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TAKING STOCK

Rammya Mathew: We must let patients choose how to access primary care

Rammya Mathew *GP*

The doors are shut, and the waiting rooms are nearly empty. Passers-by would be forgiven for thinking that general practice has shut up shop during the pandemic. The reality is that, behind the closed doors, staff are going to great lengths to maintain and even enhance access to general practice. How you access it, however, now looks very different.

Practices have almost unanimously switched to a total telephone triage model, whereby a clinician assesses you by phone or video link and determines whether to bring you in for a face-to-face appointment. Some surgeries have taken it a step further, moving to a “digital first” model, in which patients use an online platform to submit requests for medical care. General practice should be applauded for implementing these very necessary changes during the pandemic, but how much of this do we want to retain?

I don't personally miss the pressure of the waiting room, but I do miss the interactions with patients—the relational aspect of general practice that makes it about so much more than just treating disease or preventing ill health. Admittedly, many patients prefer these new methods of consulting and are glad to avoid visiting the surgery. But a significant proportion ask me when we will “open” again, indicating that some still want to see their GP even if we don't think they need to.

I worry that denying patients the choice of how they consult their doctor could be undoing years of hard work invested in building a person centred care agenda in general practice. Many advocates of these digital consulting platforms encourage clinicians to resolve consultations without making further contact with the patient unless absolutely necessary. How can this one way interaction replace the rich dialogue between clinician and patient? Will the obsession with digital inventions undermine shared decision making and take us back to a more patriarchal way of practising medicine, in which the doctor knows what's “best” for the patient without really knowing the wider context in which a patient presents?

Patients may also have very legitimate reasons for wanting to see us rather than interact digitally. Often, patients are well into a consultation before revealing their true reason for seeing the GP. Sometimes they reveal trauma related to abuse or report domestic violence concerns, which can be harrowing and sometimes unsafe to put in writing.

I'm glad that we've embraced telephone and digital consultation models in general practice, but as we move into the recovery phase of covid-19 and

lockdown continues to ease, I hope that we commit to giving patients choice in how they interact with us. We can't have a situation where the public can choose to go to shops, bars, and restaurants but it remains disproportionately difficult for patients to see their GP in person, if that's what they want or need.

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

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