

cotton buds inside ears seems to be common. Our survey was carried out in the south east of England, as a result there may be a population bias. Further research into both adult and paediatric populations country-wide is warranted. One previous study did attempt to evaluate cotton-bud use and awareness of complications.³ As responders were ENT-clinic attendees, the study was limited by a biased sample. However, similar levels of cotton-bud use and awareness of complications were found.

Awareness of cotton-bud related complications is an important public health issue. We recommend that public awareness of cotton-bud related complications and the notion of the 'self-cleaning' ear needs to be raised. A small proportion of patients do suffer from regular ear wax impaction. Safer methods of aural toileting that include syringing and microsuction may also need promoting. With the above information, the public can make an informed choice of whether or not to use cotton buds. One method of promoting awareness may be to distribute leaflets in primary care centres. This may reduce cotton-bud related complications in the community.

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Acknowledgements

We would like to thank patients and staff in the three primary care centres in which the survey was carried out.

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DOI: 10.3399/bjgp11X606546

Inequalities in general practice website provision

Beasley *et al*¹ in their editorial describe how the implementation of electronic health records (EHR) is a transformative change. Some practices have made that transformation. For example, Amir Hannan and colleagues at Harold Shipman's previous practice at Haughton Thornton Medical Centre (<http://www.htmc.co.uk>), not only use EHR but offer their patients many e-health facilities, such as access to their own records, booking of appointments, repeat prescriptions, advice on preparing for the consultation, as well as links to numerous resources both locally and nationally. GP system suppliers provide patient directed web-based functions, such as repeat prescribing and patient access to records that, technically, just need to be 'turned on'. However, practices using these functions are in the minority. A third of practices have yet to offer their patients use of a practice website.

We examined the geographical variation in practice website provision in August 2011. We used data from NHS Choices on 8399 practices in England. We chose a purposive sample of 1026 practices in 14 postcode areas across England that were likely to include areas with high, medium, and low provision of GP websites. We used practice name and address to search Google™ for a practice website. The accuracy of searching was checked by an observer variation study on a sub-sample of 50. There was agreement on 46/50 (Kappa = 0.81).

Two-thirds (676/1026) of practices had a website that could be found on Google. This varied from 94% (all but one practice) in Harrogate to 35% in Southend (Table 1). We did not assess the functionality of the websites but anecdotally know that many websites were just 'electronic nameplates' rather than functional sites for patient use.

Discussion about digital health inequalities tends to focus on the access that patients may have to the internet or in their ability to use it,^{2–4} but there are clearly inequalities in the provision of opportunity to use e-health. The online facilities that are offered at some practices should be offered to all and should be considered a mark of a quality practice. Primary care trusts or GP cooperatives or whoever is now responsible in areas such as Southend, Wakefield, Blackburn, and Fylde should examine why their patients should have such poor opportunity for e-health. We need to explore with all stakeholders in

Table 1. Website provision

	Postcode area	No website n (%)	Website n (%)
Harrogate	HG	1 (6)	16 (94)
Taunton	TA	5 (10)	43 (90)
Southampton	SO	10 (13)	68 (87)
Bristol	BS	19 (16)	100 (84)
Halifax	HX	5 (22)	18 (78)
Plymouth	PL	18 (22)	64 (78)
Sunderland	SR	13 (26)	38 (74)
St Albans	AL	6 (26)	17 (74)
London SW	SW	48 (32)	101 (68)
Leeds	LS	47 (39)	73 (61)
Fylde	FY	23 (50)	23 (50)
Blackburn	BB	48 (51)	46 (49)
Wakefield	WF	39 (55)	32 (45)
Southend	SS	68 (65)	37 (35)
Total		350 (34)	676 (66)

primary care — GPs, their staff, but also patients and carers — the opportunities and barriers to implementation of e-health methods.

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Conflict of interest

We are all patients in primary care.

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DOI: 10.3399/bjgp11X606555