

EDITORIALS



Proliferation of private online healthcare companies

Should the NHS try to keep up?

Jessica Watson *academic clinical fellow*¹, Chris Salisbury *professor in primary health care*¹, Helen Atherton *assistant professor*², John Campbell *professor of general practice and primary care*³, Brian McKinstry *professor of primary care e-health*⁴, Sue Ziebland *professor of medical sociology*⁵

¹Centre for Academic Primary Care, School of Social and Community Medicine, University of Bristol, Bristol BS8 2PS, UK ; ²Division of Health Sciences, University of Warwick, Coventry, UK; ³University of Exeter Medical School, Exeter, UK ; ⁴Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, Edinburgh, UK ; ⁵Department of Primary Care Health Sciences, University of Oxford, Oxford, UK

With an app for just about everything, why not one for contacting your doctor? In the United Kingdom, private companies offering primary healthcare are proliferating, with Dr Morton, a website offering email or telephone consultations, and Dr Now, a smartphone app offering video consultations. Companies in the United States are offering an Uber-type experience, where instead of a car, a doctor appears at your door.¹

These companies operate in a climate where patients want convenience, flexibility, and speed of access, features which overstretched general practitioners in the UK are struggling to provide. Meanwhile, new companies are appearing regularly, with the UK digital health market currently worth £2bn (£2.6bn; \$2.8bn) and expected to grow to £2.9bn by 2018.² What are the implications for the NHS?

Safety of online consulting

Online consultation methods, although widely used in countries such as Denmark,³ are relatively untested, with recent Cochrane reviews concluding that insufficient evidence exists to make recommendations about their use,⁴ and doctors and patients voicing safety concerns.⁵ UK professional bodies advise that emails should be reserved for “appropriate matters” such as scheduling appointments, repeat prescriptions, and test results.^{6,7} The American Academy of Family Physicians supports online consultations for “established patients” who have previously received care from the practice.⁸ Private companies however, have no access to patients’ medical records, leading to concerns about continuity of care, and they lack the safety net of bringing patients in for face to face consultations. There are also ethical concerns related to the privacy and security of personal data. One recent study found that although 86% of NHS approved health apps transmitted information to online services, 66% did not use encryption and 20% did not have a privacy policy.⁹

What might the effect of the new services be?

Online companies may deal with demand that otherwise would have been met by the NHS, thereby reducing NHS workload. However, if they meet unmet demand for quick, convenient care, it may increase expectations that NHS general practice will be unable to satisfy without additional resource. And if online companies adopt cautious safety net procedures, referrals to GPs, walk-in centres, and emergency departments could increase. Such “supplier induced demand” will be desirable if it meets important needs, but if patients mainly consult with minor self limiting illnesses the health gains will be minimal. Moreover recruitment to online companies could further reduce an already depleted workforce if NHS doctors leave to work for online private companies offering less stressful and more flexible working conditions.

Online private healthcare companies offer access to prescription-only medications previously controlled by GPs. This has implications in terms of safe drug monitoring, risks of drug interactions, and scope for drug companies to influence prescribing decisions. This is particularly relevant to antibiotics. While NHS GPs try to reduce antibiotic prescribing, websites such as Dr Morton’s offer travel packs containing clarithromycin for self diagnosed chest infection, trimethoprim for urinary tract infection, and ciprofloxacin for travellers’ diarrhoea, with further “add on” antibiotics for additional fees (albeit subject to a doctor’s decision after an email or phone consultation).¹⁰ Such practice potentially undermines continuity of care and completeness of the medical record and exacerbates problems of antibiotic stewardship.

How should NHS general practice respond?

There is a need to improve access to NHS general practice, and the prime minister's £50m challenge fund was set up to "stimulate innovative ways of providing primary care services," including online consulting.¹¹ However, despite considerable rhetoric, a recent survey of 696 respondents in 319 NHS general practices found few had any plans to introduce online consultations.¹²

If online consultations are a government priority, sustained financial investment is likely to be needed to encourage overstretched NHS GPs to introduce additional services. This has been achieved in Denmark, where GPs receive a fee per email sent, encouraging widespread adoption of email consultations.¹³ Without increased investment, hard decisions must be made about what the NHS can afford within limited budgets. Online access to healthcare at any time may not be a rational, effective use of healthcare resources if the goal is to maximise population health. If the NHS does not respond it risks being seen as technologically backwards and resistant to change. This could lead to a two tier system—one that is quick and responsive, paid for by the patient, and one which is slow and inconvenient, paid for by the government. If the NHS cannot meet demands for more convenient care within current resources, and no further investment is provided, another option may be for patient copayments for online consultations. However, experience from other countries shows that copayments can increase health inequalities without reducing demand,¹⁴ with attempts to introduce GP copayments in Australia being so unpopular they were recently abandoned.¹⁵

The challenges highlighted by private online healthcare companies are therefore a microcosm of the problems facing the NHS as a whole, with burgeoning demand requiring tough decisions to be made about what the NHS is willing to fund. Lessons should be learnt from the history of information technology in the NHS, which has been one of high profile overspend and failure to deliver expected outcomes.¹⁶ New models of healthcare must be evaluated and evidence based but also timely and relevant to the population. If the NHS does not supply relevant services, the private sector will be unafraid to do so in its place. The consequences represent a step into the unknown, with potential substantial adverse and far reaching effects.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare the following interests: CS, HA, BM, and SZ are coinvestigators on a National Institute for Health Research funded project to explore the potential of alternatives to face to face consultations in general practice. BM is chief investigator on a Chief Scientist Office funded project to explore the use of remote consulting to manage long term conditions and reduce workload. JC is chief investigator and CS is coinvestigator on an NIHR funded project to explore issues relating to GP workforce; CS is coprincipal investigator on an NIHR funded analysis of GP workload.

Provenance and peer review: Not commissioned; externally peer reviewed.

- Hawkes N. Uber for healthcare. *BMJ* 2016;352:i771.26872632.
- Monitor Deloitte. Digital health in the UK: an industry study for the Office of Life Sciences. 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461479/BIS-15-544-digital-health-in-the-uk-an-industry-study-for-the-Office-of-Life-Sciences.pdf
- Danish Ministry of Health. eHealth in Denmark: eHealth as a part of a coherent Danish health care system. 2012. http://www.sum.dk/~media/Filer%20-%20Publikationer_i_pdf/2012/Sundheds-IT/Sundheds_IT_juni_web.ashx
- Atherton H, Sawmynaden P, Sheikh A, Majeed A, Car J. Email for clinical communication between patients/caregivers and healthcare professionals. *Cochrane Database Syst Rev* 2012;11:CD007978.23152249.
- Atherton H, Pappas Y, Heneghan C, Murray E. Experiences of using email for general practice consultations: a qualitative study. *Br J Gen Pract* 2013;63:e760-7. doi:10.3399/bjgp13X674440. 24267859.
- Medical Protection Society. England factsheet: communicating with patients by fax and email. 2014. <http://www.medicalprotection.org/uk/resources/factsheets/england/england-factsheets/uk-eng-communicating-with-patients-by-fax-and-email>.
- Rafi I, Morris L, Short P, Hassey A, Gower S, de Lusignan S, on behalf of the Patient Online Working Groups. Patient online: the road map. 2013. http://elearning.rcgp.org.uk/pluginfile.php/74431/mod_folder/content/0/Patient_Online-The_Road_Map.pdf.
- American Academy of Family Physicians. Policies: e-visits. 2013. <http://www.aafp.org/about/policies/all/e-visits.html>.
- Huckvale K, Prieto JT, Tilney M, Benghozi PJ, Car J. Unaddressed privacy risks in accredited health and wellness apps: a cross-sectional systematic assessment. *BMC Med* 2015;13:214. doi:10.1186/s12916-015-0444-y. 26404673.
- Dr Morton's: the medical helpline. Gynae travel pack for seniors. https://www.drmortons.co.uk/drm_production/services/tp_gynaeTravelPackSenior.php.
- NHS England. Prime minister's GP access fund. <https://www.england.nhs.uk/ourwork/futurehhs/pm-ext-access/>
- Brant H, Atherton H, Ziebland S, et al. The use of alternatives to face to face consultations: a GP survey. *Br J Gen Pract* (forthcoming).
- Protti D, Johansen I. Widespread adoption of information technology in primary care physician offices in Denmark: a case study. *Commonwealth Fund*, 2010. http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2010/Mar/1379_Protti_widespread_adoption_IT_primary_care_Denmark_intl_ib.pdf
- Jones D, Loader N. Should patients pay to see the GP? *BMJ* 2016;352:h6800. doi:10.1136/bmj.h6800. 26740244.
- Tony Abbot to announce \$5 GP co-payment to be scrapped today. *New.com.au* 2015 Mar 3. <http://www.news.com.au/national/tony-abbott-to-announce-5-gp-copayment-to-be-scrapped-today/news-story/f7c0d3f05272b48a2721f8c87dde08f8>
- Greenhalgh T, Keen J. England's national programme for IT. *BMJ* 2013;346:f4130. doi:10.1136/bmj.f4130. 23810959.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>