Life & Times

Virtual consultations in general practice:

embracing innovation, carefully

The use of virtual consultations in general practice is perhaps simply another component in the ongoing modernisation of health care. GPs have used telephone consultations for over a century so upgrading the medium may be seen as a logical extension of this. However, aside from this natural progression, there exists an altogether stronger force expediting the rate of adoption: the evolving healthcare user.

A SOLUTION TO PATIENTS' FRUSTRATIONS?

There is growing dissatisfaction with existing services on account of increased waiting times and shorter consultations. In 2016, patients were required to wait almost 2 weeks for a routine GP appointment, a 30% increase on the previous year, and a figure that is expected to rise to 17 days this year.[1] Likewise, GP consultations in the UK are far shorter than many other countries in the developed world, with 92% of consultations lasting less than 15 minutes.[2] This immense pressure on GP services and the resultant patient frustration, in tandem with a changing demographic, an ageing population, and the growing burden of chronic diseases, necessitates research into innovative and affordable alternatives to face-to-face consultations.

Despite the burgeoning popularity of private mobile health-delivery platforms such as babylon health, Push Doctor, and Dr Now®, adoption of virtual consultations among NHS GPs remains low. Brant *et al* noted that 86% of the 318 practices they surveyed had no intentions to use virtual consultations, with fewer than 10% having done so at any point in the past.[3] GPs are almost unequivocal in explaining this lack of engagement: virtual consultations are detrimental to clinical practice, due to limited information exchange and an inability to perform examinations, and thus provide low levels of diagnostic certainty. Other barriers to adoption include a perceived increase in workload, concerns over patients' security, and technical issues.

Doctors are reasonable to express doubts over the impact of these services on their clinical judgement. Nevertheless, reserving virtual consultations solely for low-acuity, general medicine services may hold considerable benefits. There has been much interest in recent years in the use of telemedicine for chronic disease management. In a study last year, patients experienced significant improvements in diabetes, blood pressure, and cholesterol control when interacting with their GP via video services and e-mail.[4] They were reassured having ready, regular contact with their doctor, and felt virtual correspondence facilitated ownership of their condition and its management. This may benefit both the GP, who is able to monitor disease progression and propose timely interventions, and the patient, who is spared the inconvenience of travelling to the clinic for a routine check-up. Similarly, there is a place for virtual consultations in mental health management, particularly among younger patients, who noticed improvements in depressive and anxiety symptoms, and in avoidance behaviours.[5] This perhaps signifies a lack of engagement with primary care on the part of these patients, for whom virtual consultations presented a more accessible, and less intimidating, alternative. Another application of virtual consultations is to promote patient education. Nield and Hoo recorded a marked improvement in dyspnoea symptoms in patients with COPD when they were taught the pursed-lips breathing technique via Skype.[6] This could be further extended: smoking cessation and weight loss advice, for example, and medication instruction.

COST–SAVING BENEFITS

Regarding cost, preliminary data have shown that virtual consultations may be more costly to the NHS than face-to-face consultations (£724 versus £625 per patient).[7] However there are significant time and cost savings to be made both for the individual patients, and the economy: it has been estimated that time taken off work to visit the GP costs the British economy in excess of £5 billion per year.[8] Thus, although widespread adoption may not be justifiable on a cost basis alone, a broader perspective looking at patient convenience and the economic benefits through increased productivity, as well as improvements in patient outcomes and health status, may make it an altogether more palatable prospect.

Fundamentally, virtual consultations must remain an adjunct to traditional face-to-face consultations, the mainstay of clinical practice. Earmarking virtual consultations for low-risk functions, such as those discussed previously, while continuing to use face-to-face consultations for acute cases, may be of benefit, to the physician, patient, and health system at large. The high costs of virtual consultations can be offset by careful selection of the circumstances in which, and the patients in whom, it is most beneficial. Continual technological advancements will further improve the quality, and reduce the cost, of using these services.

With many arguing that the NHS is rapidly hurtling towards its nadir, it is imperative that innovation is not sidestepped but is instead embraced, in order to provide more accessible, affordable, and higher-quality care.

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