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LETTERS

EFFECT OF TELEHEALTH

Rural areas may benefit most

Robert K Peel renal physician

NHS Highland, Raigmore Hospital, Inverness IV2 6XG, UK

Steventon and colleagues' interesting data raise more questions than are answered.¹

Telehealth takes many forms, and outcomes should not be measured merely in terms of mortality and money saved. In the north of Scotland, we have used a combination of video conferencing and telephone consultations for patients in our dispersed population who have chronic kidney disease.

The quality of service we provide has improved, with little or no reduction in costs; but taking a wider view, costs to society in terms of patient travel and time off work for patients and carers have been reduced.

We can see more patients in their locality by selecting patients for telehealth consultation, which frees up space in the outpatient clinic. Patients will often not have to make a 250 mile round trip, saving their time and reducing carbon dioxide emissions. The feedback from patients has been positive, and as a sceptical bunch of clinicians we have been pleasantly surprised that the quality of consultations is not affected.

We need to see the bigger picture, and rural areas may benefit most from telehealth solutions.

Competing interests: None declared.

Steventon A, Bardsley M, Billings J, Dixon J, Doll H, Hirani S, et al; for the Whole System Demonstrator Evaluation Team. Effect of telehealth on use of secondary care and mortality: findings from the Whole System Demonstrator cluster randomised trial. *BMJ* 2012;344:e3874. (21 June.)

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robertpeel@nhs.net

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