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Letters

I am unapologetically common. I like fried breakfasts, football, cars, rock, and I can't play any instruments. But medicine has an unspoken sophisticated cachet. We are clever, deeply thoughtful, 'different', and have a higher moral code than others — we are the best! Well, this is the professional projection but it simply isn't true. We aren't any brighter than others and certainly do not have a higher moral fibre. And our vanity is a problem; we don't accept criticism and are deeply conservative when it comes to change. Even now, when general practice is on its knees, screaming out for change. Here's a simple reform that all general practices need to adopt. Texting.

Let's consider the Neolithic processes that go on in most practices. Most still rely on lettering patients. Here's a common paper-based GP system: patient sees a doctor after a 2–3-week wait for said appointment, then sent for blood tests, 1 week later they are sent for a phlebotomy appointment, the bloods results are then returned to the doctor, the GP contacts reception who sends out a standard letter to make an appointment to discuss the results — another 2-week wait. As for normal results, the patient has to call between 12 and 12.15 p.m. to get the results every second Tuesday, leaving patients constantly phoning and the receptionist constantly chasing results and comments from doctors. A completely frustrating waste of time for everyone. A governance minefield. Sounds familiar? Now, let me be blunt. This is a dumb, stupid, idiotic system but seems to be standard practice because inefficiency is hardwired into the NHS.

So here's where texting comes in. First, arrange a 'one-stop policy', with bloods done at the first appointment. Second, explain that you are going to text the result back (even if normal). This addresses consent and confidentiality. Assume consent; document only if consent is declined. Get the bloods result back the following day. Text normal if normal. If action is needed the clinician can phone directly, or text the patient.

Clinical systems have embedded texting systems allowing messaging straight from the clinical system, populating as a journal entry. This whole process takes 48 hours. No phone calls, no return appointment. Governance sorted. This saves two appointments, a cost of a letter, and endless phone calls. Patients and reception are happy.

Currently only 40% of GP practices use texting.[1] But texting is easy, low-tech, familiar, and fabulously cheap. The concerns around confidentiality are classically Luddite, for letters can be opened by other members of a family or delivered to a previous address. Texting is much more secure, especially on modern smartphones. The options are wide ranging: we can embed a link to an NHS website, send global texts to all patients, text copies of letters, and send appointment reminders.

Why leave a message on an answer phone? Text instead. Indeed, why aren't hospitals sending out appointments by text rather than letter (normally arriving 3 days after the actual appointment time). There are so many different options that we have not yet explored. Why are we not using texting in every situation? The profession seems to have had a common sense bypass procedure.

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