

# Two-minute consultation: e-mail

## BACKGROUND

Doctors complain they do not have enough time. Patients complain about difficulty of access to GP services. E-mail has transformed information exchange in education, business and leisure activity and has enormous potential for efficiency savings within the health service. Healthcare professionals have been reluctant to use e-mail to communicate with their patients because of technical barriers, fear of a new communication medium, and perceived fears about confidentiality and litigation issues. Most e-mail enquiries from patients can be handled in less than 2 minutes. This article reviews the opportunities and pitfalls of using e-mail consultations to meet patient demand while saving doctors' time.

## E-MAIL CLINICAL ENQUIRIES

E-mail consultation requests originating from outside one's practice are best avoided and enquirers directed to an appropriate internet service such as NHS Direct or a disease-specific website. E-mail requests from one's own patients divide into three groups.

Administrative enquiries such as a request for an extension of an insurance certificate, enquiry about completing benefit forms can be dealt with by a simple 'yes, collect form from reception'. These exchanges of information take only a few seconds and can save the need for many face-to-face consultations or telephone calls during busy office hours.

Medication enquiries often pertain to possible side effects or potential drug interactions with recently prescribed drugs or complimentary medicine being taken by the patient. These enquiries take at most a couple of minutes to answer after reference to the *British National Formulary* or an internet search to check the active ingredients of proprietary compounds. These enquiries almost never require a face-to-face meeting. Medication enquiries can be tedious if dealt with by telephone.

Clinical enquiries are the most interesting to answer. They can vary from questions about possible risk of cancer to advice on self-medication for minor illness. Responders need to keep replies short and simple. If it is a potentially serious problem a formal consultation is needed and should be arranged without delay. Many enquiries are from patients requiring reassurance that their intention not to bother the doctor with a symptom is correct. Responders have to avoid entering into a protracted dialogue or exchange of e-mails. Think of e-mail as a form of triage to sort out who needs to be seen and when, and who may not need to be seen. Avoid the temptation to write an undergraduate essay on every disease or symptom mentioned. Patients requesting general information can be referred on to the NHS Direct website ([www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)) containing a thorough and accurate description of most common conditions and symptoms.

## REPEAT PRESCRIPTIONS

The use of e-mail for repeat prescription requests has many advantages. Patients can request their medication at any time of the day or night, including when they notice their medication has run low. Phone calls to busy reception staff are thus not needed. Practice administrative staff can process requests in batches once a day rather than having to collect and process requests continually. Signed prescriptions can be forwarded directly to a pharmacist of the patient's choice, thus, avoiding the need for patients to waste time in attending their practice to collect them. Practices may find that their incoming telephone lines are less busy if fewer repeat prescription requests are made by telephone.

## APPOINTMENT BOOKING

E-mail booking allows patients to initiate an appointment request at a time convenient to them and obviates the inconvenience and cost of telephoning their practice. Staff can process e-mail appointment requests in a relaxed manner

without constant telephone interruption. E-mail appointment booking is best reserved for planned appointments with a specific doctor a few days in advance. It is not appropriate for urgent same-day requests, or for use by people with tight diary schedules who may need to discuss and negotiate their preferred times in detail with a receptionist.

## TECHNICAL ISSUES

All UK practices should now have a reliable internal and external e-mail service. E-mail services for patients can run directly via e-mail or indirectly via the internet. Direct services are easy to set up and maintain. The practice will need a dedicated e-mail address for the differing patient enquiries. One receptionist can then forward enquiries to clerical or clinical staff as needed. Doctors should avoid replying using their own personal e-mail addresses. A direct e-mail, non-internet service, is less useful for appointment booking because several e-mails may need to be exchanged before an appointment time is agreed.

An internet-based service requires a practice to have a well-maintained website with password secure access. Appointment books can be displayed on the web, but many practices are reluctant to do this. It could be seen as giving preferential access to the technically literate, and is technically difficult to allow online access at the same time as using a recognised GP appointment software system.

## CONFIDENTIALITY

E-mails can be read by anyone with privileged access to a server. Users of e-mail have to be very careful to ensure that only the intended recipient receives an e-mail. Patients should be advised not to write anything in an e-mail that would cause embarrassment or distress if read by the wrong person. Medical staff who reply to patient e-mails should make sure they do not include any new personal medical details not declared in the patients' original e-mail. The safest way for practices to

ensure they do not send information to the wrong person is to restrict e-mails to replies to incoming enquiries. Reply e-mails from professionals can contain a disclosure disclaimer.

## MEDICOLEGAL ISSUES

As the medical and legal professions become more used to the almost ubiquitous use of e-mail for internal communication within organisations they are becoming more relaxed about using e-mail to communicate externally. E-mail dialogue between doctor and patient has the merit that a complete record is available, unlike for a telephone call or face-to-face meeting. Doctors have to be careful to keep e-mails short, concise and, above all, factual. Practices may prefer to obtain written consent from patients before allowing access to e-mail services. Practices using a direct e-mail service may choose to invite patients to register for the service by completing a written consent sheet. On receipt of this the practice can then send an introductory e-mail to the patient's e-mail address.

## GROUND RULES

Practices should make it very clear to potential e-mail users that e-mails should never be used for urgent or emergency problems. A commitment to reply within 48 hours is reasonable. Practices should adopt a 'zero tolerance' policy to receipt of patient-initiated 'spam' e-mails, circular e-mails, and the sending of viruses. Practices need to have an automatic virus scanner running on all incoming e-mails.

E-mail consultations as part of medical care should maintain a certain degree of formality. The greeting 'Dear Mr etc' is perhaps more appropriate than 'Hi'. Signatures ought to at least contain the doctor's surname, although a more relaxed 'best wishes' may be preferred to the formal 'yours sincerely'.

## RECORD KEEPING

Practices who still use paper records may choose to delay using e-mail consultations

until they have an electronic patient record system. Practice administrative staff can save appointment and prescription request e-mails in a subfolder of their inbox. These requests do not need to be kept long term because the actual appointment or issue of a prescription will have its own electronic record generated. Clinical e-mails must be saved and stored within clinical records.

## CONCLUSION

Patients like e-mail communication with their doctor. It is convenient, easy to use, and saves time and money by avoiding telephone calls and visits to a practice. Doctors who have overcome the modest technical and attitudinal barriers to the use of e-mail will find it convenient, interesting and quick. It only takes 2 minutes.

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## FURTHER READING

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## Conflict of interest

Dr RG Neville is in receipt of a Primary Care Research Career Award from the Chief Scientist Office of the Scottish Executive Health Department.