

Letter to the editor,

Many thanks for the opportunity to respond to the comments Qadir and Kadyan make concerning our study. The interesting point is that the data they share shows exactly the same findings as we report. With specific reference to our methodology:

- 1 We sampled the data over 3 sites with 2 different EPR systems as we believe this reduced the bias of analysis based on a specific EPR.
- 2 Data collection was over period of time that allowed staff training and familiarization of the systems as they were being introduced.
- 3 Our table 1 showed the results of both EPR systems separately and combined together to allow readers to interpret the data in detail independently. For the Moorfields City Road data, we identified the samples of new patients with a stamp in the medical notes to indicate full documentation of the entry on EPR, based on the discretion of the clinicians. The fact IOP was only recorded in 90% of the Openeyes entry we speculate was due to it not being a forced choice option.
- 4 Both electronic and paper data entry in all three sites can be performed by clinicians, trained ophthalmic nurses and technicians. The final entries were all completed by the clinicians. For the paper entry, structured paper new patient proformas were used across 3 sites.

Whilst we agree electronic records are the 'way of the future', the findings of both our study and the findings of Qadir and Kadyan highlight the need for regular and continuous evaluation of an EPR. This evaluation will ensure safety and reliability in the transition to a 'paperless', or at least 'paperlight', NHS.