# Life & Times

# The power of personal care:

## the value of the patient–GP consultation

The COVID-19 pandemic has resulted in a dramatic shift from face-to-face to remote consulting within general practice. There have been some important gains in terms of travelling for patients and flexible working for general practice teams. However, there have been losses too. Urgent GP cancer referrals were estimated to be at 42% in April 2020 compared with the year before.[1] Digital-first approaches, now widespread, can paradoxically increase overall GP workload and a recent study warns of extra GP work by up to a third.[2] Vigilance and open minds are needed.

As we move forward and while preparing for a busy winter, it is timely to decide which changes should be kept and under what conditions. Research has illuminated the considerable value of the human side of general practice. Over 20 years ago we learned that longer consultations and the patient knowing the GP are significantly associated with enablement — an important outcome of GP care. GPs are not interchangeable.

### RESEARCH EVIDENCE ON CONTINUITY OF CARE

Two recent systematic reviews show that continuity of care with doctors, including within primary care, is associated with reduced mortality in patients.[3,4] In addition, GP continuity achieves significantly fewer hospital admissions and lower costs across whole healthcare systems.[5,6]

GP empathy has been associated with patient satisfaction, and a sense of security for patients, fewer physical complications in diabetes, and reduced all-cause mortality.[7,8] Such is the remarkable power of personal care: kindness in the consultation counts.

However, these studies were based, pre-COVID-19, on face-to-face GP consultations, which are now much reduced. Moreover, there is research evidence that GPs are significantly less effective when consulting on the telephone or when triaging requests from patients for new consultations. Also, GPs commonly comment that remote consultations are much easier to conduct when there is continuity of care.

General/family practice is an international discipline and there is vast experience abroad about generalist practice in the front-line of health systems. An international consensus exists that 10-minute consultations are too short, and the UK is an outlier with so many short consultations.[9] Additionally, continuity of GP care is lower in the UK than in many other countries from Canada to Germany, so patients, GPs, and the NHS may be missing out.

### WHAT SHOULD WE BE DOING?

What is now the best way forward? First, as longer consultations are significantly more patient centred the average length of consultations should be set at 15 minutes, especially if these are undertaken remotely.[10] Longer consultations are also significantly less stressful for GPs. Anecdotal reports show that in some practices GPs are now in contact with patients at only 6-minute intervals. This retrograde step is concerning, as this pace, for either triage or consulting, is simply too fast and probably not safe for patients or GPs. Burnout in GPs was as high as 33% pre-COVID-19 and may get worse with new pressures. It is much more serious than policymakers realise as it generates doctor distress, loss from the profession, and death by suicide. It is also associated with increased medical errors. In the US, the cost of medical burnout has been estimated at 4.6 billion USD per annum.[11]

Second, practices need access to good quality data. Practice management is a substantial skill influencing both the quality of care for patients and the wellbeing of GPs and primary care staff. In the absence of consistent coding of GP activity general practices will not be able to fully assess the cost-effectiveness of these new models for different patient populations and plan ahead. How many telephone/video/face-to-face/email consultations in a year? How many of these are for the same medical problem? What is the average consultation duration? What is the level of continuity within the practice? What is the difference between triage and consultation? In this age of information, GPs need easy access to data about their own practice, which may differ greatly from neighbouring practices. Much effort has been made in aggregating national GP data in big databases and in NHS Digital, the next step is practice-specific, high quality, consistently coded data. This would allow both research at national level and informed decisions at practice level.

The pandemic has resulted in some radical changes in the ways GPs work. Critical thinking is needed when deciding the best way of tailoring these new ways of working to patient needs. Future success will depend on learning from research evidence, reflecting on own practice, and meeting international norms for consultations so that GPs in the UK can maximise for their patients their remarkable power of personal care.

*"... longer consultations and the patient knowing the GP are significantly associated with enablement ... The UK is an outlier with so many short consultations."*

**Victoria Tzortziou Brown,**
GP and Researcher, Institute of Population Health Sciences, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London. http://www.whopaysthisdoctor.org
**Email: v.tzortzioubrown@qmul.ac.uk**
**@VictoriaTzB**

**Simon Gregory,**
GP, Northampton; Deputy Medical Director, Primary and Integrated Care, Health Education England. http://www.whopaysthisdoctor.org
**@SimonDGregory**

**Denis Pereira Gray,**
Consultant, St Leonard's Research Practice, Exeter; Emeritus Professor of General Practice, University of Exeter; Former Chair and President, Royal College of General Practitioners.

This article was first posted on *BJGP LIFE* on 23 October 2020; https://bjgplife.com/personal-care

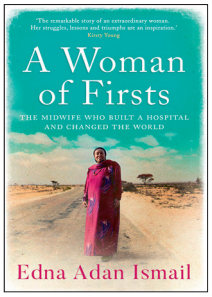
DOI: https://doi.org/10.3399/bjgp20X713717

### REFERENCES

1. British Medical Association. *The hidden impact of COVID-19 on patient care in the NHS in England.* 2020. https://www.bma.org.uk/media/2841/the-hidden-impact-of-covid_web-pdf.pdf (accessed 9 Nov 2020).
2. Salisbury C, Murphy M, Duncan P. The impact of digital-first consultations on workload in general practice: modeling study. *J Med Internet Res* 2020; **22(6):** e18203.

3. Pereira Gray D, Sidaway-Lee K, White E, *et al.* Continuity of care with doctors: a systematic review of continuity of care and mortality. *BMJ Open* 2018; **8:** e021161.
4. Baker R, Freeman G, Haggerty JL, *et al.* Primary medical care continuity and patient mortality a systematic review. *Br J Gen Pract* 2020; DOI: https://doi.org/10.3399/bjgp20X712289
5. Barker I, Steventon A, Deeny SR. Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. *BMJ* 2017; **356:** j84
6. De Maeseneer JM, De Prins L, Gosset C, Heyerick J. Provider continuity in family medicine: does it make a difference for total health care costs? *Ann Fam Med* 2003; **1(3):** 144–148.
7. Del Canale S, Louis DZ, Maio V, *et al.* The relationship between physician empathy and disease complications: an empirical study of primary care physicians and their diabetic patients in Parma, Italy. *Acad Med* 2012; **87(9):** 1243–1249.
8. Dambha-Miller H, Feldman AL, Kinmonth AL, Griffin SJ. Association between primary care practitioner empathy and risk of cardiovascular events and all-cause mortality among patients with type 2 diabetes: a population-based prospective cohort study. *Ann Fam Med* 2019; **1(4):** 311–318.
9. Irving G, Neves AL, Dambha-Miller H, *et al.* International variations in primary care physician consultation time: a systematic review of 67 countries. *BMJ Open* 2017; **7(10):** e017902.
10. Orton PK, Pereira Gray D. Factors influencing consultation length in general/family practice. *Fam Pract* 2016; **33(5):** 529–534.
11. Han S, Shanafelt TD, Sinsky CA, *et al.* Estimating the attributable cost of physician burnout in the United States. *Ann Int Med* 2019; **170(11):** 784–790.

**A Woman of Firsts. The Midwife Who Built A Hospital And Changed The World**
**Edna Adan Ismail**
*Harper Collins, 2020, PB, 336pp, £9.99, 978-0008305383*




## AN UPLIFTING LIFE

This is a fascinating autobiographical account of Edna Adan Ismail, a midwife from the East African nation of Somaliland. Edna was born in 1937 in Hargeisa, then part of British Somaliland. Daughter of an esteemed doctor, she spent much of her childhood helping her father out on the wards and quickly developed his passion for medicine and improving health care in her country. Her father was a true vocational medic, for whom patients came above all else. Edna reflects that after three failed marriages, her true partner is also the hospital.

Following a harrowing experience of female genital mutilation (FGM) as an 8-year-old, Edna goes on to study nursing and then midwifery in London in the 1950s, with vivid descriptions of her time on the wards and in the capital. She returns to Somaliland at her father's request, and begins work as a midwife, at a time when a woman working was highly frowned upon.

Her journey runs parallel to that of her homeland, which after gaining independence from Britain in 1960, quickly joins with Italian Somalia. Edna marries Mohamed Egal who becomes prime minister of Somalia, and soon she is attending state visits as the First Lady. A coup ensues, and life in Somaliland becomes very difficult as civil war takes hold.

Edna begins working for the World Health Organization, and spends decades helping to raise awareness of FGM (she even helped coin the term). Her dream to build a hospital in her country remains forever present, despite several setbacks along the way.

The book is an enthralling and inspirational account of how one woman manages to improve patient care in Somaliland, and raise the profile of women's health.

Edna is a feminist, activist, reluctant politician, teacher, and brilliant midwife, whose passion for medicine cannot fail to galvanise readers.

**Sophie Rowlands,**
GP, Coachmans Medical Practice, West Sussex; Education and Training Team, Royal College of General Practitioners Junior International Committee.
**Email: drsophierowlands@gmail.com**
**@DrSRowlands**

DOI: https://doi.org/10.3399/bjgp20X713309