Out of Hours

BJGP Student Writing Competition:

the results

The GP in the Digital Age

We had a wonderful response to our Student Writing Competition with the theme: *The GP in the Digital Age*. Many thanks to all those students who submitted their entries and congratulations to our top three. Our judging panel was unanimous when it came to the winner. Lydia Yarlott's piece is original, funny, and perfectly captures the conflict that can arise between humans and digital systems. Joseph Anthony's article got straight to the heart of the topic of how digital resources can improve quality and continuity. In joint second place, Rebecca Varley has written a warm, personal, counter-perspective that will appeal to anyone who has approached technology with some unease.

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1ST PLACE

A Digital Ache

To: REFERRALS
From: Dr Watkins

Dear Colleague,

I wonder if I could request an appointment for a patient of mine, Mrs Perkins.

In view of her symptoms, I do not think that a repeat endoscopy is required, but I would be grateful if she could be reviewed again in clinic.

Yours,
Dr Watkins

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To: Dr Watkins
From: APPOINTMENTS

Thank you for referring: MRS PERKINS to: ENDOSCOPY DEPARTMENT

An appointment has been booked for: 08:10am 12/01/15

Password: sd67jac9yt
Reference number: 00074583433517344

A letter has been sent to the patient containing their unique access code.

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To: APPOINTMENTS
From: Dr Watkins

Dear Colleague,

I would be grateful if you would cancel the appointment for the above patient, Mrs Perkins, as she does not require a repeat endoscopy.

I have attempted to do this by telephone, but a phonetic disagreement between your voice recognition system and myself led to a serious breakdown in communication, and our alternative interpretations of my attempts to enter the password eventually proved insurmountable.

Yours,
Dr Watkins

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To: Dr Watkins
From: APPOINTMENTS

PLEASE DO NOT REPLY TO THIS MESSAGE

PLEASE NOTE: CANCELLATIONS CAN ONLY BE MADE BY TELEPHONE BETWEEN 08:00 AND 12:00 MON-FRI. YOUR REFERENCE NUMBER AND UNIQUE ACCESS CODE ARE REQUIRED.

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To: APPOINTMENTS
From: Dr Watkins

Dear Colleague,

Thank you for your message regarding cancellations. I can assure you that I have spent more time with your automated switchboard than with my wife this week. If I ever did enjoy Wagner, I'm quite certain I don't now.

> *"... I have spent more time with your automated switchboard than with my wife this week."*

My secretary has also attempted to cancel this appointment, but confusion over a unique access code, password, and reference number ensued. I presume it was an intrinsic hatred of repeating random combinations of letters and numbers ad infinitum that led to her taking some extra leave, but it may also have been Wagner.

Meanwhile my patient is due an endoscopy next week: a matter which concerns anyone who might actually require one. I would very much like her to be reviewed in clinic instead.

Yours,
Dr Watkins

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To: Dr Watkins
From: Hospital

PLEASE DO NOT REPLY TO THIS MESSAGE

Thank you for referring: MRS PERKINS to: GASTROENTEROLOGY CLINIC

An appointment has been booked for: 09:30am 10/01/15

Reference number: 00074583433517345
Password: onh823ts6vc

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To: APPOINTMENTS
From: Dr Watkins

Dear Colleague,

I received a notice this morning that my patient's appointment in the Gastroenterology Clinic has been cancelled, and the appointment in Endoscopy remains. Apparently there was a mix up relating to the reference numbers, and the wrong

access code was entered. I did telephone, but I might as well have tried to break into Gringotts.

I appreciate the diligence of your system in its determination to instigate invasive investigations for all, but from a clinical perspective may I suggest that this approach is not entirely justified.

Yours,
Dr Watkins

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To: Dr Watkins
From: Dr Blakemore

Dear Dr Watkins,

I was surprised to see your patient, Mrs Perkins, on the endoscopy list for this morning. So was she.

Fortunately I had a few minutes to give her some reassurance about her symptoms, and I have discharged her back to your care.

Best wishes,
Dr Blakemore

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To: Dr Watkins
From: APPOINTMENTS

AUTOMATED RESPONSE: PLEASE DO NOT REPLY TO THIS MESSAGE

This is to inform you that your patient: MRS PERKINS did not attend their appointment at the: ENDOSCOPY DEPARTMENT on: 08:10am 12/01/15

This appointment has been rebooked for: 10:20am 19/01/15

Password: onh823ts6vc

Reference number: 00074583433517341

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Lydia Yarlott,
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DOI: 10.3399/bjgp15X685741

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JOINT 2ND PLACE

RATs: Quality not Quantity

Talk to any politician and they will tell you that the problem is one of access. 'GPs should be working 7 days a week', 'more appointment-slots should be available', 'better access equals a better service', they yell from their soapboxes. And with a growing population, which has ever-increasing expectations of what the NHS should do for them, you might be forgiven for thinking that the problem is simply one of quantity.

This attitude is evident in the government's recent approach to improving general practice. Development of effective telehealth in the UK has been a priority, with CCGs rolling out these services thanks to heavy financial backing. Telephone consultations were once the purported solution; increasing ease of access and therefore the quantity of consultations available was the goal, however, the results were far from satisfactory as the increased access simply led to greater demand. The telephone slots were used but those same patients too often still required a traditional consultation, hence the ESTEEM trial's conclusion that telephone consultations were not cost-effective.[1]

CCGs are therefore turning to the next step in telecommunications and video consultations using Skype are now widely available. These continued attempts to pursue telehealth seem to ignore the lessons learnt on the telephone. Telehealth provides consultations at the click of a button, day or night, decreasing overheads for premises, administration staff, and the like. The goal is an increased number of consultations at low cost but as these services are not proving economical and have not tackled the previous issue of patients requiring a repeated consultation, what purpose do they serve?[2]

The digital age is, however, supplying technologies that are resulting in palpable improvements to health services. While telehealth receives the headlines and funding, the comparatively humdrum integration of Risk Assessment Tools (RATs) is leading to faster and safer consultations. In broad terms, this utilisation of software to carry out important analysis of patient data can and does save GPs valuable time, which can be better spent elsewhere in the consultation.

The growing numbers of RATs available to GPs are small steps that can make a big difference to patients. ECLIPSE (Education & Cost-analysis Leading to Improved Prescribing Safety & Efficiency) is just one example of such a tool. The software analyses data on practice systems and uses algorithms to detect long-term trends in clinical entries, prescribing, and pathology results. ECLIPSE identifies patients who are overdue for monitoring tests or being put at risk by their medications and presents these findings via a traffic light system of alerts, with the aim being to prevent unnecessary hospitalisations. For example, a full blood count shows a haemoglobin of 13.5 g/dL, a rushed GP sees a normal result but ECLIPSE sees the bigger picture. This patient is on an NSAID and their haemoglobin was 16.0 g/dL 2 months ago, an ODG is ordered, a peptic ulcer is detected, and an outcome improved.

ECLIPSE has already been rolled out by several CCGs and more RATs are being added; for example, Nottingham's QCancer score and Professor Willie Hamilton's cancer prediction tools which aim to tackle an identified weakness of the NHS — early cancer diagnosis.[3,4] This is not the story of a digital panacea, rather of incremental improvements that have the potential to improve general practice, and thus patient outcomes.

Talk to any GP and they will tell you the problem is not one of access. They will tell you the focus should not be on quantity but on quality. They will emphasise the importance of continuity of care and a safe and efficient service. RATs are helping to provide that service.

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"This is not the story of a digital panacea, rather of incremental improvements that have the potential to improve general practice, and thus patient outcomes."