

Day One

The changing face of the GP practice and COVID-19's positive legacy

Written by Ben Lorkin – Senior Director at Day One Strategy

In today's sound-bite laden and increasing extreme political narrative, it's rare that I take much notice of who says what, so I was surprised to find myself loudly shouting with disagreement at Boris Johnston's recent declaration that **'all patients should be seen face-to-face by their GP'**

It isn't that I don't think they should, rather just that only patients **who need** to be seen face-to-face, should. Because, delivering speedy diagnosis, effective management, and prompt referral, within the primary care setting has always been challenging. Patients can be stoic, normalise health problems as old-age, default to a 'doctor knows best mindset' and, can lack tools and resources to engage with and challenge GPs appropriately.

GPs themselves, and by their own admission, can be guilty of not always listening to patients as much as they should, not asking enough questions or using the armamentarium of instruments they have available to them. Misdiagnosis and delays in referral are common.

But let me be clear, this it isn't a critique of GPs, just a reflection on the challenges faced in delivering primary care within a ten-minute appointment. Where there are insufficient GPs to meet the demands of patients and within a system that means anyone who wants to present simply shows up at the practice and GPs have no choice but to just muddle through.

Then, as if being a GP was not tough enough already, COVID-19 happened.

Remote tele-consultations, with all the technology, language and diagnostic challenges that come with them, become the norm. But for their many flaws, and flaws to be expected given the sudden adoption, they were and are time effective.

They also helped encourage a generation of people to accept tele-health as a possible alternative to face-to-face care. Tele-health allowed thousands of people to receive care and advice when the alternative was not available, and we can now clearly see what the long-term benefits of remote healthcare really could be. For they provide:

- 1) Patients with someone to talk to and speedy access to care
- 2) Reduce the number of patients unnecessarily presenting to GPs face-to-face and clogging up the system
- 3) Allow for better quality of care because GPs have more face-to-face time to spend with those who most need it

So, no Boris, I don't agree that all patients should be seen face-to-face, nor do many GPs and nor do the British Medical Association who say, **'it is disappointing to see there is no end in sight to the preoccupation with face-to-face appointments.'**

And maybe, just maybe, if Boris took a leaf out of qualitative research and did a little more listening to come to recommendations based on insights from actually talking to people, we might have a real chance of transforming a system that is in desperate need of change.

COVID might have forced tele-health on us by necessity and it shouldn't completely replace face-to-face consultations. But if tele-health helps to address the deep-seated structural problems within the system, and ultimately deliver better care, then it should absolutely be here to stay and absolutely be embraced and encouraged.

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