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Why are some GP practices reticent to embrace technology like email and the cloud? Do they have reason? **CARRIE SERVICE** discusses the NHS's reluctance to move with the times

Behind the times

Technology is a vital component of the day-to-day running of any organisation. The majority of businesses communicate with clients and colleagues via email on a daily basis, with many important business deals and transactions taking place without the parties involved having ever met face to face. This isn't seen as strange or 'unsafe', but simply how the modern world works and how we now choose to communicate with one another. It's convenient, fast and saves money on postage, stationery, man hours and lost mail. So why is the NHS so reticent to embrace email and other similarly useful technological advancements in the same way that other businesses and organisations have? "In healthcare, we often observe somewhat of a dichotomy in terms of the use of technology," says Nicola Hall, chief operating

officer of Ingenica Solutions. "Clinicians willingly embrace new technologies in the treatment of their patients, but are often reticent to adopt new technologies in the interaction with the patient, or patient record management." Is it perhaps because the NHS sees its area of expertise to be the care and treatment of patients – i.e. purely clinical – with communication technology and administration simply being a necessary byproduct of that process? Perhaps this fear of the unknown is where the anxiety that surrounds technologies like email and the cloud in the health sector stems from. But, is this fear a justifiable one?

SECURITY RISKS

The main reason cited by the NHS for not using email as a means of communication with patients – for clinical purposes that

is – is that documents sent from hospitals and GP practices often contain sensitive information about a patient's health and that by forwarding this information via email, certain security risks are posed. A regular blogger for the *Guardian*, known by his pen name 'Dick Vinegar', recently wrote a column asking why the NHS still uses snail mail. He spoke about two letters he received from the hospital just after Christmas: one dated 12 December – a whole 12 days before he actually received it – and the other notifying him of an appointment to see his surgeon on 29 January, dated 20 December – four days before the letter had arrived. Being just three miles away from his hospital, he felt the delay in receiving his correspondence was considerable and unnecessary. 'Both these letters seemed sort of urgent to me,' he wrote, 'and I was amazed that any hospital >



technology

should hand them to the tender care of the Royal Mail in the run-up to Christmas. This is the 21st century, isn't it? But, then I remembered that the NHS does not believe in email as a viable mode of communicating between clinicians and patients.'

'SENSITIVE' INFORMATION?

Although there is the undeniable risk that an email could be intercepted and seen by someone other than the intended recipient, there are just as many opportunities for a letter to fall into the wrong hands. Shared letterboxes, changes of address, and theft all make snail mail just as vulnerable a choice of communication as email. And handwritten patient notes filed in hospitals are at constant risk of damage or loss by fire or theft – as is information stored on a GP's hard drive. Even if information is backed-up, it is by no means completely risk-free.

There is also the fact that not all patient information would be considered 'sensitive'. Would you be particularly bothered if a stranger knew you were entitled to a free flu jab, for example? How much information exchanged between a doctor and their patient should be viewed as 'sensitive' and is the NHS wasting valuable time worrying about keeping this information private – and missing a vital opportunity in the process?

'Clearly, correspondence about sexually transmitted diseases and other sensitive matters should be carried out by letter, preferably registered letter,' writes Vinegar. 'But the vast majority of traffic is more humdrum and doesn't need that level of security. Why carry on with letters, when something cheaper and instantaneous is available? Yes, there are difficulties with email, and there will be loads of unintended consequences. But surely somebody should sit down and study the pros and cons seriously, without the prejudices of the doctor/patient confidentiality lobby getting their own way all the time.'

HEAD IN THE CLOUDS

Many believe the future of the NHS is being held back by its reluctance – or inability – to implement an integrated and interoperable means of sharing patient information across primary and secondary care. Cloud computing has been championed by many as the solution to this problem and is welcomed with open arms by other areas of the public sector, such as schools. However, for the NHS it has become a sticking point,

as a discussion about cloud computing posted on the *Ehealth Insider* online forum, highlights. 'The NHS has a fantastic opportunity to modernise the way it works,' one poster wrote. 'CCG's and PCT clusters are looking for online collaboration tools – trusts and health informatics services should be looking at the provision of integrated NHS and local authority infrastructure to offer seamless connectivity across the healthcare community. We need a new model and cloud computing is one of the answers.'

In response, another poster highlighted the general feeling of unease that accompanies cloud computing, due to its intangible nature – paired with our minimal knowledge of its true potential: 'Can you see us being allowed to put data on a generic server "somewhere out there"?... When it has matured and is secure and reliable, in say 10 years, then we can look at moving to the cloud.'

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A TICKING BOMB

So does the NHS simply need more time to analyse the pros and cons of these kinds of technologies before it comes to rely on them more heavily? Hall believes that as patients already rely heavily on it in their personal and professional lives, despite there being an ageing population, the NHS can't afford to fall behind the times. 'As the pressures on healthcare resources grow, both in the primary and acute sectors, enabling access to healthcare professionals through technology will be an imperative,' she says. 'Whilst we have an ageing population less able to deal with technology, the era of the digital native is upon us and eventually the patients will expect to be able to use basic technology to interact with the primary care sector. Harnessing the power of technology will help transform the healthcare sector by streamlining operations, and ultimately facilitate the delivery of improved services.'



The compulsory introduction of online appointment booking come 2015 will be a step in the right direction for GP practices and if successful could help change attitudes in primary care. Practices could benefit a great deal from allowing patients to communicate with out-of-hours GPs, nurse practitioners or receptionists – even just to cancel appointments to reduce DNAs. There have been countless times where I have been forced to book an appointment with a GP or see a consultant for something that could have easily have been resolved via email or (heaven forbid) Skype or similar means of video communication. Granted, not everybody is physically able to communicate in this way, either because of lack of internet access or computer literacy, or perhaps it's just not always appropriate. But I for one, would happily take the opportunity to hand over valuable GP time – not to mention the time of other staff involved in managing the practice – to someone who wants and needs it. Yes, there are risks involved in communicating via email or having your records stored on a virtual network that can be accessed from anywhere in the world, but, patients should be given the choice of taking that risk, if it means making the NHS and GP services more accessible. ■