Editorials

Use of email for consulting with patients in general practice

Email is ubiquitous. Estimates in 2009 were that 97% of UK adult internet users across all generations and demographic groups had used email.[1] While professionals and the majority of industry would struggle without email, health care has not embraced this type of interaction and there is no accepted way for patients to email their doctor, with health care utilising more traditional methods of communication like post and telephone.

General practice is no exception to this; a GP could describe an inbox full of circulars and management mailings, but would not consider email as an integral part of their practice. Email is commonly offered by practices for repeat prescriptions and making appointments, but its use for direct contact with the doctor is not commonplace. However, there are GPs and practices in the UK that do offer email consultation; surveys indicate that up to 25% of GPs in the UK have exchanged emails with patients.[2] Analyses of email consultation show the most reported use is to provide the doctor with an update on their health condition, seek information about medication, or ask about a health concern.[3] For doctors who have tried email use, it tends to be with small numbers of selected patients.[4]

The lack of email use in general practice has not gone unnoticed by policymakers.[5] Offering patients email contact with their GP neatly addresses some of the most topical policy issues such as access to health care and modernisation of the healthcare setting. Department of Health policy states that 'patients should be able to communicate electronically with their health and care team by 2015,' with the intention that practices will put in place their own strategies. The draft terms of the new two-part direct enhanced service (DES) will reward practices for enabling IT functionality of systems that support secure electronic communication with patients, with the goal being to ensure that email consultation happens.

Despite the enthusiasm of policymakers, professional bodies and organisations supporting general practice, including the RCGP, have taken either a negative or neutral stance to email consultation. The BMA General Practitioners Committee has vociferously opposed the proposals to introduce email for consultation. This approach does not reassure GPs that they are supported in their use of email consultation should they choose to use it. Given a lack of support, it is unsurprising that GPs are generally concerned at the prospect of using email for consultation.

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WHAT ARE THE CONCERNS?

The main concerns of healthcare professionals when asked to consider the use of email for consultation are those of workload, safety, and lack of proximity with the patient. It is often argued that healthcare settings differ greatly from other professional sectors, where a transaction, financial, or otherwise, takes place, and a person receives a service or goods. Since the NHS is required to provide care for everyone, demand must be met with the same supply; GPs cannot simply turn patients away should they be bombarded with emails. Where workload is concerned evidence is conflicting; a recent Cochrane review including nine studies[6] was inconclusive on the issue of whether email increases workload, due to the low quality of the trial data. Retrospective data, from an analysis of patient online access to medical records and clinicians, found an increased use of clinical services; but it was not clear if this was due to email, the access to records, or both.[7] Qualitative evidence indicates that patients are conscious not to be seen to bombard their GP with emails, wishing to maintain a good relationship with their GP, which counteracts perceptions about possible patient behaviour.[8]

With regard to safety, the Cochrane review found no evidence of harm caused by email interventions. In addition, security is often stated as a concern, but other industries routinely conduct transactions of a confidential nature via email, for example banking and insurance. It is also worth considering that alternative communication approaches in general practice provide no better (and debatably worse) security; post may be intercepted or lost, telephone communication does not require confirmation of identity on either side. Lack of proximity via email arguably presents a problem, but this would only arise where email is a replacement for consultation rather than an additional tool. This is not the case, and other well established alternative consultation methods in general practice, including telephone consultation, suffer the same limitation.

HOW SHOULD IT BE USED?

The majority of concerns around email consultation use can be adequately addressed via formal planning and management. A standard operating procedure needs to be devised for email consultation use, identifying potential issues and devising standard approaches to dealing with these. It is not unreasonable for GPs to expect support and guidance from professional bodies in such planning, though the onus is not solely on these bodies; GPs can apply clinical experience and their experience with existing methods of consultation in devising a protocol for use.

On reflection, it is now difficult to imagine general practice without the telephone.

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There was, however a time when telephone consultation was unstructured and frustrating for GPs, causing them concerns about workload.[9] The way in which telephone consultation has become routine is indicative of how we may expect other communications technologies, such as email, to enter practice, with time dedicated to their use and protocols in place for guiding it.

GPs have an opportunity to adopt email consultation as a useful tool, on their terms and using clinical experience to determine the best ways to use it. Rather than taking a 'them and us' approach to policy and deciding to reject it, GPs should, at the very least, be prepared to accept email in their practice over time. Refusing to engage with the process of introducing email consultation could lead to email evolving in a way that is unhelpful to GPs and exacerbates the issues they are rightly concerned about. There is undoubtedly a lack of leadership on this issue. There are only 2 years until Department of Health policy on email requires enactment. Professional bodies must urgently consider developing guidance in how GPs can safely use email for consulting with their patients, and must support GPs in doing so.

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