



LETTERS

BRING OUTPATIENTS INTO THE 21ST CENTURY

Communicating, consulting, and caring differently

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Richards exhorts us, with passion, to work differently, for poorly served patients and overburdened staff.¹ We need new approaches to healthcare interactions.

We see such systems having several key components: digital healthcare records shared between providers (“communicate differently”) and video based consultations (“consult differently”). We have developed a digital platform for patients that includes and engages people with self management—not by turning them into “mini medics,” but by helping them to work on a personally important agenda, to track progress over time, to receive relevant information, and to communicate with care teams. With these tools, follow-up can be based on need; healthcare users benefit from the immediacy of digital access to answers to their concerns, gaining confidence in self management, reducing service use, and improving care experience (“care differently”).

All are in use today. Airedale NHS Foundation Trust uses video conferencing to support residents in several hundred care homes across England 24 hours a day, 7 days a week, bringing skilled clinicians “into” their rooms without delay in urgent situations.² Patients in prisons receive video clinic consultations, typically avoiding travel to hospital outpatient departments and substantially benefiting patients and local healthcare organisations. Shared electronic records are important enablers in both settings. In Shropshire, patients receiving chemotherapy are supported using digital self management tools, a round the

clock call centre, and oncology staff, who offer digital and face to face contacts as necessary. Blending traditional and new care approaches has led to a 50% reduction in bed days used by this vulnerable group.³ Patients’ reported experiences are excellent in each of these areas.

Existing technologies enable personalised care at scale and new types of consultation and could support integrated healthcare systems. The benefits seem important for service users and care providers—the challenge is to persuade more clinicians to use them.

Many medical staff who become unwell do not, when moving through health systems, take the route offered to their patients. Are they not “voting with their feet?”

Competing interests: The authors are directors of a digital health company.

Full response at: <https://www.bmj.com/content/361/bmj.k2472/rr-2>.

- 1 Richards T. Bring outpatients into the 21st century. *BMJ* 2018;361:k2472. doi:10.1136/bmj.k2472.29875121
- 2 Pope R, Muchan M, Malin R, Binks R, Wagner A. The results of 24 hr teleconsultation with people at home and in residential care settings. *Int J Integr Care* 2013;13:10.5334/ijic.1421.
- 3 Khanduri S, Redgrave R, Elves A, Breakell L, Fleming K. Digital technology improves monitoring of chemotherapy toxicity and enhances citizen self-care https://www.kingsfund.org.uk/sites/default/files/media/T3B_S%20Khanduri.pdf

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