
New Study Reveals Patient Risks in GP Phone and Online Consultations



According to a recent report, there is a potential risk of patients being under-diagnosed by GPs during telephone or online consultations in England.

While mistakes via remote consultations are rare, there is a concern that GPs might overlook serious conditions, depending on the qualifications of the staff to interpret and act on signs of illness.

This study, published in *BMJ Qualified and Safety*, analysed data from 95 UK safety incidents between 2020 and 2023, including complaints, settled compensation claims and reports.

Serious conditions including congenital heart disease, pulmonary oedema, sepsis, cancer and diabetic foot complications were most likely to be identified during in-person examinations. However, errors related to these conditions occurred during remote consultations.

The researchers noted that several safety incidents arose when clinicians incorrectly treated a diagnosis made during a remote consultation as conclusive rather than provisional.

Particularly in instances where subsequent consultations were conducted remotely, these errors have the potential to become ingrained, resulting in diagnostic overshadowing and the risk of missed or delayed diagnoses.

Patients with pre-existing conditions, particularly those with multiple or worsening conditions, posed a particular challenge for examination and diagnosis over the telephone.

Researchers said, "Clinical conditions difficult to assess remotely included possible cardiac pain, acute abdomen, breathing difficulties, vague and generalised symptoms and symptoms which progressed despite treatment".

It is evident that remote consulting is here to stay, and the study has pinpointed strategies to uphold quality and safety.

Clinicians are advised to ensure that patients are informed about the subsequent stages in their care. Identifying high-risk symptoms is crucial for determining when in-person appointments are necessary. Additionally, clinicians must attentively listen and respond when patients express a need for an in-person appointment. Furthermore, it is recommended that clinicians opt for face-to-face consultations if a patient displays no improvement following remote sessions.

Dr Rebecca Rosen, study author from the Nuffield Trust, concluded that, "We can also ensure that patients have the knowledge and tools to help them to get the best out of their consultations".

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