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**Abstract Submission**

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<b>Title of abstract</b>
<i>Consultation and development for the integration of recording software in general practice software</i>
<b>Main body of abstract (up to 500 words)</b>
<b>Background</b> Initially a year long project was conducted to design and develop a tool to capture GP/Patient consultations creating a longitudinal database of audio recordings. This database could then be made available for researchers seeking answers to questions such as “Are there early indicators that could reliably forewarn of a suicide?”  A system was created on a standalone laptop with manual start, stop and entry of patient details. This separate solution was used to isolate and protect the clinical system from potential software conflicts and avoid lengthy accreditation process required of NHS software.  A pilot of the system was successfully conducted in two GP practices over a two week duration. Two main issues arose with this initial solution: (1) It required double data entry by the GP, (2) As recordings required the GP to manually press start and stop, the GP could forget to press record or accidentally leave the recording on.
<b>Aims/Questions</b> To address these issues a bid was successfully submitted to EastREN to fund the software development team for a further 6 months and to enable them to integrate the recorder into the increasingly popular VISION 3 Clinical System. Additionally, In-Practice Systems Ltd, the commercial developers of Vision 3, offered free access to their software Application Programmers Interface (API) together with a demonstration patient database and telephone support.  Further aims included (1) Removing the requirement for double data entry , (2) To fully automate the recording process, (3) To refine the consenting process whereby previously

patients had to identify themselves to the GP could now be replaced with an inbuilt list. The consultations of each consenting patient who would be automatically detected and recorded. (4) It was suggested that a video recording feature could be beneficial for GP/students continuing professional development.

### **Method**

Using the API a program was constructed which ran unobtrusively in the background. The recorder detects when a patient's record is opened in Vision and, if their details match to the list of consenting patients, then an audio recording is automatically started. The corresponding details for the patient are also collected, removing the need for the GP to enter any information.

To prevent recording when a GP access patients' records outside of consultations time, the recorder software was modified to search the Vision appointments database and confirm that a patient had arrived in practice for their appointment before a recording is initiated. Finally, support was incorporated for one or more low cost web cameras and their associated video recordings.

A recording log is kept to enable GPs to review all the recordings they had made and if necessary to delete any recordings.

### **Results**

The software was evaluated by a GP who felt that it seamlessly integrated with Vision and that the video capturing software would be of great benefit. A video presentation was produced summarising the features of the software.

### **Conclusions / Points of interest**

The software will be presented at the Royal College of General Practitioners Meeting

The next stage in this project will be trials of the software on the GP's own system.

### **References (if applicable) – maximum of six**

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- 6. Dowrick C, Ring A, Humphris G, Salmon P. Normalisation of unexplained symptoms by general practitioners: a functional typology. /British Journal of General Practice/ 2004;54(500):165-170.**