Out of Hours

The NHS simply has to wake up to mobile

UTILISING THE MOBILE PHONE TREND

The NHS has some brilliant web resources for patients and health information seekers alike. Maintaining resources like the symptoms checker, creating new video content, and ensuring content pages on health conditions are consistently kept up to date is a huge investment. But it is, without doubt, one the NHS should be proud of. It is critical that the public has quick and easy access to accurate, non fear-mongering content about health conditions and symptoms. We should be proud of what the NHS does for the public in this sense: providing the general population with a trustworthy source of health information on an internet polluted with inaccurate and alarmist articles about health.

It could certainly be argued that this investment in IT has the potential to save unnecessary trips to the GP and hospital too. The symptoms checker, for example, can put minds at ease over minor sickness. If potential patients can get their question[s] answered online in a click, could we potentially avoid those patients not really needing medical treatment from making a visit to a hospital, GP, or walk-in-centre just to ask a question? It's certainly feasible.

But there is a spanner in the works and it means that the vast wealth of resources published by the NHS across its core website and by various NHS trusts is diminishing in value over time. That spanner is the mobile phone.

My agency, Integrated Change, carried out research in 2014 into this mobile phone trend and its impact on diminishing the value of the assets produced by the NHS. We carried out Freedom of Information requests to various NHS trusts to find out how much of their internet traffic derives from mobile phones and how that has changed over time. We also undertook research into which of the trusts had invested into mobile- optimised websites and apps to cater to their audience's increasingly mobile-centric browsing habits.¹ The key findings included:

Mobile phone technology for health purposes extends to everybody, regardless of age.

- over 12 months, the number of people using mobile phones to access NHS websites has increased by 118%; but
- despite this, 57% of NHS websites are still not optimised for use by mobile phones.

This is worrying. Some of the NHS resources on the internet are particularly difficult to use for mobile users; a user base that is making up an increasingly large proportion of web traffic for the NHS. The general public in the UK are relying more on mobile devices and less on desktop devices to access web resources all of the time. But the NHS is failing to keep up. This means that as time goes on, the otherwise exceptional resources the NHS has invested in are becoming less and less useful.

COULD MOBILE TECHNOLOGY ASSIST PRIMARY CARE PROVIDERS?

As a further part of our study, we interviewed 100 private orthopaedic patients aged 15–65 years about their views on using mobile devices to book appointments and access certain information pertinent to their own ongoing treatment. Our study found that almost half of all patients would find it useful to book appointments, access their own information, and amend appointments

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using their mobile phones.

It is a fair assumption, then, that NHS patients would be equally open to using mobile technology for such purposes and this could cut administrative resource requirements in an already overstretched NHS.

It could go further too. Let's consider a scenario where a patient has regular appointments to measure blood pressure. Let us assume this patient is at no immediate risk of serious illness unless something changes drastically. Consider then, the possibility of this patient being able to self-monitor at home with cost-effective equipment and use a mobile app to supply the data straight to his or her primary healthcare provider daily or weekly, or however frequently it's required. The patient may then only need to see a doctor or nurse in the event that there's a worrying measurement, and for checks at less frequent intervals.

Such user cases are already technologically very straightforward to apply. And of course, there has to be balance. We can't rely on mobile technology exclusively and there's no substitute for a medical professional. But if mobile technology could reduce the strain on the NHS from an administrative perspective and allow patients to self measure certain (safe-to-do-so) metrics, then shouldn't we at least investigate the possibility?

We are a nation of mobile phone and tablet device users, rapidly embracing the technology quicker than most other EU countries. If the NHS can put this technology to use in order to alleviate some of the strain on overstretched resources, then surely it makes sense to explore it.

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1. Integrated Change, Digital Healthcare. *Whitepaper: UK healthcare is not keeping pace with mobile savvy patients.* <https://www.integratedchange.net/whitepaper-uk-healthcare-is-not-keeping-pace-with-mobile-savvy-patients> (accessed 12 June 2015).

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