Innovation in e-health with patients
Meet Helen Atherton, winner of the 2014 Yvonne Carter Award and expert on the use of e-health in general practice.

Helen Atherton, winner of the 2014 Yvonne Carter Award for innovative new researcher, impressed the award panel by her work and leadership within the field of e-health care as well as her commitment to supporting and developing the wider discipline. The award, of £1000, is presented jointly by the RCGP and the Society for Academic Primary Care (SAPC), and supports the winner in developing international collaborations to support primary care research.

Dr Joanne Reeve, Chair of the SAPC, said of Helen “her plan for the use of the award stood out as particularly innovative, with plans for fieldwork and collaborative conversations with others in the field of e-health. She is developing and leading her own research agenda; whilst showing commitment to supporting and developing the wider discipline and her colleagues.”

Helen Atherton is an early career lead for the SAPC and leading Athena Swan work in Oxford to support women in academia. In the interview below Helen tells us about her motivations, ambitions and provides insight into how GPs can make use of e-health to support their patients.

What triggered your interest in the field of e-health?
I have a long held interest in access to healthcare and how we deliver care. As a health services researcher I work on service delivery rather than focusing on disease specific research. This is challenging, because it cross cuts all of general practice, but ultimately has a far reaching impact.

Based on your current work what advice do you have for GPs in the UK about using email for consultation?
At present there is little evidence on how best to use email and the impact this has on patients or doctors. Any advice or tips I have comes from preliminary data and what seems like best practice.

In the absence of evidence, GPs should use email in the way that seems appropriate to them. It is perfectly ok that many GPs make almost no use of email; however, for others it is an important part of their clinical work. We know that, based on different surveys, approximately 23% of UK GPs have reported using email to communicate directly with patients. This suggests that email is proving useful in some way to a number of
As with any method of consultation, safeguards can be put in place, for instance clear protocols about how, when and by whom emails will be dealt with. Many of the potential issues around email consultation use can be pre-empted, for instance by having an automated reply to tell patients when they can expect a reply to their email.

Ultimately we need clear evidence on which to base guidance on how best to use email and to manage any risks and problems that could be associated with its use. That is what my research programme is aiming to provide.

**How do you feel email correspondence will help both GPs and patients?**

Email provides an additional tool for communication with patients, with the potential to move certain types of consultation out of the surgery, providing additional access where appropriate and freeing up face to face slots. My future work will focus on determining exactly what these types of consultation are as we do not currently know where it might be most effective and safe to use email.

**You plan to use Denmark as a model for email communication with patients. What level of communication do GPs have with patients and how do they manage this with their day to day workload?**

Although use of email consultations is mandatory in Denmark, there is little reported evidence on its use. This is why I am keen to find out more about how the use impacts on factors such as day to day workload. Anecdotal reports indicate that some GPs use it extensively, whilst others offer minimum access via email. The majority of GPs use designated secure websites, where patients log in and have access to a secure messaging system as well as the ability to book appointments and request prescriptions. This may be a useful model for introduction of email consultation in the UK.

**Your future research will look at using email consultation to support the management of patients with multimorbidity. What are the implications of the research for general practice within the UK?**

Firstly it is crucial to try and determine which parts of the management can be safely and effectively dealt with via email – it is not likely to be useful for all care in all conditions. This use must be acceptable to both GPs and patients. Then I would be able to examine the effectiveness of email consultation, comparing it to other existing and trusted methods of consultation. This would provide the evidence for guidance and systems for getting email consultation into routine practice.

**How to you predict multimorbidity e-consultations will work within the UK?**

The key is that the consultations have to work for both GPs and patients; whatever they are used for. It will not work if either group are not happy with the purpose and methods of use. At the moment policymakers advocate widespread use of email consultation. I think this top down broad approach is the wrong one, and instead we should be focused on the areas where email can be a useful tool for the GP, something ready for them to use in the context of an existing doctor-patient relationship to provide continuity for certain types of care and improve access for patients who can replace other types of consultation with email.

It is likely that the easiest way for email consultation to be used in practice will be if it can be conducted via a secure website or patient portal, linked to existing information systems.

**There has been criticism about broadening health inequalities e.g. through older people not being able to access general practice via e-consultations, do you have any thoughts about this?**

This is an important point and commonly made. It would be an issue if email consultation became the only route of access for patients, but this is unlikely to be the case. It is less of a concern if GPs adopt email as a tool in the context of care delivery within the doctor-patient relationship. My future research will examine the impact of email on different groups, for example hard to reach patients, as it is crucial to make sure that care is equitable.