

# FOCUS ON RESEARCH

## NON FACE TO FACE CONSULTATIONS IN PRIMARY CARE: PROFESSIONALS' EXPERIENCES, INTERESTS AND CONCERNS

### Researchers

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### Aim

1. To explore primary care professionals' experiences of and views about new modes of consulting (such as email, text messaging or teleconsulting) and doctor-patient interaction
2. To explore the perceived barriers to, and facilitators of, the use of non face to face consultations in delivering primary medical care.

### Project Outline/Methodology

A three phase mixed-methods study was conducted:

- (i) Preliminary group interviews with 7 general practice teams
- (ii) Postal questionnaire survey of all general practices in Scotland (n=1028)
- (iii) In-depth interviews with 40 primary care health professionals (GPs, practice and community nurses)

### Key Results

Whilst the face to face consultation was seen as central and important to much of the clinical work of primary care, the majority of professionals used the telephone routinely to communicate with patients (98.7% reported frequent or occasional use), but very few had experience of using email, text messaging or teleconsulting (5.9%, 4.7% and 0.7% respectively reported using these technologies frequently or occasionally). Whilst 60.9% of survey respondents were willing to consider using email as a consultation technology, only 30.3% and 33.5% respectively said they would consider using text messaging or teleconsulting.

Barriers to use of these technologies included:

1. Concerns about the technology, such as lack of skills or training and issues around reliability or practicability of the technology
2. Concerns about the appropriateness of the technology for patients, such as a perceived lack of patient demand for new technologies or a widening of inequality of access due to patient deprivation/ age
3. Concerns about the effect of the new technologies on professional life, such as an increased workload, increasing medico-legal concerns and clinical risks, and the possible negative effects on the therapeutic relationship between professional and patient.

However, most professionals agreed that non face to face technologies would be useful in carrying out simple administrative tasks, for information gathering or for factual exchanges with patients who had access to the technologies and chose to use them. If used as an adjunct to the face to face consultation and not as a replacement for it, professionals felt non face to face consultation or communication could play a role in increasing practice efficiency and in maximising convenient access for patients.

### Conclusions

Current use of new consultation technologies is low in Scottish primary care, but there is scope for developing these technologies in the future for particular tasks if professionals are adequately supported to do so.

### What does this study add to the field?

This study provides comprehensive national information on the current use of, and attitudes towards, a range of non face to face consultation technologies in Scottish primary care, and examines professionals' experiences and concerns in depth.

### Implications for Practice or Policy

In order to allay professionals' concerns and maintain organisational efficiency, health boards and professional organisations should engage actively with this agenda to develop appropriate educational support and clear medico-legal guidelines for the use of non face to face consultation technologies.

### Where to next?

More research is needed into practice managers' role in co-ordinating the uptake and implementation of new consultation/ communication technologies within the general practice team. In addition, research into patients' attitudes to non face to face consultations with their primary care health professionals is vital to gauge the demand for, and likely effectiveness of, the introduction of these technologies.

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