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TAKING STOCK

Rammya Mathew: Digital access has opened the floodgates to patient demand

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For years the cost of healthcare has increased at a rate that has outpaced general inflation.¹ It's nothing short of a miracle that, despite this, the UK has managed to keep healthcare free at the point of access. With staff costs accounting for around half of all NHS spending,² this has been possible only because the true cost of healthcare has been heavily subsidised by the people working in the health service—people who aren't watching the clock or invoicing for all of their hours but are simply staying until the work is done.

In general practice, where over 80% of patient contacts take place,³ GPs have been accustomed to working 12 hour days. Despite this, before the pandemic the average waiting time for a routine GP appointment was over two weeks.⁴ But in the wake of coronavirus we switched almost overnight to a digital first consulting system that has given patients greater access to GPs and their teams.

What this has unearthed is that healthcare was never “free”: patients were previously paying, not in pounds but in time and inconvenience, to access their GP. The 8 am frenzy to call the practice, the long wait on the phone, the days or weeks it then took to get an appointment, the need to take time off work to attend—these collectively worked to keep demand down by putting people off accessing their GP unless they really needed to.

Online access to GPs has removed many of these barriers, giving the perception that GP supply is limitless when this couldn't be further from the truth. Not surprisingly, GPs are crying out in distress as the digital front door has opened the floodgates to supply induced patient demand, with some patients submitting multiple e-consultations in a 24 hour period, often for low level problems that they might never have consulted their GP about previously.

There's no point in getting upset with patients about using GP services in this way. Speaking to your GP offers a personalised professional opinion which, for most, simply can't be substituted by self-help resources or any amount of online reading material. But this level of reliance on GPs may not be good for the individual or for population health, particularly as GPs report that patients who are more seriously unwell are now finding access more difficult. With funding constraints as they are, we need to be honest about the type of healthcare service we can offer—one that's not based on convenience but is limited to meeting patient need.

The old system was imperfect, but it did put a cost on access, which deterred patients from contacting

their GP unless they really needed to. This may be an unpopular view, but unlimited online access to your GP in an already underfunded healthcare system is simply not viable: the economics don't stack up, and GPs can't subsidise healthcare any further by working longer hours or by fitting in more patient contacts than they already do.

Competing interests: I co-lead Islington GP Federation's Quality Improvement Team.

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