

Telecare on tap, but at what price?

A new UK telephone service recently launched by Talk to a Doctor claims to be the first in the world to give people the chance to connect directly with a doctor to discuss their concerns. Talk to a Doctor offers a private telephone and email service claiming to provide 'access to immediate medical advice from home... giving people the chance to talk to a fully qualified doctor whenever they need to'.

According to the company's website all doctors are fully trained and GMC (General Medical Council)-registered and have at least 4 years' experience of treating patients. They promise to answer questions and refer patients on where necessary. Customers, who may remain anonymous if they prefer, pay for the service via their telephone bill or by credit card. What are the implications of this type of 'arms length' health-care delivery? Is it the answer to patients' prayers or a dangerous innovation that will cause havoc to established systems?

What do patients want?

Research carried out at the Picker Institute repeatedly shows that patients want to have a say in their health care. Surveys by the Institute highlight eight dimensions of care that patients have identified as crucially important to them:

1. Fast access to reliable health advice
2. Effective treatment delivered by trusted professionals
3. Participation in decisions and respect for preferences
4. Clear, comprehensible information and support for self-care
5. Attention to physical and environmental needs
6. Emotional support, empathy and respect
7. Involvement of, and support for family and carers
8. Continuity of care and smooth transitions.

Clearly services such as those offered by Talk to a Doctor can do much to meet the first requirement of 'fast access to advice'. They provide a service that connects callers direct to a doctor at a time that suits them, bypassing the need to make an

appointment, and give the patient far greater flexibility in engaging with their health care at a time that is convenient to them. Similarly, telemedicine appears to have the potential to deliver 'emotional support, empathy and respect' and indeed Talk to a Doctor make much of their promise to deliver 'friendly' advice from a 'friendly type of person'.

But what of 'effective treatment by trusted professionals', and the need for 'clear, comprehensible information and support for self-care'? Both of these are possible but are areas where quality issues come to the fore. Who determines the quality of the information being issued by such teledoctors and how does the patient know that it is reliable, up to date or indeed safe?

A recent study *Assessing the quality of information to support people in making decisions about their health and healthcare* (Coulter et al, 2006) reveals that the quality of information available in the public domain today is patchy. It found examples of good, reliable patient information hard to find, and found that many web sites and leaflets do not provide sufficient information to enable patients to make informed choices.

A further concern with such private services is the price of consultations and advice. At a cost of £30 for a 20-minute telephone consultation – or £20 for three written, email consultations within a 24-hour time period – services such as those offered by Talk to a Doctor are only at the disposal of the relatively well off. However, another study by the Picker Institute into the ability of those with long-term conditions to self-care, *How engaged are people in their healthcare?* (Ellins and Coulter, 2006), found that it is very often those from poorer backgrounds who struggle most to take a more pro-active role in managing their health, even when they are keen to do so.

Can it help doctors?

Among those who stand to benefit significantly from more engaged patients are doctors and health-care professionals themselves – a fact that is often overlooked

and little understood. Telemedicine and other techniques that enable greater patient involvement bring with them cost and time savings for the practitioner and also enable more focused, better quality consultations. Put crudely, engaged, health literate patients can often carry out much of the routine, straightforward work of the practitioner themselves, so freeing up NHS time and resources. Patients who know and understand their condition in depth allow for more sophisticated, complex consultations resulting in more satisfactory outcomes for both patient and doctor.

Furthermore, there is evidence that when provided with appropriate information and encouraged to express preferences, patients often choose less expensive health-care options. Despite fears that encouraging involvement in decisions will lead to an increase in demand for medical treatment, the opposite seems to be the case. When patients are provided with appropriate information and encouraged to express their preferences, they often choose less expensive options. For example, a systematic review by O'Connor and Stacey (2005) found eleven trials which focused on patients' decisions regarding elective surgery. A meta-analysis of these trials showed that uptake of surgery was reduced by 24%, in favour of more conservative options.

Key to the successful establishment of self-aware, health literate patients is both the production of high quality, personalised health information and its delivery in a supportive environment. Essential to a patient's ability to engage with his/her own health care are materials carefully tailored to individual needs and circumstances. A 'one size fits all' approach has been found to significantly reduce many people's ability to take advantage of opportunities in choice and involvement. Equally, advice must be presented in accessible, user-friendly ways and patients, particularly those with lower levels of health literacy, will often require support and assistance from professionals in how to make best use of the materials available.

Yet this need not be a daunting, labour or cost-intensive exercise. In another study *Patient-focused interventions: a review of the evidence* (Coulter and Ellins, 2006) evidence was found of a number of sophisticated computer-based systems and software packages that enable patients and practitioners to gather and adapt information from a wealth of sources at the click of a mouse. Many tools to help the health-care professional already exist. Their use, coupled with fast developing technology, is likely to revolutionize the way patients and doctors interact and the shape of the doctor–patient relationship. [BJHM](#)

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Coulter A, Ellins J, Swain D et al (2006) *Assessing the quality of information to support people in making decisions about their health and healthcare*. Picker Institute Europe, Oxford

Coulter A, Ellins J (2006) *Patient-focused interventions: a review of the evidence*. Health Foundation, London

Ellins J, Coulter A (2005) *How engaged are people in their health care? Findings of a national telephone survey*. The Health Foundation, London

O'Connor M, Stacey D (2005) *Should patient decision aids (PtDAs) be introduced in the health care system?* World Health Organization, Health Evidence Network, Copenhagen, Denmark

KEY POINTS

- The quality of patient information available in the public domain in the UK is patchy and it is hard to find good, reliable patient information that enables patients to make informed choices.
- Patients, particularly those with lower levels of health literacy, require support and assistance from professionals in how to make use of patient information.
- Essential to a patient's ability to engage with his/her own health care are materials and methods carefully tailored to their particular needs and circumstances.
- Techniques that enable greater patient involvement bring with them cost and time savings for the practitioner and also enable more focused, better quality consultations.
- There is evidence to show that when provided with appropriate information and encouraged to express preferences, patients often choose less expensive health-care options.