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Critical evaluation of electronic consent forms in Ear, Nose and Throat surgery (ENT) in the National Health Service (NHS)

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The use of electronic consent forms for surgical interventions within the National Health Service (NHS) has the potential to improve the shared decision-making process of informed consent and lead to better patient experience and outcomes in surgery. Although it is in the early stages of adoption, a number of NHS trusts have already transitioned to this as the default method of consenting patients for procedures. This report details the background and unmet need within surgical consenting and the positive affect the integration of digital technology can have to improve the consent process for both patients and clinicians, saving time and widening accessibility while reducing the number of cancellations on the day of surgery. This is particularly focused within Ear, Nose and Throat (ENT) surgery which has a particularly high proportion of elective operating lists and where telehealth has been a pertinent topic in how to improve service provision. This report then reviews and critically assesses the enablers and limitations of this innovation in the context of the NHS and UK health service, and how strategic implementation is a key component of any health innovation in order to make it sustainable. Review of the literature in the form of qualitative feedback such as patient and staff surveys and case reports imply that this is a positive change to consenting and meets the criteria of relative advantage, compatibility with existing electronic health records, low complexity, trialability and observable impact. Finally, the conclusion notes the need for high quality evidence-based studies evaluating this method of consenting for procedures compared to paper consent forms in order to provide an evidence basis to support

Biography

Sarah McBrinn is a surgical doctor working in Imperial College NHS Foundation Trust in the specialty of Ear, Nose and Throat (ENT) Surgery. She has a passion for innovation in health care and in particular how evidence-based practice can be used to inform and build policy to improve patient care and the delivery of surgical care. Ms McBrinn is also completing a Masters MSc qualification in Health Policy at Imperial College London with a dissertation planned in ENT service evaluation.

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