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ACUTE PERSPECTIVE

David Oliver: Why shouldn't GPs use social media to rebalance the debate on covid-era consultations?

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On 6 June the *Mail on Sunday* published a piece by its health editor, Barney Calman: "All you GP face-to-face refuseniks take note: if I can read your Twitter rants, so can your patients."¹ This accompanied an article about a patient's personal experience, whose burst appendix had been diagnosed only after an urgent trip to the emergency department when she was unable to secure a face-to-face GP appointment.

Calman has received dozens of stories from readers unable to get face-to-face GP access and claimed that, despite existing pressures in primary care, this had got worse since pandemic measures took effect in March 2020. National patient surveys by Healthwatch England, the Health Foundation, and Ipsos Mori have flagged similar worries about access during the pandemic.^{2,3}

Alongside Calman's concern that a shift to telephone and online consulting and to "total triage" was putting patients at risk and denying them the service they wanted, he also expressed concern about the number of posts on "medical Twitter" putting GPs' side of the narrative—implying that, because members of the public could read them, these posts would damage trust and respect.

I sympathise with patients or families struggling for access to all types of healthcare, and the pandemic has clearly made an already pressing problem worse. I realise that many patients struggle with online or phone options and would prefer face-to-face appointments.^{4,5} But I'll happily speak in defence of my GP colleagues.

Firstly, throughout the pandemic GPs were instructed by NHS England to shift to remote triage for infection control reasons,⁶ although they continued to offer a percentage of face-to-face consultations and operated "hot" community covid hubs. General practice staff have since been at the vanguard of vaccine delivery.⁷ If GPs had ignored the edicts they would have risked serious infection control problems, including avoidable infection in vulnerable patients attending in person and the possibility of ruinous negligence litigation. They didn't switch to remote triage and consulting for frivolous reasons any more than hospital based teams did.⁸

Secondly, GPs^{9,10} and their Royal College¹¹ have argued that consultations need to rebalance back towards face-to-face appointments and that remote consulting has its limitations and risks. An open access e-consulting system has left some practices overwhelmed by demand.¹² They don't need to be persuaded of the value of face-to-face appointments,

despite a consensus that we could make more use of online and phone access in the future.

Thirdly, independent policy analyses of GP activity in 2020 and 2021—for instance, from the Health Foundation¹³—show that, although numbers did drop off in 2020, GPs have carried out millions of consultations each month throughout the pandemic, with numbers of monthly consultations now back at a record high.¹⁴ Any media characterisation of inactive GPs is a grossly unfair distortion.

Fourthly, the serious workforce and workload crisis in general practice is a matter of record, with data in plain sight. Full time equivalent GP numbers haven't increased for a decade, during which time workload has increased year after year.¹⁵ The district and general practice nursing workforces also face serious pressures and gaps.¹⁶

Calman's piece implied that GPs tweeting about these stark statistics was somehow irresponsible, insensitive, or overly politicised. There were unquestionably problems in patient access and capacity in primary care that were further exacerbated by the pandemic.¹⁷ But it is surely legitimate for professionals, advocating for themselves and their patients, to highlight and campaign on workforce and resourcing gaps and their implications for patients.

The *Mail on Sunday*'s attempt to shame or silence medics who post about their own working lives and conditions is bizarre and, in my view, far more unseemly than the doctors' tweets.

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