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PRIMARY COLOUR

Helen Salisbury: When did you last see your doctor?

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GPs are feeling tired, bruised, and battered. The promised increase in GPs hasn't materialised, but the demand for our care is rising inexorably.¹ Despite a 15% year-on-year increase in appointments with GPs, repeated howls of protest in the popular press about our unavailability are not helped by recent direct communications from NHS England.^{2,3} There's clearly a growing mismatch between supply and demand.

Some of this new demand can probably be attributed to electronic consulting: if it's possible to ask your doctor any number of questions online, the threshold for requesting help may be lowered. We may also be uncovering unmet need: no doubt some patients with serious medical problems who have failed to get through on a busy switchboard (having given up when they were 15th in the queue) now manage to contact the practice online.

Why else has demand increased? Partly it's because people held back from consulting at the height of the pandemic, either because they regarded their symptoms as less important than covid or because they were afraid that we'd ask them to attend, potentially putting them in an unsafe situation. For the past year we've mostly been speaking to patients on the phone, or sometimes by video call, and inviting them in when they need to be examined.

For some patients this change in practice has been ideal, removing the need to travel and sit in the waiting room: it works well for a simple problem or for an ongoing one already discussed with a familiar doctor. If the diagnosis isn't in doubt and there's no need for a physical examination, many patients find few drawbacks to consulting by phone. But most of our work isn't like this, and remote consulting feels to me like doing medicine with a blindfold on and with one hand tied behind my back.

I'm sure that I'm safe enough most of the time, but I feel less confident in my communication, diagnoses, and management. For many patients too, it's less satisfactory: when I've physically examined a patient's chest it's easier to reassure them that they don't need antibiotics for their cough. I may be able to reach that conclusion on symptoms alone, but will my patient have confidence in my assessment?

I wonder how much of the increase in patient demand is because people are less likely to feel as though they've been thoroughly assessed and had a definitive response from their doctor if an appointment was remote? If they don't feel seen, they may continue to call until they're offered a face-to-face appointment.

We've opened up our appointments so that patients can soon book directly for in-person appointments again, although we may have to reverse this as the next wave accelerates. Meanwhile, our hospital colleagues are mostly still working by phone—and they seem immune from criticism on this point, which feels a little unfair.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

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- 1 BMA. Pressures in general practice. Updated 6 May 2021. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice>.
- 2 NHS England. Updated standard operating procedure (SOP) to support restoration of general practice services. 13 May 2021. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/B0497-GP-access-letter-May-2021-FINAL.pdf>.
- 3 Salisbury H. Helen Salisbury: GPs deserve better than this micromanagement. *BMJ* 2021;373:n1256. doi: 10.1136/bmj.n1256 pmid: 34006523