
"Use video consultation in the NHS along with remote computer access using the complete NHS clinical record. Eureka."

The future is video consulting

The problem with all research is commissioning bias. Researchers set out to prove their own hypothesis and come hell or high water that is what they do. After choosing more than 20 potential data outcomes, bingo, you get a statistically significant outcome purely by chance; mess around with some exclusions and the chances of proving aspects of a predetermined hypothesis become a certainty. This is why so much data are conflicting — it's biased right from the go.

I think if something truly works, then it is self-evident. No one did an RCT into penicillin or, for that matter, if planes can fly! Here is another truism: the more complicated the research and the data analysis, the less likely the outcome is true. As for observational qualitative 'evidence', it is so conflicted by predetermined prejudice, as to be worse than useless. So where is this poorly evidenced tirade going?

I will tell you something that is self-evident. Technology is the great disrupter. What the Industrial Revolution did to unskilled labour, artificial intelligence (AI) is about to do to the professional classes. It's not a question of if, but merely when and how. The AI algorithm will organise all the tests and imaging, with a doctor perhaps making a brief cameo appearance at the end. This will be the reality but it is a generation away.

But there is another technology that is about to break up current care. Video consultation (VC) might very soon become the new norm. Perhaps over half of communication is non-verbal (qualitative research!) so VC is a leap forward compared with phone consulting.

There are a number of new players already pushing this on, Babylon being the most high profile. These are seen as a flick knife threat to current care. Good. The curve of change keeps banging medicine on the back of the head, and we need to get this through our thick heads. Sonic the Hedgehog is road kill, the Mario Brothers are in jail for tax evasion, and Apple has been used to smash Windows 95. The tipping point is long past.

Our practice serves over 60 000 patients,

split over five sites in central Scotland. We are struggling to recruit in areas outside the major cities. GPs have choice and won't travel to Scotland's old industrial hinterlands. What to do? Substitute GP time with advanced practitioners? This works well. Then what? Work remotely and ask GPs to do the process paperwork, results, acute prescriptions, and callbacks from remote sites based in Edinburgh or Glasgow? This works very well too. Now what?

Use VC in the NHS along with remote computer access using the complete NHS clinical record. Eureka. Doctors can consult from home. No travel. No childcare issues. It delivers the potential of working completely self-selected time slots from 6am to 10pm or weekends for clinicians, which suits doctors and patients. And would doctors be willing to work more hours if based at home? In a winter crisis could everyone offer an extra few hours of consulting from home? Would it be easier to retain staff in the workforce? No research needed. Yes.

So we need a simple app-based video solution that allows local appointment booking and records and stores all consultations. We can't find one. NHS IT commissioning is about as agile as a supertanker and as innovative as a senior BBC drama commissioner.

The NHS won't deliver on VC so it's time someone else did.

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