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What's up with WhatsApp?

I used to be the young gun. I rolled my eyes as older colleagues spoke because I thought I knew it all, and I felt blessed with absolute certainty. Today I look at the expressions on the faces of my younger colleagues and know they are thinking ‘stupid old fool’, but this is just the turn of life. This brings me to technology.

I remember doctors using pay phones to call back to the surgery and mobile phones as big as suitcases. I remember the dumb green and black terminals of the first version of EMIS, asking what a ‘website’ was, using AltaVista as a search engine, and searching CD-ROM MEDLINE, but most of all I remember colleagues’ resistance to all of these changes. Most of these leaps forward happened despite the flat-footed NHS with its constant resistance to change and its fevered mantra ‘patient confidentiality’ used as an avoidance strategy. Thankfully, clinicians simply ignored the advice and pushed on. Today the NHS still remains behind the curve compared with other healthcare systems, still reliant on paper records, letters, and fax systems. So it is with the messaging system WhatsApp: the NHS does not approve.

There is talk of shutting down NHS clinical groups and a suggestion of the NHS commissioning its own secured bespoke messaging system. The concerns cite the all-too-familiar fears around ‘patient confidentiality’¹ but such concerns are overstated and slightly hysterical. The fact is that the old systems are not secure: paper records get lost, faxes are sent to wrong numbers, and letters fail to arrive. Patient confidentiality is at risk every day in the NHS. There is no perfect system; there is always an element of risk.

As for WhatsApp, it is free, easy to use, and secure, with end-to-end encryption. It is already being widely used in general practice, operating as an important resource.² It is used to post clinical questions, share updates and papers, or simply to maintain timetables. It is a very egalitarian tool and has much humour too. Today’s clinicians work over multiple sites, most part time, and WhatsApp

allows people to feel involved. During the recent snow shutdown it was an invaluable resource for organising teams and staying in touch.

So could the NHS create its own messaging system? There are lots of companies looking at this option. Unfortunately, the history of the NHS concerning IT is long and utterly disastrous; it has wasted billions of pounds for late and non-functioning systems.³ The truth is that clinicians will continue to use WhatsApp irrespective of any NHS diktat. The NHS centralised perspective is politically driven, hugely risk averse, and detached from the realities of work. The NHS needs more technology and better communication. We need a mature discussion. And surely as Europe’s largest employer the NHS could work alongside WhatsApp rather than trying to reinvent the wheel? Certainly, the NHS could set out some simple rules for using messaging systems. Could we not use NHS numbers as the patient identifier, avoiding the anxiety about using patients’ names?

I might be old but I know the inability of the NHS to embrace technology is threatening patient care, holding back innovation, and is Bad Medicine.

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DOI: <https://doi.org/10.3399/bjgp18X695561>

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