

Digital Health in General Practice – GP Perceptions

General Practitioners' attitudes and experiences of digital healthcare

In order to better understand how digital technologies can enhance primary care from a general practitioner's perspective, 15 GPs were surveyed by face to face interview, email and phone. They were asked to reflect on their experiences of using technology, to consider which services technology would be most helpful in supporting and to highlight any issues and concerns.

Most GP consultations are face-to-face (surgery appointments, home visits), with a substantial proportion now using phone calls to supplement this. Some practices are starting to use social media for health education and general health questions. GPs were asked how they think technology could improve their practice.

Suggested uses of digital technology to improve practice

Health education and prevention

- Tailored information sheets and advice
- Some practices making use of Twitter and Facebook for general advice. It can help reduce demand for GP involvement in minor illnesses, through using social media for health education and more efficient provision of advice.
- Medical reference apps for GPs

Secure messaging or email

- Email was generally perceived as being valuable (in principle) to support health management in patients.
- Two GPs used email to communicate with a small number of known and trusted patients.
- It has the potential to improve transactional efficiency in primary care through reaching the patient via technology - possibly through secure messaging or email, to let the patient know of test results.

Remote consultations via video-links

- No GPs currently undertook remote video consultations and there were mixed reactions to the idea of doing so.
- Some GPs thought remote consultations should be trialled and offered as an option for patients – it could be a useful compromise between face to face (the best option) and a phone call (necessary for the convenience of the patient).
- The main value may be in providing better access to secondary care.
- GPs did not believe remote consultation would reduce workload but acknowledged that it might speed up referral times and offer cost-effective alternatives to patients having to travel distances to see their doctors.

Remote secure access to patient data

- Digital access to the patient database via mobile devices or laptops would save GPs time and mean they had the right clinical information when with the patient.

Improve the primary-secondary care interface

- Use video and better data sharing between GPs and consultants.

Telehealth

- Some GPs had experience of telemonitoring or telehealth systems (such as Florence Simple Telehealth System), which were felt to offer potential value.

Issues and concerns

- The level of acceptance was mixed, with some seeing it as an essential enabler, others expressing more caution.
- One interviewee was of the view that primary care was already sufficient without technology.
- Health equity was raised as a concern, as it may be mainly higher socioeconomic groups that have access to smartphones, email and home broadband.
- The limitations of broadband and mobile phone coverage in Cumbria are a restriction.
- Funding to invest in equipment and infrastructure has been a constraint.
- Patient emails need to be integrated into the core clinical software system for GPs so that the email becomes part of the sessional work - although it may seem like email to the patient.
- However, respondents were concerned about:
 - Data governance risks and security issues
 - A fear of being inundated with emails from patients
 - Email being viewed as outside of the core clinical work package for doctors
 - The difficulty of clinically interpreting emails from patients without interacting with them
 - The possibility that email consultations would increase the likelihood of legal liability in the event of any incorrect diagnosis or “missed” symptoms presented by the patient.

“If you’re worried about something, would a phone- or video-call be enough for you, or would you like to visit face to face and talk to someone and see the whites of their eyes? – see how they talk to you, it’s also competence isn’t it? If you don’t know the individual, and you don’t have that link of confidence, you probably want to see them face to face”.

“...if we could have iPads in our cars and we could afford them, we could speed up our consulting with patients in their homes because we would have at the end of our fingers all of their details without printing off the information on paper all the time”

“...video consultations? Yes, absolutely, it would be achievable if we had decent broadband providing that we have security governance in place, but will also need a faster broadband – depends on case, but follow-ups, absolutely”

Audit of GP Workload

Four GPs reviewed a day’s work. Results showed that 39% of patient cases could have been dealt with digitally.

Examples are:

- Cases where symptoms or health conditions can adequately be described over the telephone or by email
- Follow-up appointments where patients have already been diagnosed and treated - for example checking health symptoms
- Discussions regarding health conditions and test results
- Requests for information
- Reviewing prescriptions and health conditions
- Consultations not requiring hands on (i.e. physical examination, medical procedures, bio measurements).

