire user base over the next couple of months. Details of the contents of this release were published in the previous issue of *Torus* and a detailed review 'New features of v3.0 for power users' will appear in the next edition of *Torus*.

v3.1

System 6000 v3.1 started pilot-testing last month. This release focuses mainly on functionality around the printing of dispensing labels. It includes changes to the Drug File Editor to select the default pack size for each medication, and uses that information to calculate the correct number of labels for dispensing patients.

Torex Palmtop for System 6000

Torex Palmtop for System 6000 has been in pilot-testing since November 2000. This release focuses on delivering the existing Torex Palmtop product, initially developed for Premiere users, to System 6000 users. It allows users to download the entire patient database onto the palmtop to take along on home visits, provides access to basic functionality such as recording notes and medications, and enables users to upload the added data back onto System 6000 at the practice.

System 6000 PRODIGY Phase 3

System 6000 PRODIGY Phase 3 will start pilot-testing this month. PRODIGY Phase 3 is a research project focusing on prescribing decision support for chronic diseases, and follows on from PRODIGY Release One which was included within RFA99. The research project is being led by the Sowerby Centre for Health Informatics at Newcastle University (SCHIN) and will be piloted by a number of practices in north-east England.

Torex Windows Appointments for System 6000

Torex Windows Appointments for System 6000 is currently in development and is expected to start pilot-testing in early 2001. This release will focus on delivering the existing Torex Windows Appointments system, initially developed for Premiere users, to System 6000 users.

This is part of Torex Health's ongoing commitment to develop common functionality for both systems. This began by using the pathology links module from System 6000 for Premiere; now the Torex Palmtop, initially developed for Premiere, is being used for System 6000.

Premiere

v2.0

Premiere v2.0 has been undergoing pilot testing since mid September 2000. General release is expected to commence in early November 2000. Major changes to Premiere v2.0 include additional functionality required to comply with RFA99. The enhanced areas include links, reporting, pathology links (which was initially developed for System 6000), patient information (which now complies with the National Data Standards), organisational data, and privacy and security measures. This release also incorporates a number of bug fixes.

v2.0 Service Pack 1

Premiere v2.0 Service Pack 1 is expected to commence pilot testing in early November 2000. Major changes include improved dispensing functionality, especially around label printing; alteration of printer redirection to be workstation-specific as opposed to user-specific; and an electronic drug ordering system.

v2.0 Service Pack 2

Premiere v2.0 Service Pack 2 will commence pilot testing in early December 2000. Major changes include the introduction of PRODIGY and MIQUEST.

Torex Palmtop for Premiere

Torex Palmtop for Premiere has been

approved for general release. It allows the user to download the entire patient database onto the palmtop to take along on home visits, provides access to basic functionality such as recording notes and medications, and enables uploading the added data back onto Premiere at the practice.

System 5

ANTHEM

ANTHEM, a new Windows terminal emulator for System 5, is being pilot-tested, and should be on general release by the time you read this. ANTHEM can run on networked workstations, replacing Termlite with a feature-rich product that will start users on the path to full Windows functionality.

ANTHEM for System 5: first impressions—Jon Rogers

It was just three short summer months between showing a prototype of ANTHEM to the System 5 Product Panel meeting in June 2000 and installing the real thing in my practice in September 2000. The idea was simple: provide users of System 5 with a new Windows' terminal emulator that would replace Termlite, add some often-requested features and make it act as a stepping stone towards the full Windows' functionality of System 6000 and Premiere.

Installation was three weeks ago now, so what are my impressions?

First, the installation process was quite lengthy. The product is based on the J River ICE TCP Pro software, and you need to install their software first, and then install ANTHEM (A New Torex Health EMulator—geddit?!).¹ It took maybe forty minutes to install: first the central administration software, and then the user software on a couple of workstations. Most of the time was spent watching files loading off the CD or waiting for Windows to shutdown and reboot. The instructions were clear, with lots of pictures, but an engineer install can be arranged, and is required if you can't see the R: drive over the network from the workstations.

Once up and running, the contrast with Termlite was quite dramatic. The screen could be resized to fill all or part of the screen, the standard System 5 colours and fonts could be changed, and I could use the mouse to click on many of the menu options and picking lists! This was most useful for repeat prescriptions, as I could click **F6 ISSUE**, then click anywhere on the line and the item would be starred. No need to tap the line number! Then I would click **F6 PRINT NOW**.

ANTHEM offers options to open further System 5 screens, record Macros (see the article on Page 12) and set the configuration options. There are also 200 user definable buttons! They exist on ten 'tabs'² each with space for twenty buttons. These buttons can run macros, windows programs or link direct to web pages. They are user-specific, although the macros, programs and web sites can be shared across the practice.

I immediately added three macros, to:

- add a flu vaccine and batch number
- add flu vaccination, pneumococcal vaccination and batch numbers
- make the IOS claim for Other B vaccine.

No more F4 ADD, .65E. <Return> A12345 etc. Just find the patient and click the button!

The IOS claim macro took a little while to get right, as it needed to jump from System 5 to the IOS claim program. However, once it was running, Hilary, our computer clerk, used it to make two hundred and fifty flu IOS claims in seventy-five minutes!

Another feature is that the last twenty patients are also only two mouse clicks away, because a list is stored in the top left hand corner.

The real attraction, though, is being able to get rid of Lyrinx for word processing referrals and patient letters! **F6 WDPRO** now brings up extra menu choices for 'Windows referral letter' and 'Windows letter to patient'. Clicking on Hospital, Department and Consultant you are taken not to Lyrinx, but to your chosen Windows' Word processor, Word or WordPad. The letter is stored against the patient record as an .RTF document.

Other neat features include the RFA99 style security screen saver; the ability to add web pages and e-mail addresses to patients' notes; and user editable Read codes and drug formulary ('what antibiotics does our PCG recommend?'); clickable FrontDesk; links with PCTI DocMan product; Print Screen function; full Windows cut and paste of text; and the ability to link scanned documents.

Finally, the eBNF can be clicked into life from the user definable buttons, and if you have a drug selected (i.e. below the line in System 5 medication page) the eBNF will open at that page! It makes it so quick to double-check things in the surgery—a real boon.

So you can tell I'm impressed! By the time you read this, many of you will have seen ANTHEM at the User Group conference, but for more details look on the web site www.torexhealth.co.uk or ring Sales on 0114 209 2661

v5.7.1

System 5 v5.7.1 has been approved for general release. It will be rolled out to the entire user base over the next couple of months. Details of the contents of this release were published in the previous issue of Torus.

v5.7.2

System 5 v5.7.2 is in development, and that includes improved an interface with Windows products together with a number of bug fixes and user change requests. For example, there is an **F6 SHOW ISSUES** option to display all issues of a drug from within the notes, ANA changes to include tests within batteries, a feature to give an alert if a drug is being issued early, the ability to change the reason for discontinuation, corrections to synonym handling (corrects the 'BCC' problem of duplicated entries), the ability to run a generic switch from proprietary to generic, and an option to switch off the right hand side of the script for an individual prescription.

Others

SCRATCHPAD (Surgery Controlled Remote Access To Computerised Health Patient Data) has been pilot-testing since mid-October. SCRATCHPAD is a web-based system designed to give access to patient information (on the GP system) to authorised remote users at locations such as out-of-hours clinics, walk-in centres, etc. The initial pilot testing is being done at Walsall HA through its out-of-hours centre WalDOC (Walsall Doctors On Call), and is part of Walsall HA's ERDIP (Electronic Record Development and Implementation Programme) project.

Clinical Decision Support System (CDSS)

CDSS is an embedded, clinical decision support system, developed by Merck Sharp & Dohme, which can be plugged into System 6000 (5-byte Read code). CDSS then:

- Scans each patient record as it is called up, alerting the clinician to undetected or poorly controlled disease in certain selected areas.
- Offers standardised, speedy, data-entry screens (ultimately recording in Read code format), with supporting clinical rationales and interpretations
- Offers National or local guidelines integrated within the patient record.
- Audits patient data to demonstrate improvement at the practice level
- Supports the management of patients with chronic disease

Clinical Content

CDSS currently operates on seven chronic disease areas:

- Hypertension
- Heart Failure
- Ischaemic Heart Disease
- Diabetes
- Osteoporosis
- Osteoarthritis
- Asthma³

In developing the software MSD has worked with external expert panels to ensure that the software's clinical content reflects current best practice. The clinical content is to be completely reviewed and re-approved every twelve months, and MSD also have processes in place to make immediate adjustments if necessary.

The software will be available free of charge. Updates will be distributed to surgeries by diskette or remotely through the CDSS web site.

The development of CDSS and its integration with System 6000 has now been completed and it will be made available to a selection of practices at the beginning of 2001 to assess its impact on patient care.

MSD believes that better information can improve the quality of patient care within the NHS and that operating in this improved environment with the NHS will benefit organisations as well

¹ And I thought it was called ANTHEM because of the bells and whistles—Ed.

² A tab is the small, visible, labelled part of each sheet of buttons. Clicking on the tab will show its sheet of twenty buttons.

³ Asthma clinical content developed by AstraZeneca

as patients and clinicians.

For further information, browse the CDSS web site on www.cpcweb.co.uk

Electronic Audit Service

The Electronic Audit Service (EAS) has also been developed by MSD, this time for use with System 5. EAS is an audit software tool used to perform clinical audits in eleven chronic disease areas.

The primary objective of EAS is to encourage evidence-based prescribing and improve the quality of patient care. It also aims to support the audit requirements of the CHD NSF. As with CDSS, the clinical information provided in the software has been compiled by MSD and approved by an independent advisory board.

The output of this audit and review process are audit reports, and patient level prompts within System 5. These allow the user the option to pursue specific subjects by returning brief text messages back to the patient record, which recommend a course of action derived from the clinical rules being applied to each patient's data. This prompt automatically appears to the GP during a consultation, within the patient record. The clinician is always responsible for the exercise of ultimate judgement and control in all of the decision-making process.

EAS will be available to a limited number of practices from the beginning of 2001. For further information contact: Barnaby Poulton at MSD (01992 452483)

NHSnet

It was revealed at HCS2000, to some considerable consternation, that although encryption has been agreed for pathology messaging on NHSnet, there is currently no agreement on e-mail encryption, *nor does the Information Authority have any date planned within the next two years for its rollout.*

The Information Policy Unit came under fire for this (among other things), with the editor of *Torus* bitterly describing NHSnet as 'the Millennium Dome of the NHS', a comment which subsequently made the front page of *Computer Weekly*.

Free encryption released

Barry James, chairman of the 'New NHS Intranet & Internet Conference' (www.nniic.co.uk) announced the release of ZeroClick-encryption for GPs at the conference last October.

Since it became clear that NHSnet is not secure enough to carry unprotected patient information, and with the current absence of government-organised e-mail encryption, there has been a rising demand for usable encryption software which the NHS can employ in order to exploit communication across NHSnet and the Internet. PGP (Pretty Good Privacy) strong encryption software has been widely available for some years but until recently its use has been mired by US export restrictions and some copyright issues. While these have now been effectively resolved the factor that will make the new software useful to GPs and the NHS is the novel 'No-Click' facility.

'Until now, users of encryption software have had to have some under-

standing of encryption technology and a willingness to take some pains to overcome the extra steps involved in sending and receiving an encrypted message,' Barry James told *Torus*. 'We have designed the 'Zero-Click' framework to be not just user-friendly but virtually user-invisible once installed... This is why we have developed the new 'Zero-Click' approach, which exploits Internet standards to work with all Internet e-mail software.'

This will enable safe communication for a range of applications including e-mails and transfer of patient information between branch surgeries, referrals, discharges, etc.

The software has been designed to work co-operatively with all Internet compliant software (using SMTP and POP3!). If in any doubt about its compatibility with your system, contact the relevant Torex helpdesk and/or the Zero-Click people direct. Zero-Click will in any case be offering support to Torex and by the time you read this, are hoping to have a standard setup option for your system.

The Zero-Click software will be distributed on the eMIMS CD at the end of the year and is available to GPs, PCGs and projects—together with companion software for Hospital Trusts and other information providers.

The software is free to the first 10,000 GP applicants, for use on NHSnet and the Internet. More details are available at www.nhspeople.net/encryption or contact barry.james@wmm-uk.net

Editor's note: Before you can think about sending encrypted messages, first you have to be able to send ordinary ones, and for that you need to be connected either to NHSnet or the Internet. If you have an NHSnet connection then obviously you'll be using this for sending e-mail.

However... if you're still waiting to be connected to NHSnet and in the meantime are thinking of trying electronic communication via the Internet there are certain precautions that you need to take. First you have to get an Internet connection. **Don't even think about installing a modem yourself without first approaching Torex for advice,** because certain methods of setting up a modem can wreck the setup of your workstation and make it impossible to connect to the medical database. There *are* ways of doing it, but it isn't the same as installing a modem on your home computer. *You have been warned!*

There are also security aspects as well, quite separate from encryption, concerning leaving a modem on and unused, which leaves your system open to hackers. This problem doesn't arise once you have a full ConnX installation as both ConnX and NHSnet have firewalls in order to keep hackers out.

Therefore, if you are thinking of setting up your own Internet connection while waiting for an NHSnet connection, *get advice from Torex*. It is quite possible to do these things, but for safety's sake you need to know precisely what to do and how and when to do it.

Regulations on Paperless Practices

Although the regulations have now been changed to allow GPs to be

paperless from October 2000, there has been a sting in the tail—strictly speaking, after March 2001, only doctors using RFA99 accredited systems are supposed to be paperless. System 6000 and Premiere users meet this criterion, but System 5, and other Torex systems which are only RFA4 accredited, don't.

TUG chairman, Ken Walton, has written to the NHS Executive alerting them to the situation. 'This regulation requires all practices that are at present maintaining solely electronic patient records to move to an RFA99 system over the next five months... Many enthusiastic and proficient System 5 practices will be unable to meet this requirement

'System 5 is a well established programme used by over 800 practices, many of which have been using the system since the 1980s. Many of these practices have moved significantly towards being 'paperless' and are able to meet the requirements set out in 'Good Practice Guidelines for General Practice Electronic Patient records'.

'Torex are no longer actively selling System 5 and the company is still deciding whether it is commercially viable to amend it to get full RFA99 accreditation. It already meets the major functionality requirements such as MIQUEST and PRODIGY and Pathology links, but there are significant problems with details such as field lengths that would prevent it getting full accreditation. Otherwise it is ideally designed to deliver the standards set out in 'Good Practice Guidelines'—perhaps better than some RFA99 systems.

'I think it is unnecessary to require these practices to move to an RFA99 system over the next five months since they are already providing a well-structured GP Electronic Patient Record. A large number of System 5 users are happy with the product and would prefer to stay with it until there is a clearer upgrade path to a full Electronic Health Record-compliant system in the future.

'There would also be major problems associated with funding such a rapid move. Most HA and PCG IT budgets are already committed for the present year and could not afford the mass purchase of RFA99 systems which this would require.

'Overall I feel the requirement to move all practices keeping a GP Electronic Patient Record to RFA99 by March 2001 is neither necessary nor affordable.'

A reply is awaited, and *Torus* will keep you informed.

¹ Standard types of e-mail formats

Premiere

Use **Ctrl-Enter** to open up a selected field, for example:-

- to edit a highlighted free-text entry.
- highlighted observations that have been selected by using the cursor keys
- to open encounters in the medical log and problem list.