4. Assessment of Existing Practice

4.1 Consultation with ICGP Faculty members

The project was presented to local ICGP faculty meetings in Letterkenny and Sligo in early 2004 in order to assess GPs' views on current and future practice.

The following comments were made:

- Risk for project to focus on data collection rather than on clinical practice
- Need to incorporate financial claim for MIS scheme payment into data return process
- MIS should be renegotiated
- Avoid double entry paper/electronic records/MIS card/parent held PHR/ parents' baby books
- Project should focus on computerised practices in manageable geographical area
- Concerns about anachronistic 4 week baby check in Sligo General Hospital
- High uptake of MIS in HSE West (Donegal, Sligo, Leitrim & West Cavan)
- Suspected hidden agenda of moving child health screening and surveillance from beleaguered AMO services into general practice
- High cost of IT development if rolled out nationally
- Concerns about IT aspects in light of "HeartWatch" project experience

4.2 Consultation with Donegal Practice Nurse Association (PNA)

In early 2004 the project was presented at the Donegal branch of the PNA.

The following points were raised:

- Lack of clarity between roles of Public Health Nurse, Practice Nurse and GP in the 6 week baby check
- Importance of Public Health Nurse involvement in child health surveillance and screening
- Computerised growth centile charts should be available for inclusion in data collection software.
- Inclusion of apgar score at birth in data set as an indicator of risk

4.3 Consultation with service users

Qualitative interviews with 10 mothers, whose babies had recently attended the 6 week baby check in three HSE West (Donegal, Sligo, Leitrim & West Cavan) primary care practices, were conducted in March 2004 by Ms. Jean Kilroe, Knowledge Officer, PAC (see interview schedule and practice profiles in **Appendix I**, full report available on request). Interviews were audio-recorded, transcribed and analysed using content analysis. The objectives were:

- To explore mothers' experience of the 6 week baby check
- To identify their suggestions for improvement
- To inform service providers of the findings

Overall, the 6 to 8 week baby check was described by mothers as a very positive experience.

Experience of the check up

"Very ordinary, comfortable, it's nice to get the baby checked to clear up any worries that you might have. To hear somebody else telling you that she's doing well."

"Well I was more relaxed, more comfortable and I knew the nurses and all, as I was coming in and out during the pregnancy, so I felt relaxed with them. I knew them all on first name terms."

Pre-check information

"I had never been told, nobody discussed it to say what should or shouldn't happen at it. To a certain extent, I would feel even now, I'm not really sure what should have taken place."

Content of baby check

Experiences of the check up varied from one mother's account to another as did the level of detail of the examination and events reported.

"Basically the way I see it, it's just a way of getting the baby weighed to see how he's doing over the first couple of weeks. Any queries that you might have are cleared up, basically an introduction to the GP for the baby."

Baby's development in partnership

If mothers are to be viewed as partners and experts on their children's health it is important that their views are considered. Most of the mothers responded that they were asked if they thought their baby was developing well.

"Well I would check my child for hearing... put on the radio just all of a sudden to see if they'd react and jump up. Vision, walk around the room to see if their eyes follow you. Putting my index finger into the palm of their hand to see if they'd grasp it or not. So they're fine, that's their motor skills."

Asking questions

"Well, if it's something pretty serious like, I would ask the nurse or the doctor but if it's just some small thing, I would just ask mummy first for her opinion. There is seven of us, so she must know something."

"No problem asking questions, because I think you are in there and you do the best for your child, so you don't mind asking."

Communication

Mothers were very happy with the level of communication at the check:

"Doctor was well able to listen, and I felt free to talk to her so I felt the communication was good."

"The doctor and the nurse were more than helpful, you know I thought they were very good."

Time taken to complete the check

> *"…there for a good half an hour, which I thought was great as it meant that everything was, they (the practitioners) took their time, did everything, checked her, they made you feel important sort of thing."*
>
> *"Oh, yeah, they take their time, they don't seem to be oh, looking at their watch and that, they take their time to complete it and they're very careful."*

Whether a mother spent seven or 30 minutes at the check did not appear to affect their perception of the quality of the service.

Advantages of the check

The most frequently mentioned advantages were having the baby checked, having questions answered and the reassurance that the check up provides:

> *"You see how your baby is developing, and how you are yourself after the birth and that."*
>
> *"It's nice to know how they are getting along. It makes you feel a lot better afterwards, I was very pleased with it."*
>
> *"Oh it's more reassurance, especially as a first time mother."*
>
> *"For a first time mother everything is so scary and so new, the more help they can get the better."*

Disadvantages of the check

The mothers were strong in their views that they couldn't think of any disadvantages or that there were no disadvantages:

> *"don't think there are any disadvantages"*
> *"Oh, probably watching them cry when they are getting their injections "*

Comments & recommendations

In light of information obtained from mothers on their satisfactory experience of the check, the following comments are made to inform future service developments.

Standardisation. The actual content of the 6 week check up must be standardised. Mothers should be better informed on the actual content of the examination. The purpose of the examination needs to be made explicit. Prior to the 6 week baby check, at the last antenatal check, a comprehensive version of the MIS leaflet should be made available to mothers.

Information. Mothers mentioned that they do receive a lot of literature during and after their pregnancy, but they do not always get time to read it. A revised MIS leaflet should include a brief outline of the content and purpose of the check, reinforced by quotes from mothers of their own experiences of the service. It would be beneficial to improve information effectiveness by giving a brief verbal outline of the service with a copy of the MIS leaflet, as mothers do listen to their service providers. Providing mothers with this information will not only inform them on what to expect, it will also empower mothers to interact and question in a way that will help their expectations to be met.

The content of the examination prior to the check should be clearly outlined to all mothers, in particular to first time mothers. The best time to inform mothers of the MIS should be agreed and standardised. With this information mothers would feel more relaxed and comfortable attending the check.

The use of the PHR as a resource on MIS content, roles of service providers and issues to be addressed at the 6 week check should be augmented.

Parent support. *M*others appear to appreciate a thorough personal check. Mothers should receive information on the content of this. Although some mothers perceive that they require a clinical examination at the 6 week postnatal check, studies have shown that there is no evidence that routine postnatal clinical checks are effective.[6] Service providers should ensure that mothers are given due attention providing opportunities for mothers to raise issues with, and receiving support from their service providers.

> *"Maybe a little more towards the health of the mother herself, even if it's only sitting down and talking to her, seeing how they are getting on, just some little thing like that. Apart from that everything was very satisfactory."*

Parents as experts. *P*arents are known to be experts on their children's health.[1] It is therefore important that service providers take seriously what mothers say. Mothers should be asked if they think their baby is developing well, and be provided with an opportunity to share their views and concerns on their baby's development. The PHR provides a selection of developmental milestones, which provides parents with knowledge on their baby's development and empowers them to raise developmental concerns.

Health promotion. *H*ealth promotion at the check needs to be strengthened. Best practice service experiences included clinical checks, health promotion information and time to advise and answer questions.

Communication. Open communication, advice and reassurance are very important to mothers. In this study mothers were very positive about their service providers' strong communication skills.

Best practice model. *M*others who attended at 8 weeks postnatally were mostly concerned with discussing issues regarding immunisations. Mothers who had a 6 week check had more opportunities to talk about a variety of issues, including immunisations. In order to use the potential of the 6 week check, particularly for health promotion, the administration of vaccines should be considered at separate later visits, but this needs to be balanced against parents' willingness and availability to attend the surgery twice with their young child within a fortnight.

From a clinical perspective also, it is preferable to carry out the statutory baby check in general practice early, i.e. not after the age of 6 weeks, particularly to identify previously undiagnosed congenital cardiac disease and to assess babies for DDH with the Ortolani and Barlow manoeuvres, which become inappropriate due to decreasing soft tissue plasticity beyond the age of 6 to 8 weeks at the latest.

> *"What you know at 6 weeks, you have a fair amount of time to adjust to having her. You know you've got some kind of routine and you'd know. Any sooner, you wouldn't have routine but yeah I think it is useful, I think it is."*

Duration of appointment. All mothers need to be given enough time to complete the examination and have time to chat, question and receive information without feeling rushed.

The approximate time a standardised check should take needs to be established. The actual time mothers spent at the check up wasn't the issue reported, mothers were more interested in their perceived satisfaction with the service regardless of whether this took seven or 30 minutes to complete.

Other. Mothers expressed a preference for the doctor instead of a nurse to administer vaccinations. This indicates that the concept of multidisciplinary care needs to be made more explicit. Mothers do however have a high level of awareness that issues can be addressed by a range of service providers e.g. Practice Nurse and Public Health Nurse.

Key recommendations

- Standardise 6 week baby check in light of available evidence
- Revise MIS leaflet
- Parents need to be better informed about MIS
- Clearly outline purpose and content of 6 week baby check
- Health promotion needs to be strengthened
- Recommended appointment time 20-30 minutes
- Introduction of parent held PHR to aid communication and facilitate information to parents
- Separate provision of 6 week baby check and primary immunisations

4.4 Consultation with GPs recruited to participate in project

This is a brief summary of 6 week baby check related practice amongst GPs and Practice Nurses before project was implemented in their practices (see **Appendix B** for questionnaire). Fourteen out of 15 GPs responded.

Uptake rate

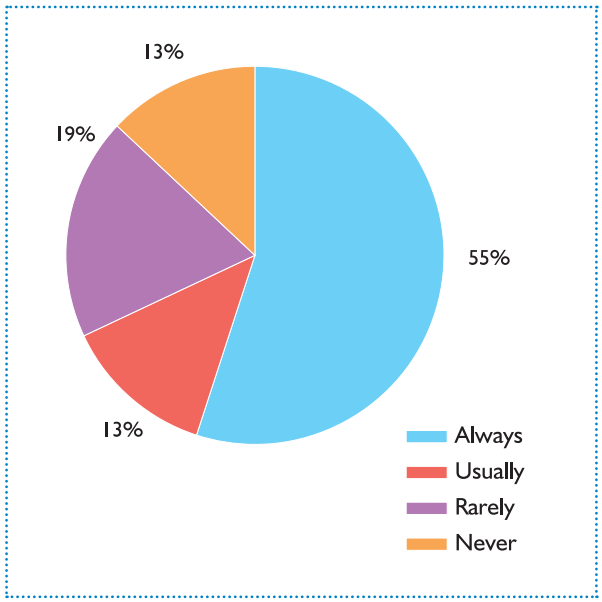
- Four GPs from four practices measured uptake rates for 6 week baby check in their practice population by manually checking practice registers. Uptake rates ranged from 90-100%. Three GPs did not provide this information. The remainder of GPs (7) did not calculate, but estimated their uptake rate at 90-100%.

In light of variable and less than comprehensive patient registration mechanisms in Irish general practice, exact determination of practice population, as well as parents with babies eligible for the 6 week baby check is problematic; determination of a denominator for practices to calculate uptake rates is difficult and likely to be inaccurate. Improvements will be achieved with nationwide introduction of the parent held PHR, which will create an electronic child health record for children at HSE level.

Current practice

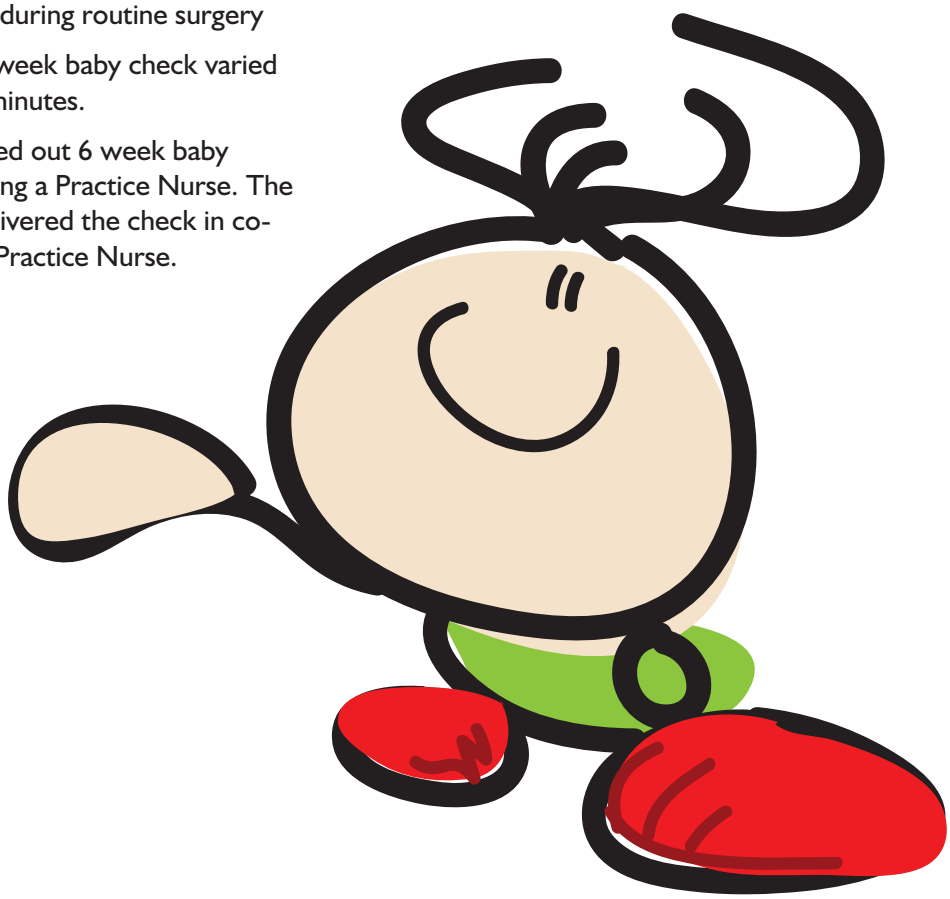
- 50% of project GPs (7) carried out 6 week baby checks with babies aged approximately 6 weeks, and the remainder carried it out at 8 weeks, usually combined with immunisations.
- Nearly 75% of GPs (9) always (2) or usually (7) checked mother and baby during the same appointment, while the remainder rarely (3) or never (2) did so.

Figure 2 *Number of GPs combining 6 week baby check with postnatal check of mother*



- 50% of GPs (7) had a protocol for the 6 week baby check.
- All babies were seen during routine surgery
- Length of time for 6 week baby check varied between 10 and 30 minutes.
- 40% (6) of GPs carried out 6 week baby check without involving a Practice Nurse. The remainder of GPs delivered the check in co-operation with their Practice Nurse.
- Of the 75% of GPs that recorded data electronically, none sought consent.
- 50% of GPs (7) usually discussed the purpose and content of the examination with parents prior to or during the 6 week baby check.
- Only 2 GPs used the 'white card' intended for return of activity and outcome data on the 6 week baby check as a record.

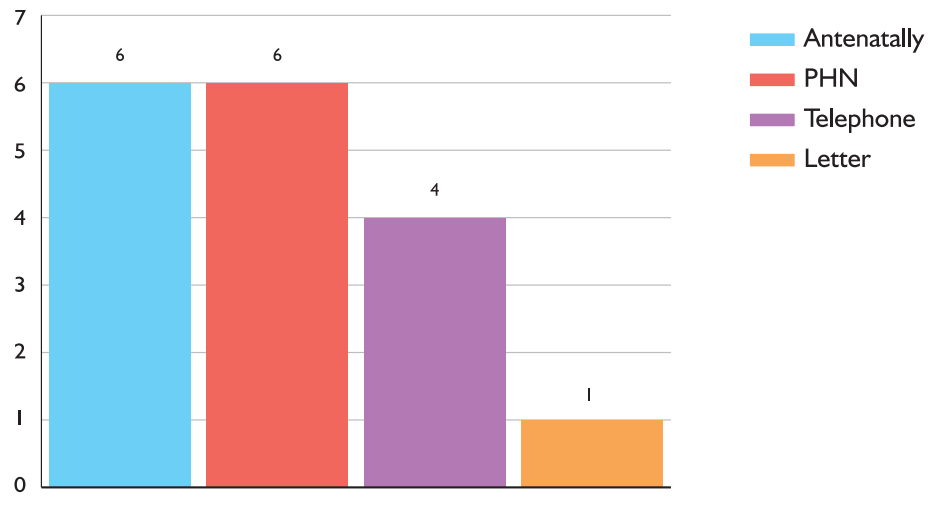
This card is in urgent need of modernisation and replacement with a more appropriate recording system (one of the objectives of this project), but currently is the only agreed mechanism for GPs to seek payment for MIS services. Three GPs used paper based records for the 6 week baby check, and the remainder 11 entered data electronically. One GP also entered details into the now obsolete child health booklet previously produced by the DoHC's Health Promotion Unit.



Communication between parents and professionals

- Already prior to the project, practices actively sought to invite parents and their babies for the 6 week baby check. This was done by verbal invitation antenatally (6), through the Public Health Nurse (6), by telephone (4) and letter of invitation (1) – several practices employed more than one method.

Figure 3 *Methods employed by primary care providers to invite mothers to attend with their babies for 6 week baby check*



- Most GPs (12) felt there was adequate time for parents to ask questions during the 6 week baby check and took this opportunity to discuss wider health promotion topics like immunisations, feeding, sleeping and concerns the mother might have, including contraceptive advice.

General information

- All 14 GPs expressed dissatisfaction with the feedback they received from HSE regarding routinely collected data submitted for purposes of payment generation and monitoring of service provision.
- On the other hand, 80% (11) GPs expressed satisfaction with the amount of feedback they received from providers of secondary child health services following referral of children as a result of the 6 week baby check; 20% (3) were neutral in their judgement.

Previous training

- All GPs had undertaken child health training in an approved paediatric training post.

Suggestions from GPs for the improvement of the 6 week baby check

- Standardisation of the format for the 6 week baby check
- Development of electronic data collection tools that reflect an evidence based standard for the 6 week baby check
- Strengthened links to Public Health Nurses
- Improved access to secondary referral services

5. Recruitment of General Practitioners & Practice Nurses

5.1 Application process

After a period of consultation with the ICGP and agreement by the steering group, a framework for recruitment of GPs and Practice Nurses from HSE West (Donegal, Sligo, Leitrim & West Cavan) was developed.

In May 2004 a letter of invitation, background information regarding the project and an application form was sent to GPs in HSE West (Donegal, Sligo, Leitrim & West Cavan) (**Appendix C**). The list was compiled from ICGP and HSE West (Donegal, Sligo, Leitrim & West Cavan) Primary Care Development Unit databases to ensure full coverage. Unfortunately, despite these efforts, a small number of GPs were not contacted. Overall, 153 GPs were invited and 55 applied (36%), many on behalf of practices with more than one principal.

Some of those who applied did not meet the entry criteria as outlined in the letter of invitation to apply:

- Computerisation of practice
- Practice access to HSE West (Donegal, Sligo, Leitrim & West Cavan) electronic network for primary care

The latter was an essential requisite for secure data transfer. Preference was given to GPs from practices employing one of the two predominant GP IT software support system providers in the North West (Health One Partners Ireland and Medicom), as it was beyond the scope of the project to work with a larger number of providers or users of custom made systems. Fifteen applicants from nine practices were selected in accordance with the selection criteria reflected in the application form and in consultation with the steering group. A maximum of three GPs from any practice, regardless of the number of partners in the practice, was recruited to the project, while practices were encouraged to enter all babies seen in the practice for a 6 week baby check for the duration of the project.

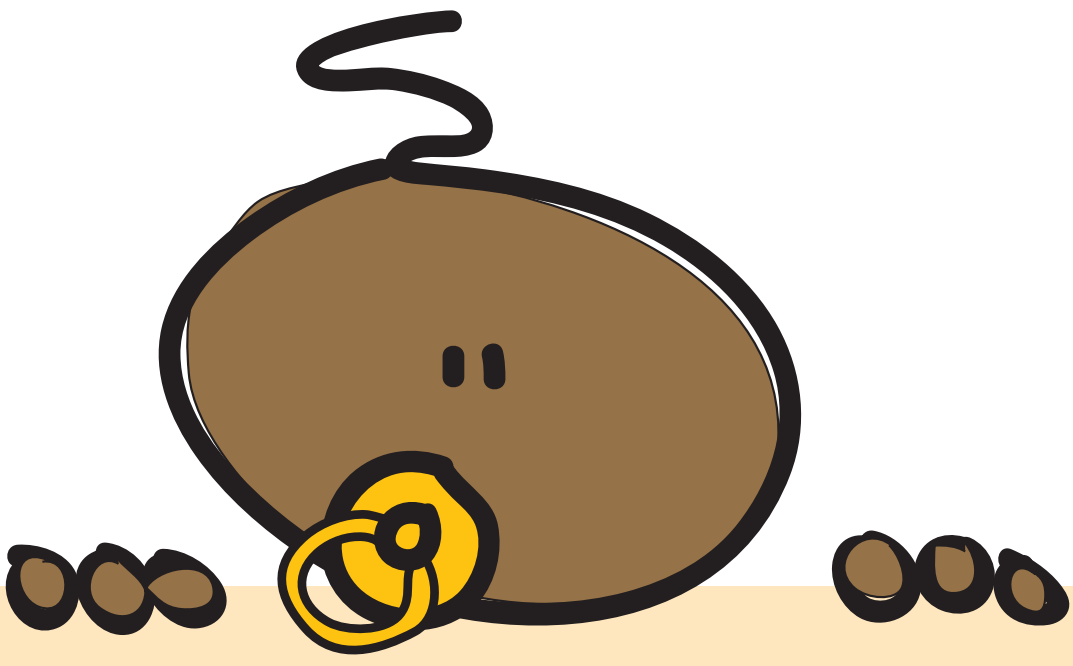


Table 2 *GP practice profile*

Practice	Number of GPs in Practice	Practice Nurse Yes / No	Practice Population	GMS / Non GMS ratio	IT System	Location
Health Centre Rathmullan Co. Donegal	2 GPs	Yes	Not available	Not available	HealthOne	Rural
Health Centre Lifford Co. Donegal	4 GPs 1 Assistant	Yes	12100	30/70	Medicom	Semi urban
Millbrae Surgery Stranorlar Co. Donegal	5 GPs	Yes	Not available	60/40	Medicom	Semi urban
Bayview Practice Ballyshannon /Bundoran Co. Donegal	6 GPs 1 Assistant	Yes	12800	40/60	HealthOne	Semi urban
Health Centre Carrigart Co. Donegal	1 GP 1 Assistant	Yes	2000	75/25	HealthOne	Rural
Health Centre Skreen Co. Sligo	1 GP Shared Assistant	Yes	1472	25/75	HealthOne	Rural
Medical Practice Riverstown Co. Sligo	1 GP Shared Assistant	Yes	1800	33/67	HealthOne	Rural
Health Centre Cloghan Co. Donegal	1 GP	Yes	1070	50/50	HealthOne	Rural
Health Centre Drumshambo Co. Leitrim	1 GP	Yes	Not available	Not available	Medicom	Rural


Practice Locations
N
W
E
S
Carndonagh
Carrigart
1 GP, 1 Shared Assistant
Rathmullan
2 GPs
Dungloe
Letterkenny
4 GPs, 1 Assistant
Cloghan
1 GP
Glenties
Stranorlar
5 GPs
Lifford
Killybegs
Donegal Town
Ballyshannon
Bundoran
6 GPs, 1 Assistant
Grange
Manorhamilton
Sligo
Skreen
1 GP, 1 Shared Assistant
Riverstown
Aclare
1 GP, 1 Shared Assistant
Drumshanbo
1 GP
Mohill
Practice Locations
Towns
HSE West
Donegal, Sligo, Leitrim and West Cavan

5.2 Contractual arrangements

GPs selected to participate in the project were issued with a contract (**Appendix J**) to be signed and returned together with the pre project implementation questionnaire (see **Section 4.4** and **Appendix B**) and the invitation for them and their Practice Nursing staff to attend a mandatory skills refresher course (see **Section 6**).

An initial payment of €400 was made to each recruited GP after participation in a mandatory skills refresher course, and without prejudice to any future contract negotiations, a payment of €40 was made for each completed 6 week baby check on which data were received by the project officer, in addition to the 6 week baby check MIS fee of €29.74. At project GPs' request, agreement was reached within HSE West (Donegal, Sligo, Leitrim and West Cavan) between project GPs and administrative staff to include project related payments in regular MIS payment cheques received by GPs on a monthly basis. The ICGP was not involved in this process.

6. Training Module

6.1 Skills refresher course

The half-day course was held on two occasions during September and October 2004 to accommodate all project participants. All 15 GPs and nine Practice Nurses attended. The course attracted ICGP CME approval and post registration category 1 approval from An Bord Altranais. Participants received travel expenses and sessional payment for their attendance.

6.2 Guide to good practice

The course content was developed by the project officer to reflect the revised and extended clinical standard for the examination of infants at the 6 week baby check and topics identified by GPs during the consultation phase of the project prior to implementation. This included health promotion topics and communication with parents. An overview of data management processes was also covered. The delivery of the course was facilitated by the project officer, the project manager and clinical colleagues from secondary child health services (see **Appendix K**), who were requested to focus their presentations and practical sessions on the content of the 'Guide to good practice' manual developed by the project officer (available on request as separate document).

6.3 Evaluation of skills refresher course

- Most participants described the course as *"informative"*, *"educational"* and *"interesting"*.
- 80% of attendees rated the course as either *"very good"* or *"excellent"*.
- Areas found most useful were:
  - ophthalmic examination
  - hip examination
  - growth monitoring
  - referral protocols
  - sudden unexpected death in infants (SUDI)
  - communication with parents
- Areas found least useful where:
  - data management processes
  - radiological examination of hips in DDH
- Some participants would have liked to see a demonstration of the IT programme and its use.
- Some participants were interested in further information regarding immunisation schedules and advice to parents.

7. Data Collection

7.1 IT software development

Based on the revised and extended content of the proposed new model for the 6 week baby check in general practice, a data set was agreed in discussion with HSE West (Donegal, Sligo, Leitrim & West Cavan), ICGP and software vendors.

Following sign off by the steering group, Dr. Brian Meade, chairperson of the ICGP health informatics group, compiled a software requirements specification draft document in July 2004 (available on request as a separate document), which was amended several times during the software development process undertaken by the main IT providers in HSE West (Donegal, Sligo, Leitrim & West Cavan), Health One and Medicom.

- Health One version was tested by project officer and Dr. Brian Meade, ICGP October – December 2004
- Medicom version was tested by Dr. Ciaran Kelly, Health Centre, Lifford October 2004

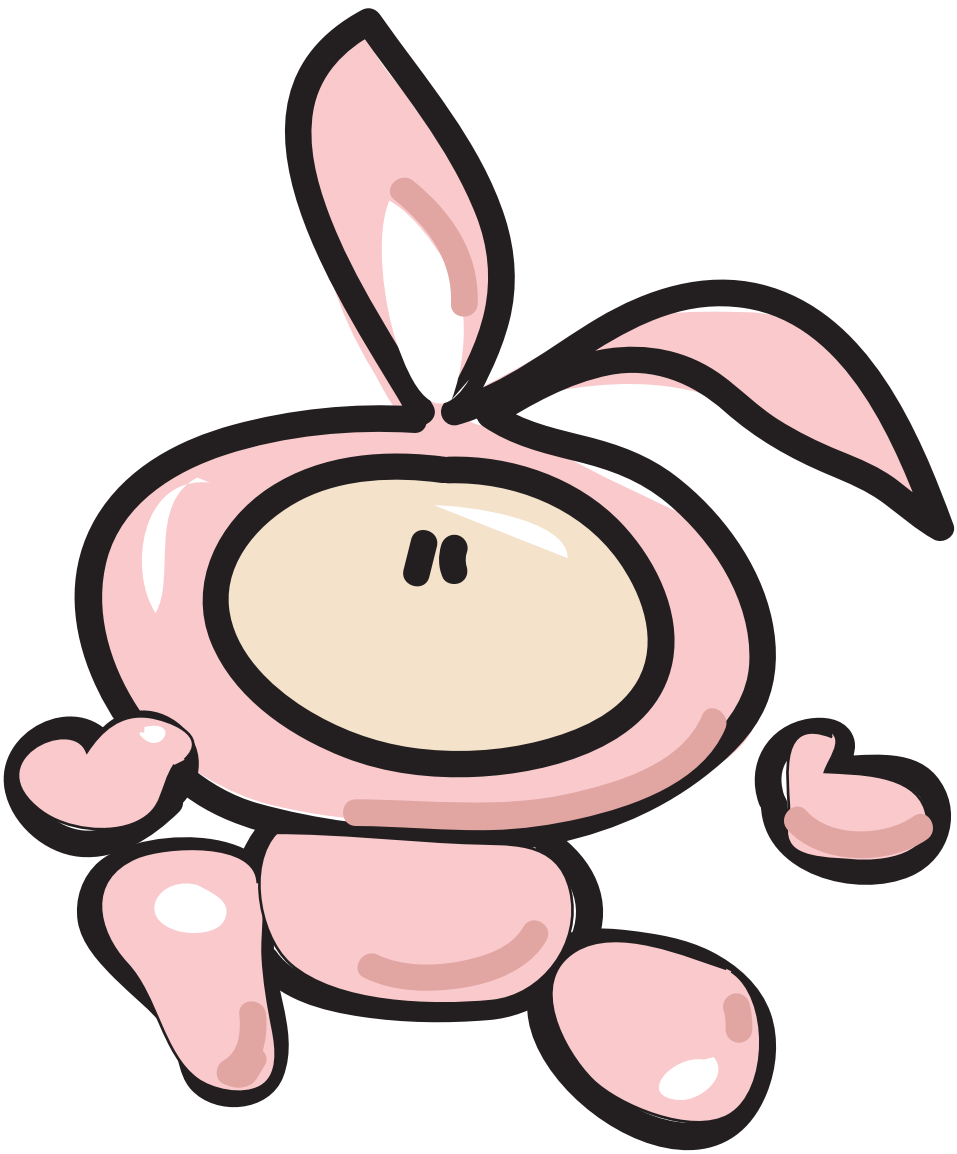


Figure 4 *Screenshot from Health One software programme (demographic details)*

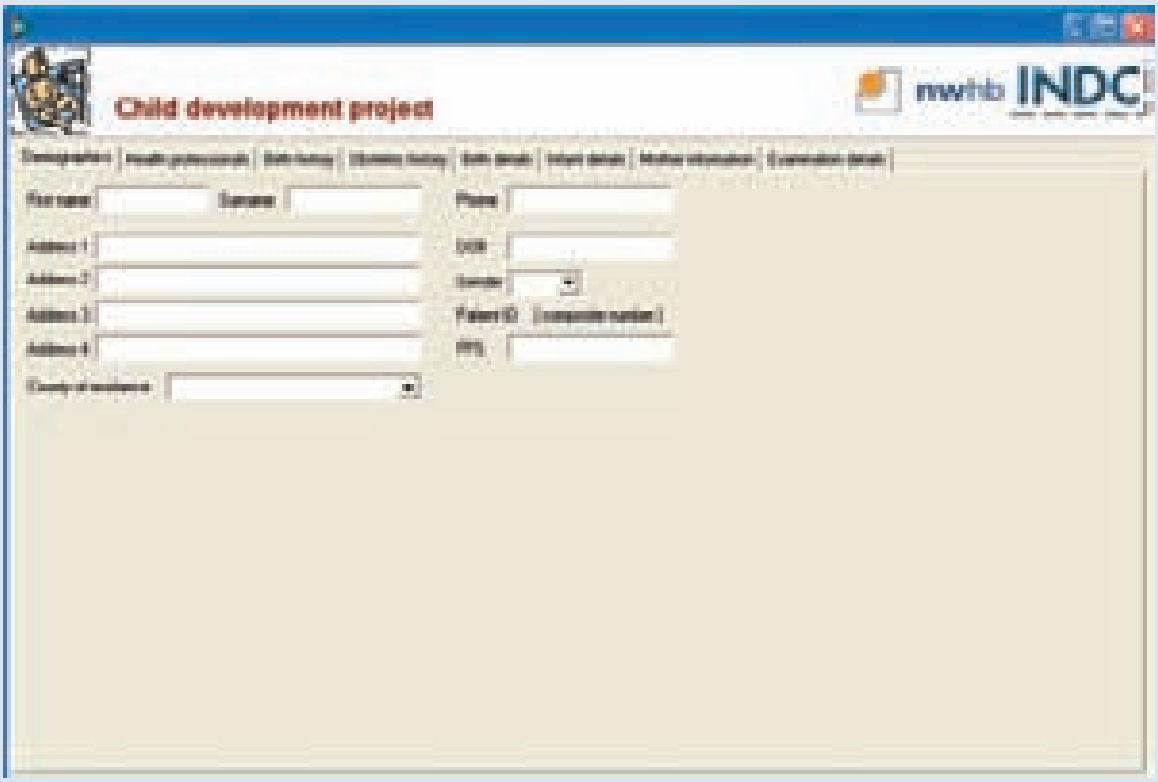


Figure 5 *Screenshot from Health One software programme (health promotion)*

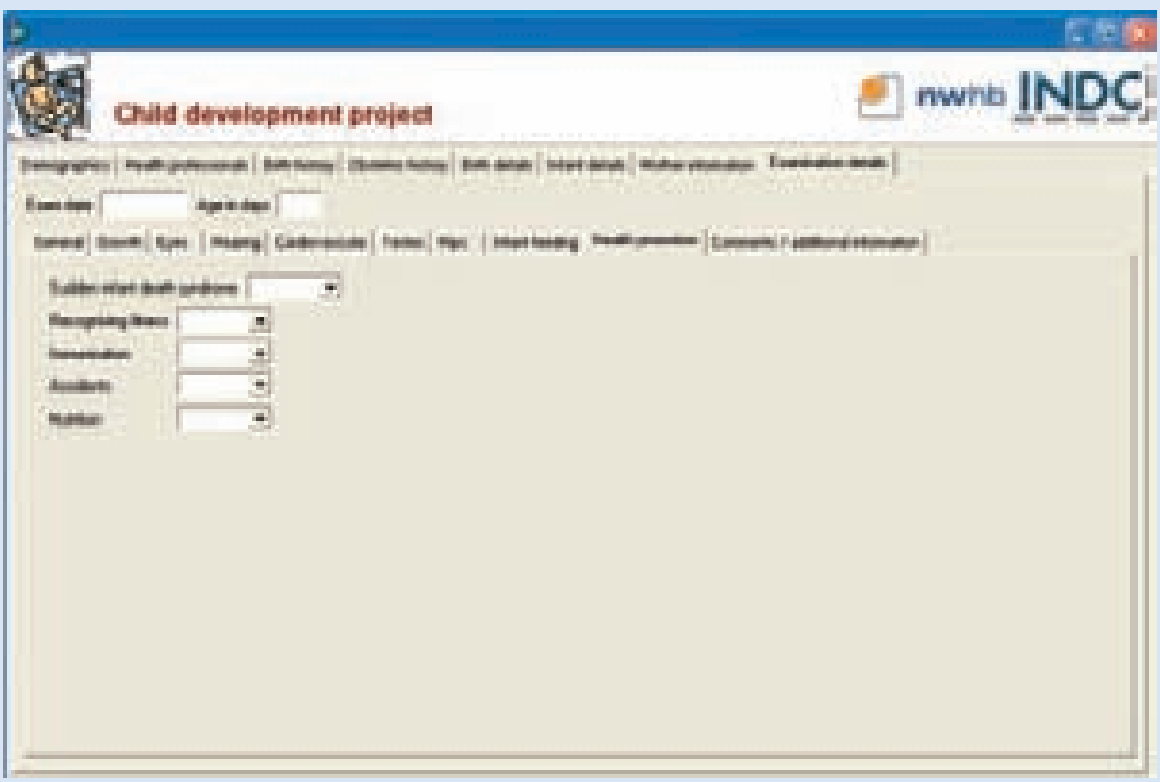


Figure 6 *Screenshot from Health One software programme (eye examination)*

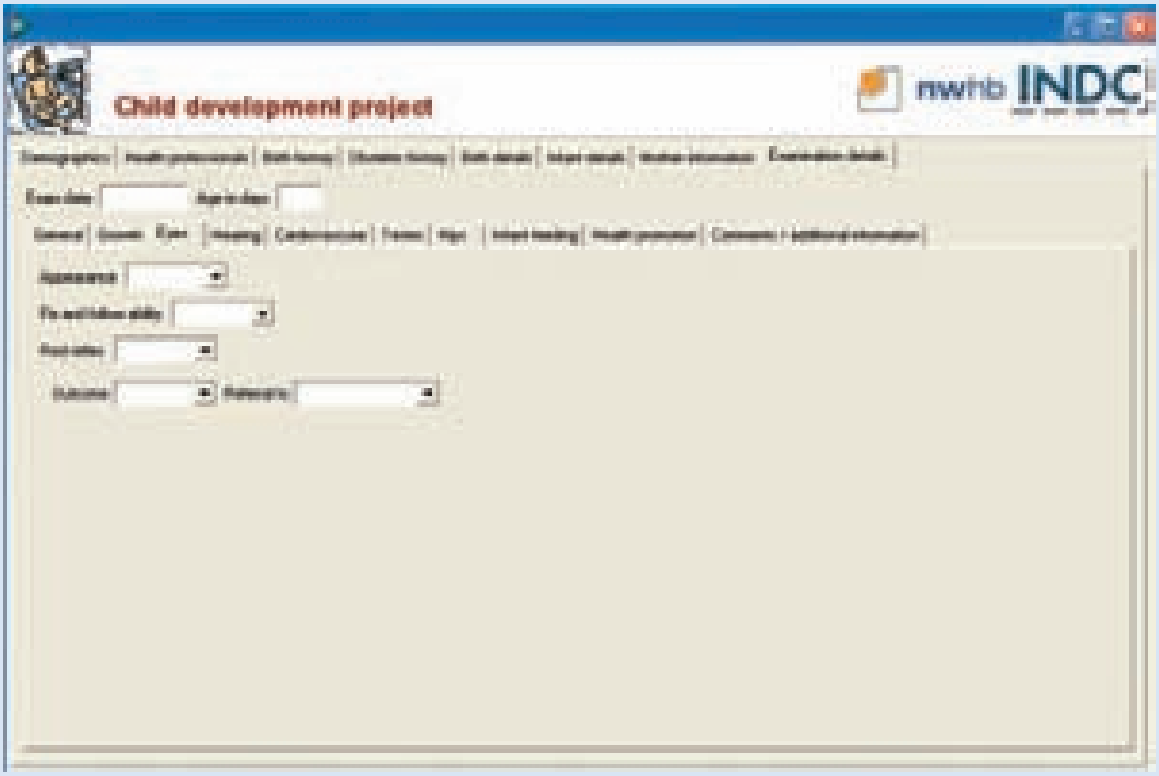


Figure 7 *Screenshot from Health One software programme (infant feeding)*

Figure 8 *Screenshot from Medicom software programme (demographic details and birth history)*

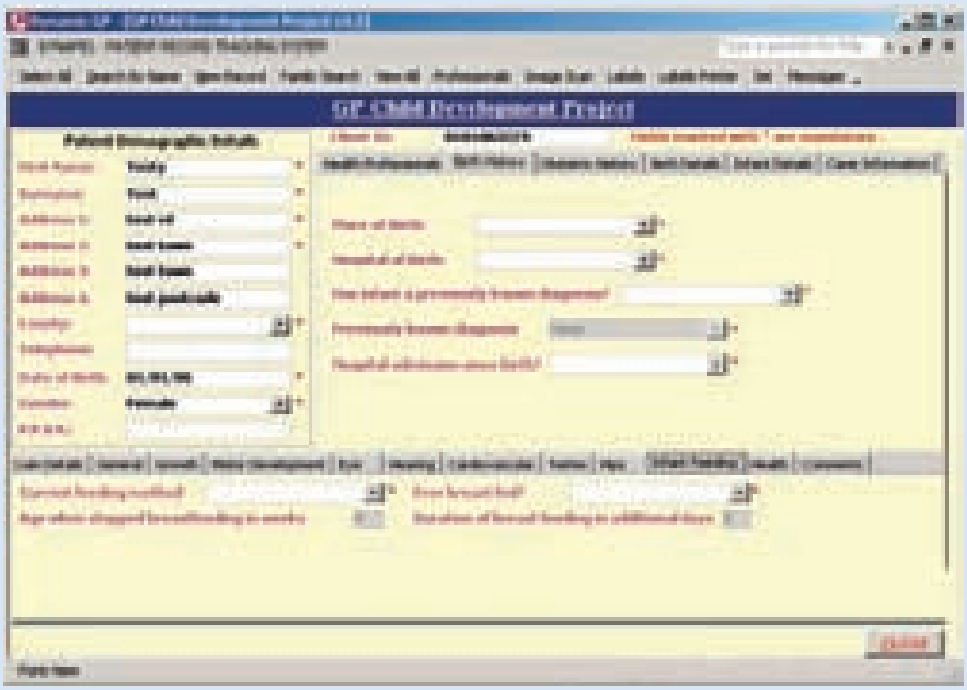


Figure 9 *Screenshot from Medicom software programme (demographic details, birth history and eye examination)*

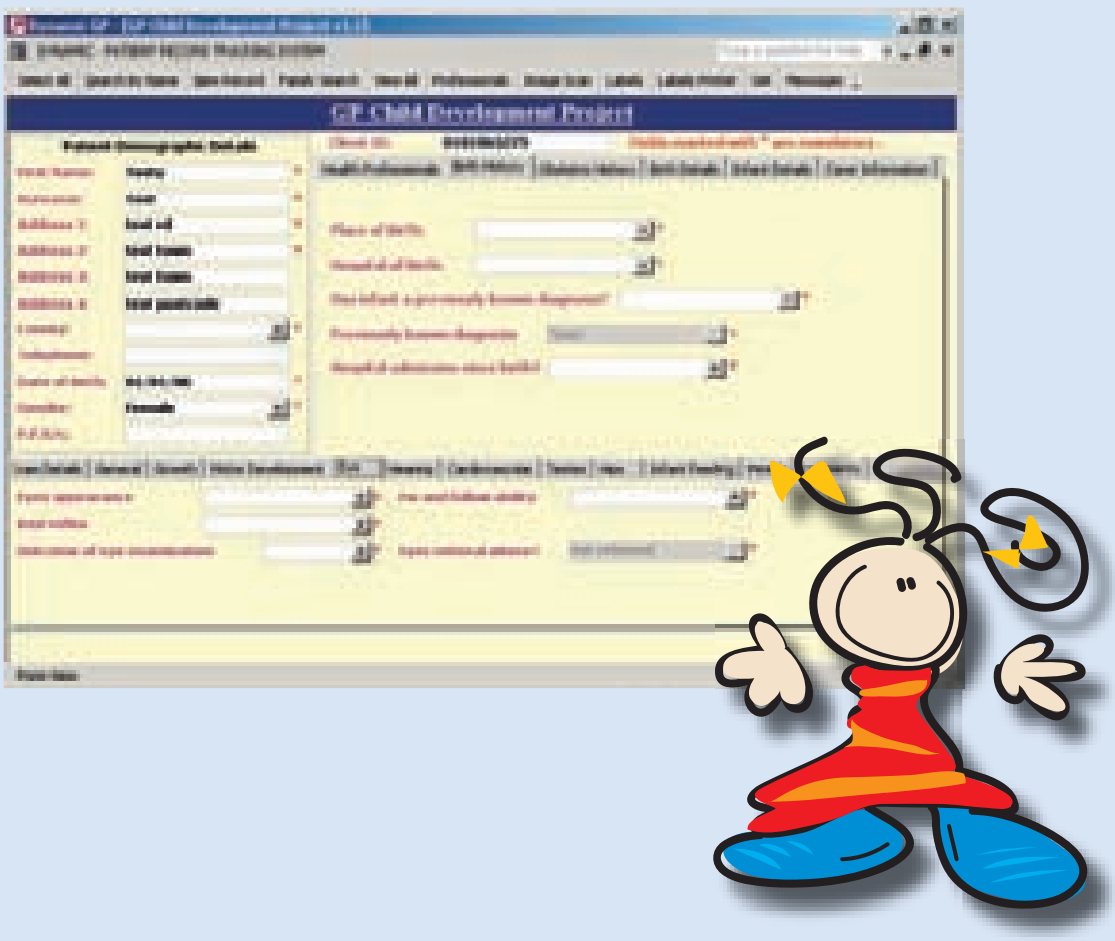


Figure 10 *Screenshot from Medicom software programme (demographic details, health professional details and comments)*

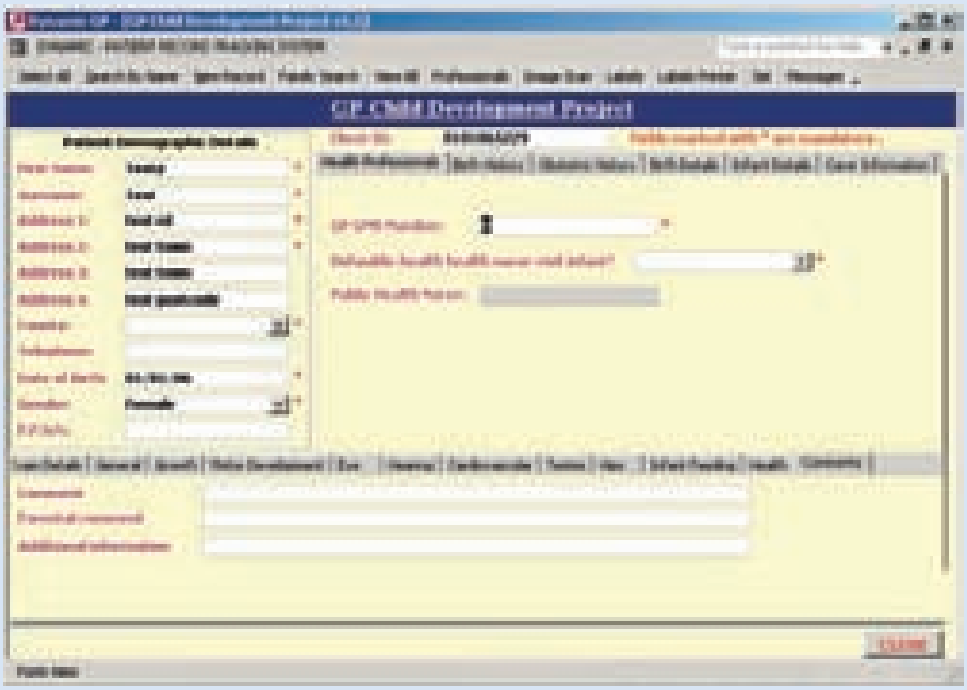
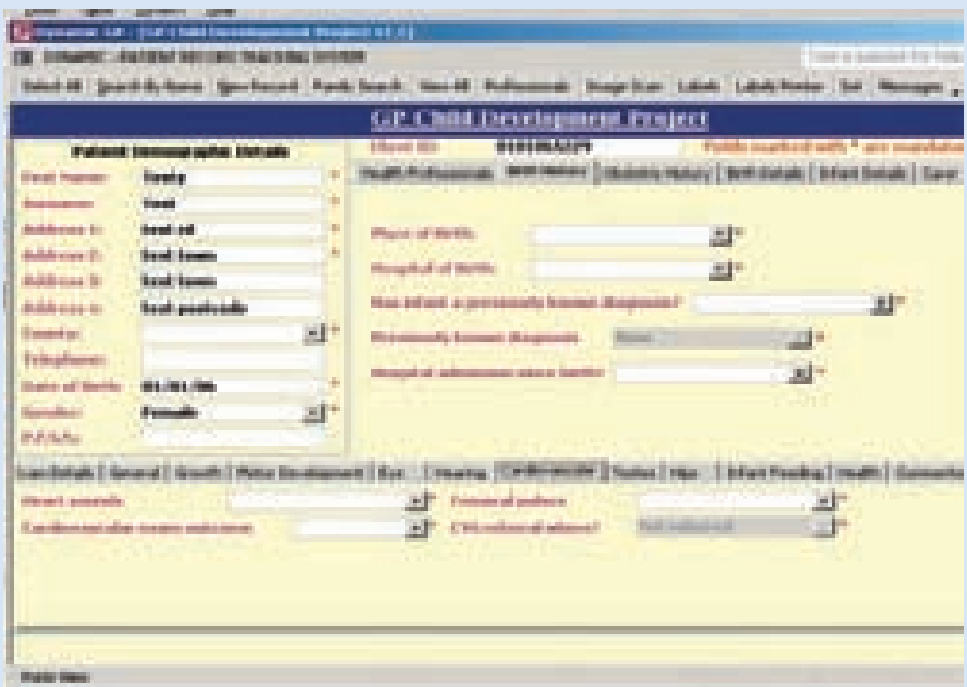


Figure 11 *Screenshot from Medicom software programme (demographic details, birth history and cardiovascular examination)*



7.2 Software installation

Medicom installed the programme in three practices (Lifford, Drumshambo and Stranorlar). The remaining practices using Health One were sent a disc for self-installation. First monthly returns were received in November 2004 and all practices were operational by February 2005.

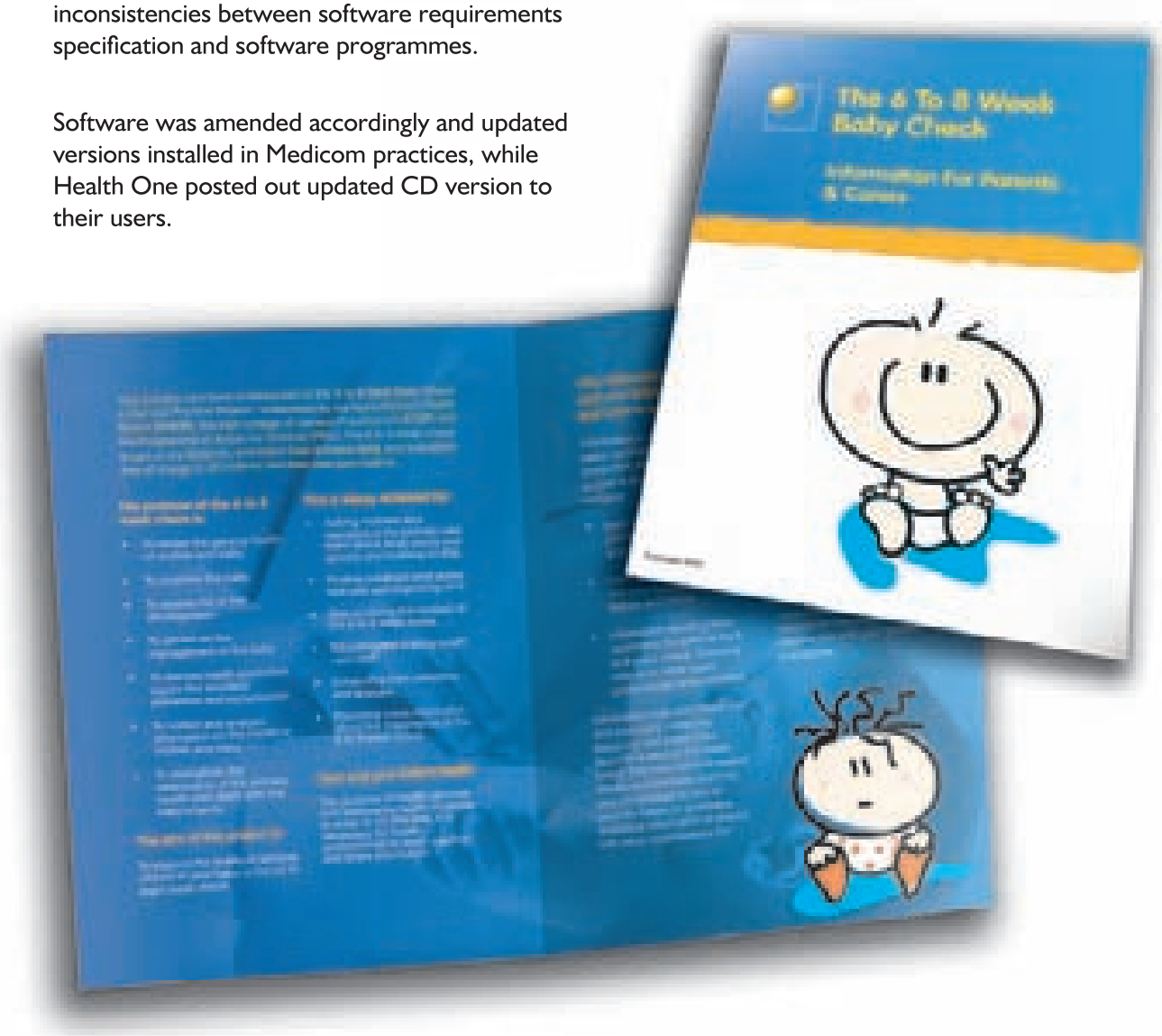
7.3 Modification to dataset

IT management services HSE West (Donegal, Sligo, Leitrim & West Cavan) supported the development of a programme to import data files received from, and generate payments to, GPs. This process and feedback from GPs and Practice Nurses directly to the project officer raised inconsistencies between software requirements specification and software programmes.

Software was amended accordingly and updated versions installed in Medicom practices, while Health One posted out updated CD version to their users.

7.4 Consent and data protection

In order to ensure compliance with existing data protection legislation, a data privacy policy (**Appendix K**) and an information leaflet for service users also fulfilling informed consent criteria (**Appendix F**) were developed with support from the ICGP and the Freedom of Information Officer Mr. Ken Lillis of HSE West (Donegal, Sligo, Leitrim & West Cavan). Approval was received from the Office of the Data Protection Commissioner in August 2004.



7.5 Problems with software installation, updates, and file exports

Some practices had difficulty using the secure primary care e-mail network and server **nwdoc.ie**. This delayed returns in two practices by several months and never became fully operational in another practice for the duration of the project.

Initial installation of data collection software was delayed in some practices due to perceived insufficient user support.

Both software programmes allowed exporting of empty files, contrary to requirements laid out in the software requirement specification.

The systems had not been designed to provide an export history for GPs to keep track of their returns.

The planned development of an interface for data cleaning did not progress sufficiently at HSE West (Donegal, Sligo, Leitrim & West Cavan) level for validation checks to be carried out electronically, which resulted in difficulties with generating payments and data cleaning.

7.6 ICGP Independent National Data Centre website

The Independent National Data Centre (INDC) managing the national 'HeartWatch' programme run by ICGP received funding from the GPIT interest group at DoHC to develop a website for the collection of anonymised child health data.

There were delays in completion of the website, which did not become operational until June 2005. GPs were then provided with passwords to access the INDC website for data transfer in the same manner as for 'HeartWatch'.

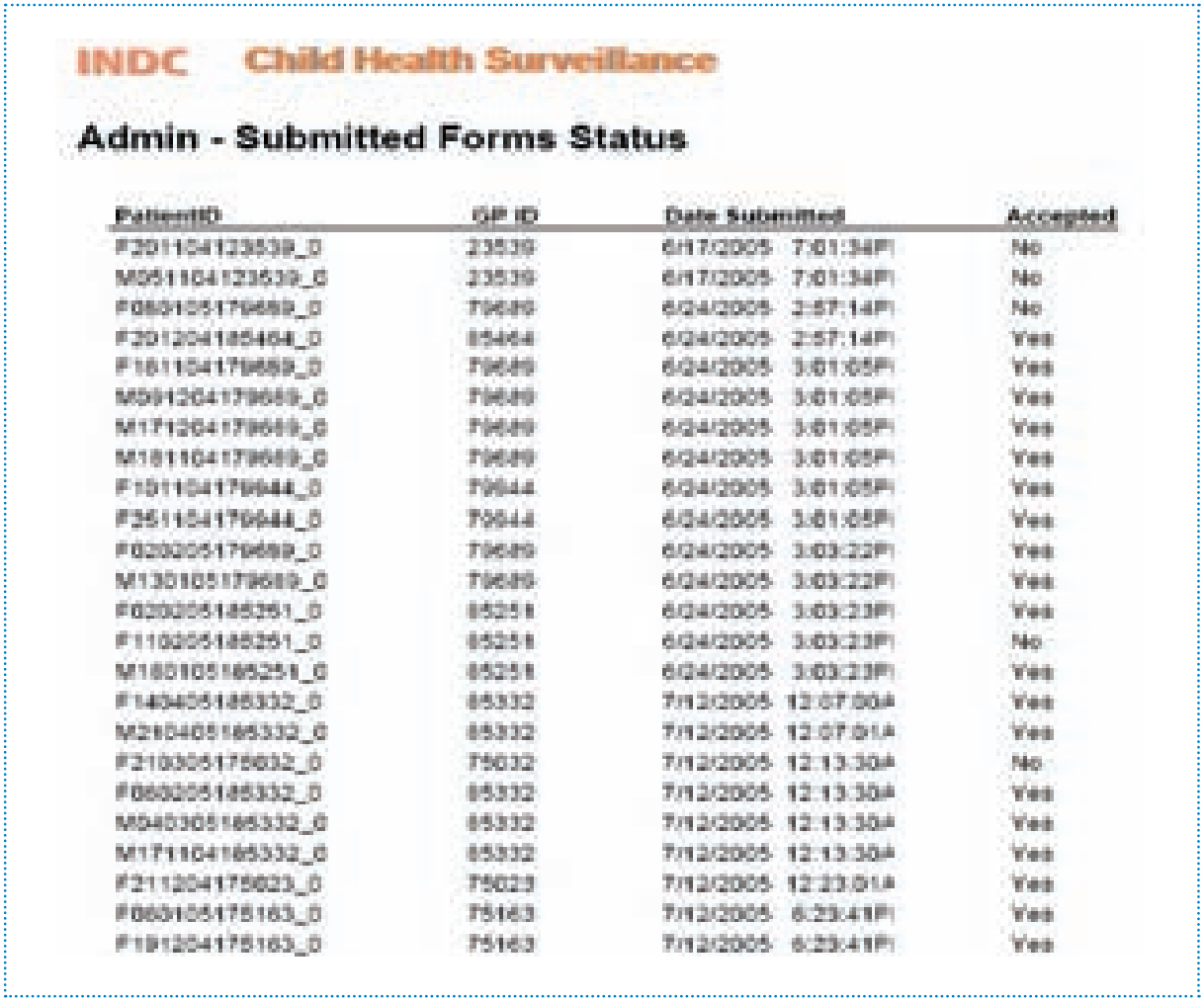
GPs had been generating data files on children examined as part of the project for export and analysis both by HSE West (Donegal, Sligo, Leitrim & West Cavan) and the INDC since the autumn of 2004 and had been receiving payment on receipt of files by HSE West (Donegal, Sligo, Leitrim & West Cavan). There was therefore no financial incentive for GPs to send data to INDC.

From January to June 2005 some practices had sent their INDC files to the project officer, who forwarded them to INDC subsequently. Other practices were requested to send all their INDC files to the INDC website when it became operational. INDC received 118 out of 284 files for analysis.

An interface had been developed to allow tracking, validation and real time analysis of data received by INDC.

- System administrator monitoring receiving and analysing data
- Electronic real time production of reports
- Export history for individual GPs of files sent, accepted and rejected for incomplete or inaccurate data

Figure 12 *Screenshot of administrative section of INDC website interface*



INDC Child Health Surveillance

Admin - Submitted Forms Status

PatientID	GP ID	Date Submitted	Accepted
F2011041235 39_0	23539	6/17/2005 7:01:34PM	No
M2511041235 39_0	23539	6/17/2005 7:01:34PM	No
F0805051796 89_0	79689	6/24/2005 2:57:14PM	No
F2012041854 64_0	85464	6/24/2005 2:57:14PM	Yes
F1611041796 89_0	79689	6/24/2005 3:01:05PM	Yes
M0912041796 89_0	79689	6/24/2005 3:01:05PM	Yes
M1712041796 89_0	79689	6/24/2005 3:01:05PM	Yes
M1811041796 89_0	79689	6/24/2005 3:01:05PM	Yes
F1011041799 44_0	79944	6/24/2005 3:01:05PM	Yes
F3511041799 44_0	79944	6/24/2005 3:01:05PM	Yes
F0202051796 89_0	79689	6/24/2005 3:03:22PM	Yes
M1301051796 89_0	79689	6/24/2005 3:03:22PM	Yes
F0202051852 51_0	85251	6/24/2005 3:03:23PM	Yes
F1102051852 51_0	85251	6/24/2005 3:03:23PM	No
M1801051852 51_0	85251	6/24/2005 3:03:23PM	Yes
F1404051853 32_0	85332	7/12/2005 12:07:00AM	Yes
M2104051853 32_0	85332	7/12/2005 12:07:01AM	Yes
F2103051750 32_0	75032	7/12/2005 12:13:30AM	No
F0603051853 32_0	85332	7/12/2005 12:13:30AM	Yes
M0403051853 32_0	85332	7/12/2005 12:13:30AM	Yes
M1711041853 32_0	85332	7/12/2005 12:13:30AM	Yes
F2112041750 23_0	75023	7/12/2005 12:23:01AM	Yes
F0603051751 63_0	75163	7/12/2005 6:23:41PM	Yes
F1912041751 63_0	75163	7/12/2005 6:23:41PM	Yes

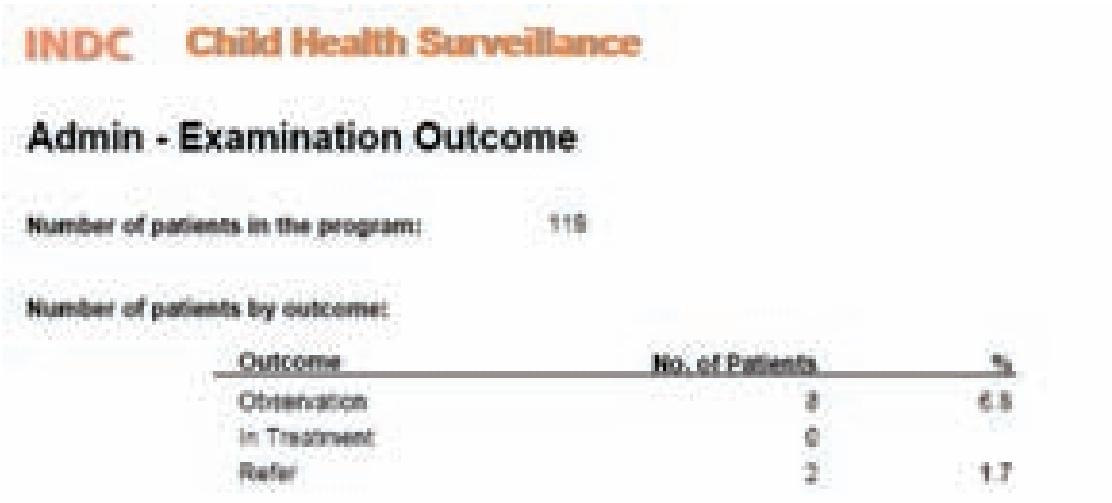
Figure 13 *Screenshot of reports section of INDC website interface (1)*

INDC Child Health Surveillance

Admin - Tobacco Smoke Exposure

Number of patients in the program:	193	
Number of patients exposed to tobacco smoke in the home:	26	22.6 %

Figure 14 *Screenshot of reports section of INDC website interface (2)*



7.1 Feedback from project participants

As part of the project evaluation process, a questionnaire was sent to GPs to obtain feedback about the project. Part of the questionnaire referred specifically to the software application. The following comments were received:

- One out of 13 GPs reported problems with use of programme
- Three out of 13 GPs expressed concerns about content of dataset:
  - Inclusion of public health data – *"GPs are not interested"*
  - *"Big brother question"* about whether Public Health Nurse had visited
- Four out of 13 GPs felt data set was lengthy and completion of computerised records interfered with consultation:

> *"Default to normal should be standard"* in examination fields
>
> *"General examination too detailed"*
>
> *"Too focussed on entering computer data, interfered with communication with mother"*

- All GPs had experienced complications with monthly returns and nwdoc e-mail link:

> *"slow connection"*
>
> *"frequent disruptions to service"*
>
> *"technology let us down"*
>
> *"archaic interface"*
>
> *"costly"*

- One GP had found that entering baby's weight *"corrupted centile charts for future entries"* (incorrect field length to record weight in kilogrammes).