Essential Apps for the busy GP

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Clinical Informatician

Ruby/Rails programmer, other tech stuff - sysadmin for CCIO Network

Founder, NHSbuntu/NHoS and openhealthhub

Open source enthusiast zealot

generally sceptical about technology cure-alls...... like apps ;-)

A few good clinical apps?

But would a GP *really* use these instead of the web?



BNF

replaces the previous 'Athens Login Required' BNF/BNFC app

<u>interesting story</u> behind the journey towards an open BNF app

<u> Play Store</u>

App Store



BNF

Alpha-adrenoceptor blocking drugs

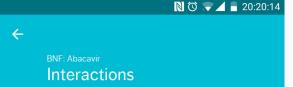
Prazosin has post-synaptic alpha-blocking and vasodilator properties and rarely causes tachycardia. It may, however, reduce blood pressure rapidly after the first dose and should be introduced with caution.

Doxazosin, indoramin, and terazosin have properties similar to those of prazosin.

Alpha-blockers can be used with other antihypertensive drugs in the treatment of resistant hypertension.

Prostatic hyperplasia

Alfuzosin hydrochloride, doxazosin, indoramin, prazosin, tamsulosin hydrochloride, and terazosin are indicated for benign prostatic hyperplasia.



BNF

Appendix 1 (abacavir).

Abacavir may have the following interactions:

Fosphenytoin sodium

fosphenytoin possibly reduces plasma concentration of **abacavir**

Methadone hydrochloride

Plasma concentration of **methadone** possibly reduced by **abacavir**

Orlistat

Potentially Serious

Avoid concomitant administration, or undertake with caution and monitoring

Absorption of **abacavir** possibly reduced by **orlistat**

Phenobarbital



MDCalc

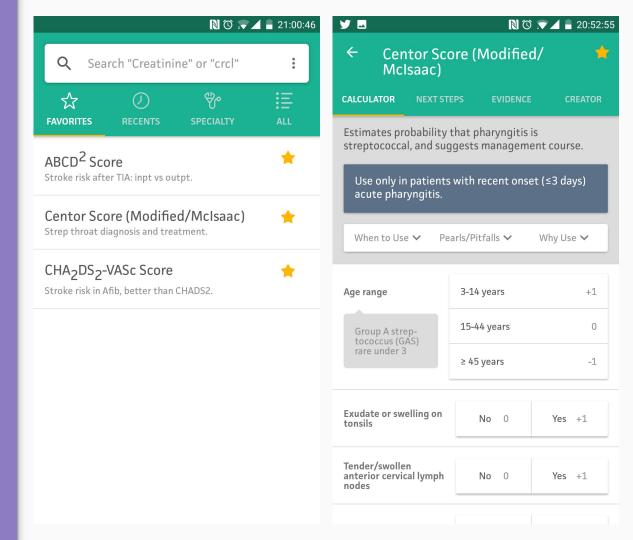
calculates important clinical parameters

unfortunately does not integrate with your EPR

even more unfortunately, your EPR doesn't have much of this functionality

A bit USA-centric, but usable in UK

Play Store





Toxbase

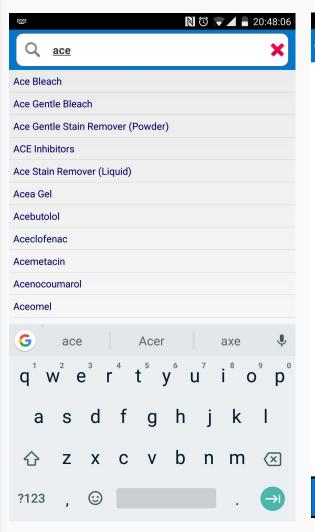
initial Toxbase offering via SkyScape was £60 to buy. Sorry but nope.

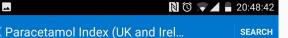
They've finally seen sense and produced a free app

Naturally they are paranoid about people misusing the information

Play Store

App Store





Paracetamol Index (UK and Ireland) Updated 9/2014

Management

All patients ingesting paracetamol in the context of **self-harm** should be referred to hospital for assessment, including blood tests (irrespective of reported dose).

All patients who are **symptomatic** should be referred to hospital for medical assessment, including blood tests.

A single acute overdose over less than 1 hour:

Patients ingesting 75 mg/kg or more should be referred directly to hospital for medical assessment, including blood tests.

MHRA advice is that ALL patients require medical assessment, including blood tests, if:

- they have taken a staggered paracetamol overdose (doses taken over more than one hour);
- they have taken therapeutic excess (defined as more than a licensed dose for that individual AND more than or equal to 75 mg/kg in any 24-hour period);
- the time of ingestion is uncertain AND the



SIGN Guidance



SIGN were early to recognise the potential of an App for guidance

Made a much better job of it than NICE's first few attempts!

Play Store

App Store







Management of stable angina

INTRODUCTION

This Quick Reference Guide provides a summary of the main recommendations in the <u>SIGN guidelines on stable angina</u>.

Recommendations are graded A B C D to indicate the strength of the supporting evidence. Good practice points / are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: www.sign.ac.uk

Angina is used to describe a clinical syndrome of chest

Others

- MIMS app MIMS formulary
- NICE Guidance app offline access to NICE guidance
- Credible Meds QTc interactions
- iResus app Resuscitation Council BLS/ALS guidance

Is there a pattern emerging? They're all reference texts.

Some actually essential apps



LastPass

cross-platform password manager

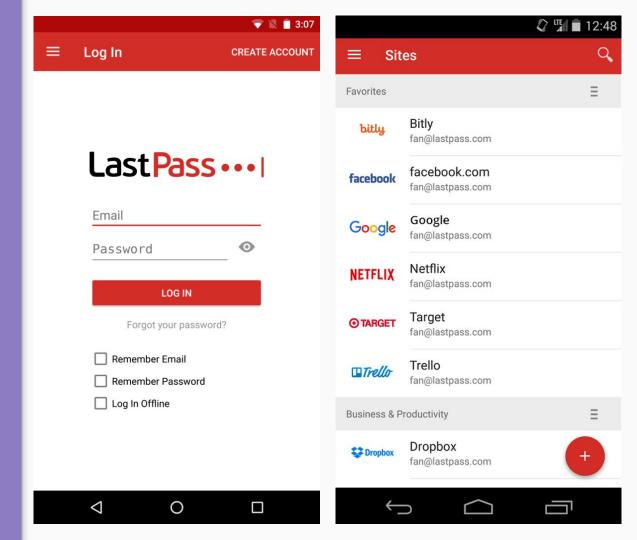
enables possibility of **single-site** random passwords

LastPass remembers all those passwords so you don't have to.

Use a **very strong master password** - also optional fingerprint auth on app

Play Store

App Store





LastPass

cross-platform password manager

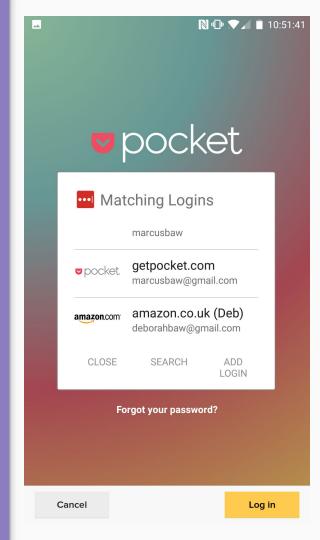
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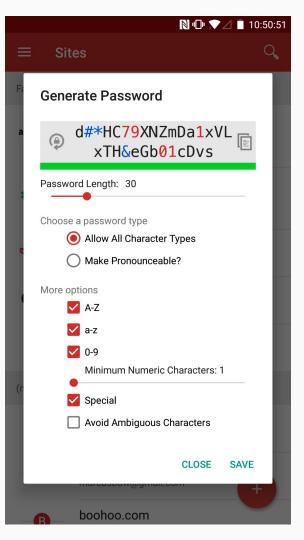
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Play Store

App Store







Trello

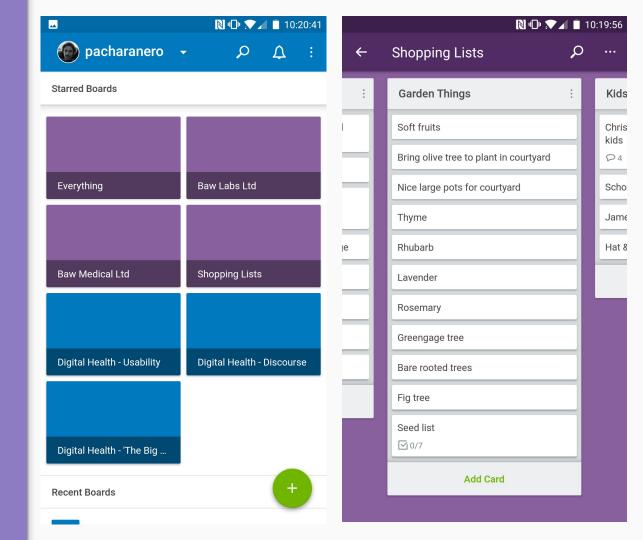
Digital version of Post-its on a board

Manage projects, lists, todos

Sync across teams, devices, desktop

Play Store

App Store





IFTT

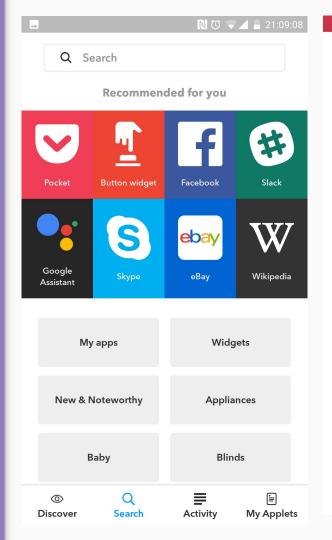
If **This** Then **That**

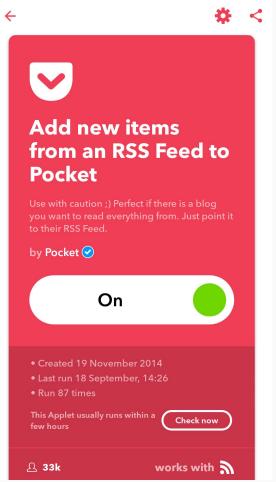
Automate the web services you use, reducing the time you spend on admin tasks

Unfortunately **not one** clinical application has an interface that can be used by IFTTT

Play Store

App Store





№ 10:33:40



Podcasts

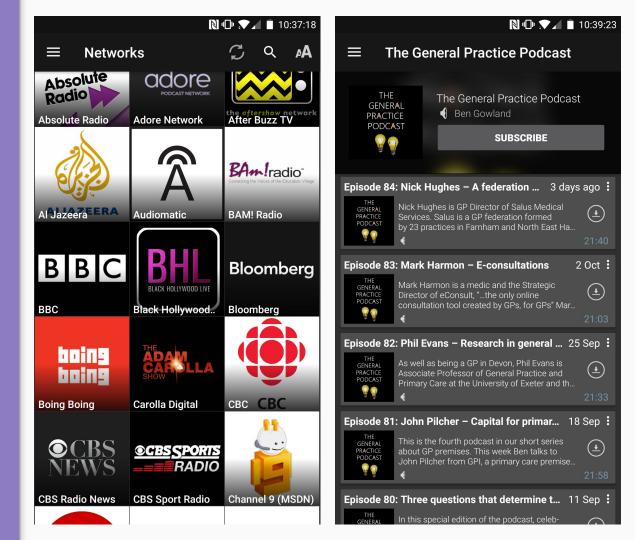
Podcasts are an excellent way of learning and keeping up to date

Especially good when travelling/commuting as it's hands-free

No single best crossplatform option for podcasting apps...

iOS: use iTunes/Podcasts

Android: Podcast Addict



Others

- Zapier -like IFTTT but more integrations, more complex
- Xero online accountancy on desktop and app
- Maps Google (or Apple) Maps essential for locums doing Home Visits!

The missing clinical apps

- Easy and convenient gathering of information for CPD, appraisal, revalidation, 360° feedback
- Fully interactive and comprehensive real-time mobile access to the clinical record, complete with prescribing
- Smartphone-based tools and instruments (eg for clinical photographs, dermatoscope) that integrate properly with the native clinical record
- Clinical messaging: intra-team, inter-team, with clinically appropriate persistence to the record

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Why aren't there any good apps?

- medical professionals are a globally small market
- EPR vendors aren't all that interested in apps (they already have our money, apps & interfaces will only reduce their power/control)
- interfaces usually absent.
- where APIs present they're proprietary/exclusive and functionally poor
- Information Governance requirements are (for good reason) stringent
- 99.999% uptime required from the get-go

So... what's the problem?

chronic subacute hypoinfrastructuralism

telephony





maps





payments



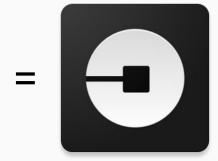


and that is why Uber exists









How would we make things better?

Things that need to exist

- bookings APIs- GP, hospital, social care, ambulances, blood tests, physio
- register APIs ODS data, every practitioner of anything, anywhere
- comms APIs secure comms channels between pts/clinicians
- calculations APIs- MEWS, centiles and other hard clinical scoring API-ified
- consent APIs for data sharing, procedures, organ donation...
- map layers GP/CCG boundaries, hospitals/UCCs, disease prevalence...
- 3rd party APIs- pharmacies, private sector, home care, food service...

Ways to **get involved**

- BCS PHCSG this group! Conference tomorrow 13.10.17 here!
- <u>onehealthtech</u> open community for health tech events nationwide
- <u>openhealthhub</u> coalition of online forums for health tech, also quietly developing <u>NHoS</u>, an open source desktop OS for the NHS
- <u>INTEROPen</u> industry group co-ordinating development of shared, common data structures that will
- NHS Hack Day inclusive health-hacking community with regular events for clinicians and developers

Questions

Interesting app-related conversations

Secure messaging apps

Secure messaging?

https://www.securemessagingapps.com/