We were able to discuss the issues that pupils raised and so addressed concerns that were important to them. We specifically addressed areas such as when young people can be seen, confidentiality, and how we can help to support them with emotional as well as physical problems. We discussed how general practice can support young carers as well as how GPs can help with the more common health issues for young people such as smoking, weight management, and keeping healthy.

We believe this basic health information is vital for young people, enabling and empowering them to access health care appropriately and responsibly.

But perhaps building relationships and improving trust between young people and health professionals in this way may also help to overcome some of the barriers young people face when accessing services?

The RCGP Adolescent Health Group (AHG) is producing a patient leaflet which summarises the key areas which might be covered in a consultation between a young person and their GP, and specifically addresses confidentiality. The leaflet should be available to all practices via the RCGP CIRC AHG webpage in January 2014.

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DOI: 10.3399/bjgp13X674350

The iSurgery

General practice is leading the way in terms of incorporating the advances of information technology (IT) into day-to-day medicine. Currently, most GP surgeries share information about patients across an interconnected network and this information is available on an intranet. Patient information is computerised and their notes, blood tests, and clinic letters are accessible at the touch of a button. Moreover, telephone consultations enable GPs to triage patients and give clinical advice successfully. This is a far cry from hospital medicine where there is hardly any integration of patient information across different software programs. For example, it is not uncommon to find patient blood tests results, imaging results, and clinic letters on separate programs and their notes in giant folders in the corner of hospital wards. It is clear who is keeping pace with technology and who is falling behind.

But why not extend the gap further? The next logical step seems to be the use of social media to share and communicate information with patients. One study showed increased patient satisfaction when using email with patients to book appointments, order repeat prescriptions, and consult GPs without increasing their workload.[1] This has been further evidenced in other publications and has also been replicated with short-message services (SMS) on mobile phones.[2,3] SMS exchanges with patients has also been used to successfully manage patients with uncontrolled hypertension in primary care.[4] These practices have been carried out safely and are widely accepted by those GPs involved. Ongoing efforts are targeting smoking cessation, controlling asthma, and reducing missed appointments. There also seems to be great scope for health promotion via these methods and others such as Facebook and YouTube whereby reminders for events and videos previewing classes and services at GP surgeries can be shown to patients. Anticipating these changes, the Royal College of General Practitioners has published a 'Highway Code' as a guide for doctors to social media appropriately.[5]

We may be closer to the iSurgery than we realise. A large randomised controlled trial of telehealth and telecare, the Whole System Demonstrator, showed that it can substantially reduce mortality, admissions to hospital, and cost of beds in hospital and A&E.[6] The Secretary of State of Health, Jeremy Hunt, has also pledged millions of pounds to help make the NHS 'paperless' by 2018 and connect the fragmented IT services which store patient information.[7] The future of healthcare could truly be online.

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DOI: 10.3399/bjgp13X674369

The Worcestershire Prostate Cancer Survivorship Programme

Two million people in the UK have had a cancer diagnosis and, due to improvements in diagnosis and treatment, the numbers of survivors are increasing. According to the National Cancer Institute, cancer survivorship encompasses the 'physical, psychosocial, and economic issues of cancer from diagnosis until the end of life.'[1] Hospital clinics are often overbooked with follow-up of survivorship patients, with little time available for each patient. Involvement of community-based care in survivorship has been shown to be beneficial. Follow-up for prostate cancer survivors through the UK varies, with some being discharged back to their GP and others remaining under secondary care. Cancer survivors may present to their GP after surgery and hospital discharge with a range of problems.

At Worcestershire Acute Hospitals, prostate cancer patients are offered entry to our new Survivorship programme, set up in 2009. Patients who have initial therapy with curative intent for organ confined-disease (surgery, external beam radiotherapy, or brachytherapy) are invited to join. Patients must have survived 2 years after radical