

DEEP END SUMMARY 36

General Practice in the Time of Covid-19

12 general practitioners in Deep End practices in Glasgow and Edinburgh report and reflect on their experience of how the Covid-19 pandemic has affected patients and practices during May 2020, and on the implications for what happens next.

General practice during the pandemic

- General practice adapted rapidly and universally in response to the Covid-19 pandemic, using remote consultations for initial triage and keeping in touch with shielded patients.
- Practice teams proved agile, resilient, enterprising and committed.
- Usual general practice activities have been reduced (routine consultations), some significantly (home visits), while others have stopped (practice nurse triage).
- Remote consulting, by phone or video, works for some types of patients, problems and purposes. The best uses of these technologies need to be established.
- Community link workers have been “invaluable” in contacting vulnerable patients, meeting their needs and making connections with community resources for health.
- PPE supplies were inadequate at the outset. Many practices bought their own. Eventually these problems were resolved.
- Symptomatic staff were frustrated at the delay in getting a Covid-19 test and obtaining the result at the beginning of the outbreak.

Concerns

- The NHS has protected itself by putting much of its work on hold. There are many challenges to come.
- GPs are worried about “missing patients” and the backlog which has built up in chronic disease management, screening, immunisation and cancer referrals.
- Face to face consultations are still essential for many patients with complex problems and for those unable to access or use remote consultations effectively.
- There is concern about vulnerable children and families who have had their support networks withdrawn, including the watchful waiting function of general practice.
- Mental health problems are increasing and impacting directly on general practice capacity, particularly in areas of socio-economic deprivation.
- The economic consequences of the pandemic will impact most on disadvantaged groups, who live in precarious financial circumstances, and will widen the health inequality gap.
- Will the generous support for people experiencing homelessness and those with no recourse to public funds survive the pandemic?
- There are significant concerns for women’s mental health and child wellbeing as more women stay at home to look after children, losing their financial security and independence.

What comes next?

- General practice is going to have to be centre stage in addressing the health consequences of the pandemic.

- New challenges will include the clinical backlog, the complications of neglected conditions, new types of health inequity due to remote consulting and an epidemic of financial and psychological distress.
- Continuing and increasing challenges include multimorbidity, health service fragmentation, inequity in health care provision and the workforce crisis in general practice.
- If the generalist clinical function is not strengthened, disease complications and crises will occur earlier, putting pressure on emergency services.
- The balance between specialist and generalist services in the NHS, which for 15 years has been heavily weighted towards the former, needs to be re-set.

Promoting generalist clinical care

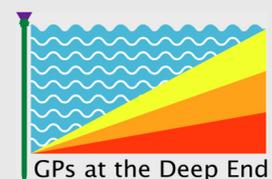
- Generalist care provides unconditional personalised continuity of care, whatever problem or combination of problems a patient has.
- The package of necessary measures includes extended consultations for selected patients, enhanced multidisciplinary teams, embedded co-workers (link workers, social care workers, alcohol nurses, financial advisors etc) and collegiate learning.

Addressing inequity in health and health care

- Unresolved aspects of health care inequity include the toxic combination in very deprived areas of a time-poor service with lower levels of health literacy; for different reasons patients, practitioners and the system settle for sub-optimal care.
- New partnership is needed within Health and Social Care Partnerships (HSCPs) between general practices dealing with the consequences of longevity and practices serving groups with premature mortality and lower healthy life expectancy.
- Provision of Community Link Workers should be increased from 50% to 100% of Deep End general practices.
- The proven benefits of embedding Financial Advisors in general practice should be recognised and funded as part of the new Scottish Social Security system.
- Most of the new mental health morbidity will present in general practice, below thresholds for referral to mental health services. There is an urgent need to expand the model of embedding mental health workers in general practice.
- New metrics are needed to inform, monitor and evaluate policies to improve health equity.

The Covid-19 pandemic has displayed many positive features of general practice: the unconditional approach, adaptability, teamwork, collegiality, passion, caring, commitment. Can the tragedy of Covid-19 be converted into opportunity, collectively addressing inequalities in health and the fragmentation of care?

“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. “Deep End patients” are distributed more widely in most Scottish general practices. The Scottish Deep End Project, since 2009, has been supported by the Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.



Full report available at www.gla.ac.uk/deepend

Contact for further information deependGP@gmail.com