

# An e-mail GP advisory service: a more efficient way of dealing with clinical enquiries

**Good communication between primary and secondary care is vital for patient management. This article describes how an e-mail enquiry service for endocrinology and diabetes was established within one hospital and the potential benefits that it offers.**

In July 2005, the authors' centre established an endocrinology and diabetes e-mail enquiry service for GPs within the Oxfordshire region. Before this, primary care professionals seeking specialist advice would contact the specialist registrar on-call via the switch board. The e-mail service came into being out of the desire to create a more efficient way of dealing with clinical enquiries from primary care and ultimately to reduce GP referral rates in the long term.

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## Benefits to trainees

The service is manned by endocrine and diabetes specialist registrars and is part of their training commitment. Compared to telephone interactions, the e-mail service offers a number of benefits. First, it allows the registrar more chance to think through queries without distraction or interruption. There is also greater opportunity to seek advice from peers or seniors and to find the evidence base for more complex queries when needed. This provides a learning opportunity for the registrar and also helps to provide more cogent responses. A further benefit of the service is that the working day is less disrupted by phone calls and enquiries can be replied to at a convenient time. Other advantages pertain to the fact that the system represents a measurable log of work as well as medico-legal documentation of clinical interaction.

## The GPs' perspective

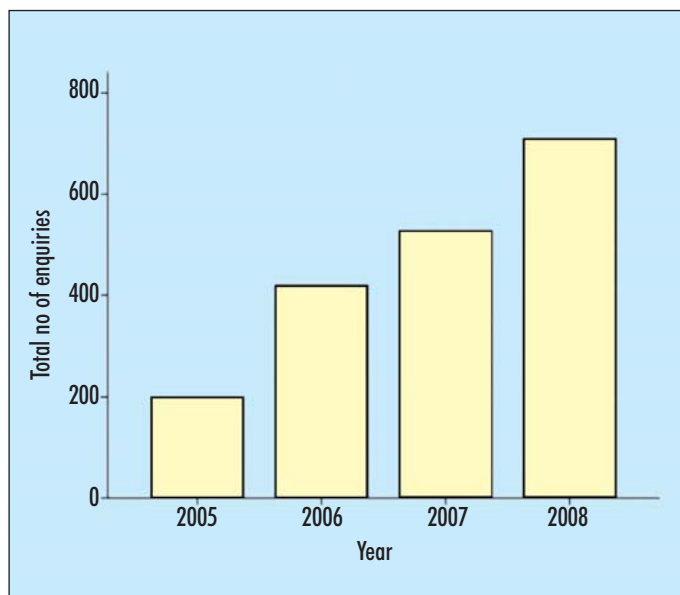
From the GPs' perspective the system hopes to make efficient use of their time

by avoiding prolonged delays while waiting on the phone and potential interruptions of their clinics. The ability to reply to the enquiry, however, can be hampered by a lack of information to allow an adequate response, which can cause delay (4% of new enquiries in 2008).

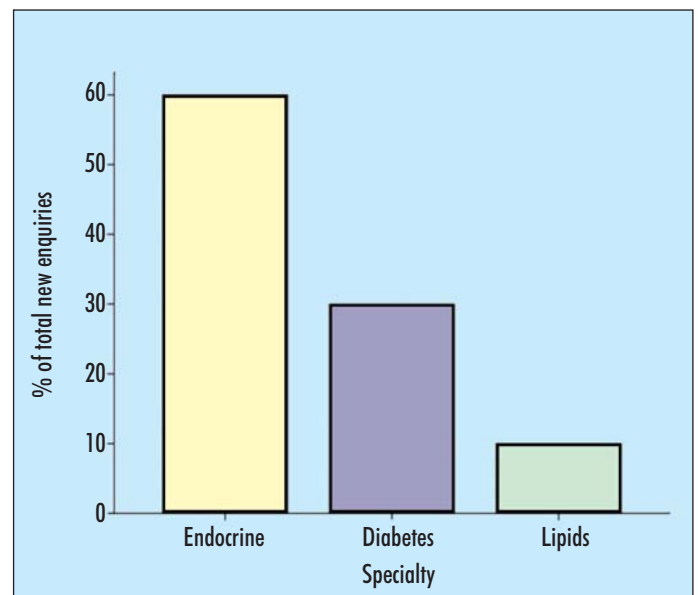
While the vast majority of enquiries are well written and appropriate, occasionally some of the enquiries can highlight confusion or misunderstandings about certain topics. In these situations when replying the specialist registrars are encouraged to send a recent review or published local or national guidelines on the subject to aid further understanding in the area.

The service is audited annually to help improve the facilities which are offered. There has been a year-on-year increase in enquiries since the service began in 2005 with more than 700 enquiries received in 2008 (Figure 1). The breakdown of the new enquiries within each specialty is shown in Figure 2. Within the endocrine enquiries the authors have been able to identify which areas provide the most

**Figure 1. Number of enquiries per year.**



**Figure 2. Percentage of new patient enquiries per specialty for 2008.**



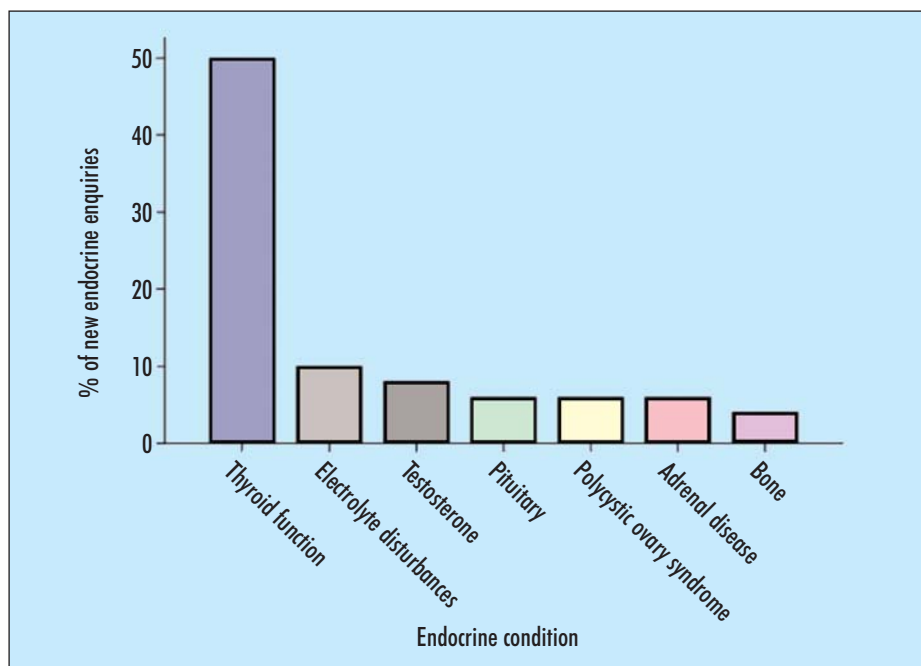


Figure 3. Analysis of new endocrine enquiries.

common problems (Figure 3) and aim to highlight these topics when teaching Vocational Training Scheme trainees. Analysis of the last audit showed that a formal referral was suggested in only 10% of cases. The aim has been to reply to all enquires within 48 hours and this has been achieved in 80% of cases. To date over 250 GPs in Oxfordshire area have used the service. The authors are not aware of any negative feedback to date. GPs are still encouraged to phone if the query is urgent or very complex.

### Who pays?

An important question is who should fund the service. The opportunity to formulate supervised replies for the enquiry line is considered to be a valuable part of the

specialist registrar's training as it is felt that the experience offers the trainees a good overview of common endocrine problems experienced in primary care. However, the number of enquiries has increased significantly since the service began and consequently replies have become more time consuming. The local primary care trust, in agreement with the trust has agreed to

financially support the service as they feel it is a valuable resource.

With the current data, it is not possible to say objectively whether the e-mail service ultimately reduces referrals to the out-patient clinics. As this service is now being commissioned, ongoing statistics will be available to the primary care trust and trust to help address this issue for the future.

The practice of using e-mail advice has been used before for dermatology in some areas in Europe (Knol et al, 2006) and there is now a similar service in Oxford which was developed after this endocrine service. The GPs are encouraged to take photos and send them with the patient's clinical details.

### Conclusions

There has been a significant amount of positive feedback from the GPs involved and participating endocrine registrars report both educational and time-saving benefits. For the reasons outlined above the e-mail enquiry service has been a real success and the authors would strongly recommend it to other departments. **BJHM**

*Conflict of interest: none.*

Knol A, van den Akker TW, Damstra RJ, de Haan J (2006) Teledermatology reduces the number of patient referrals to a dermatologist. *J Telemed Telecare* 12: 75-8

### KEY POINTS

- There are a number of potential benefits of an e-mail advisory service.
- It improves communication between primary and secondary care.
- Specialist registrars have greater opportunity to think through queries without distraction.
- GPs' time can be used more efficiently by avoiding prolonged delays while waiting on the phone.
- Problem areas in primary care knowledge can be identified to highlight teaching topics.

## Correspondence

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