

Post-pandemic planning:

how should general practice change?

At the time of writing, in early May 2021, over 34 million people in the UK have received their first dose of a COVID-19 vaccine. This spells the beginning of the end of a long and arduous battle to gain control over a respiratory virus that has overturned our realities during the last year. With the proverbial ray of hope now peering through the end of this dark pandemic tunnel, we can start to contemplate life post-Covid-19. So, what is next for general practice in the UK? Or rather, how should general practice reflect on its experience of the pandemic in order to inform its future?

FIVE LESSONS FROM THE PANDEMIC

1. Chronic underfunding is costly. Marmot's most recent landmark report unequivocally links the devastating outcomes of the pandemic to the longstanding underfunding seen in public health and healthcare that has caused health, social and economic inequalities in our nation to widen. The pandemic has exposed and magnified pre-existing societal disparities. As a result of austerity, poverty and poorer health have risen in the last decade. In addition, the resources, infrastructure and workforce required to ensure adequate preparedness and response to a pandemic have been eroded. These factors have undoubtedly contributed to the UK's devastating COVID-19 death toll.

2. Public health and primary care systems require further integration. The UK government's response to the COVID-19 pandemic was slow, fractured, difficult to scale up and at times both inefficient and ineffective. Opportunities were missed to connect the knowledge and resources within primary care and public health in order to generate a cohesive and co-coordinated strategy to control and contain the virus. The wealth of data contained in primary care health records was untapped and disconnected from operational plans within public health revealing a significant shortcoming in the current structure of health care and public health systems in the UK.

3. Primary care services have been instrumental to the success of the vaccination programme. Primary care settings adapted quickly and effectively to dispense the COVID-19 vaccine at record scale. This is a testament to the wide-reaching change that is possible within primary care when it is both adequately funded and organised. Primary Care Networks (PCNs) worked efficiently, demonstrating the benefits of sharing community resources and coordinating healthcare delivery at a local level.

4. Primary care works best when it is community focused. This proved vital in addressing concerns about the vaccine and improving uptake. The pandemic has highlighted the need for GPs to be equipped to meet the specific health concerns and needs of the communities they serve. When this is achieved, GPs are able to deliver services in collaboration with community groups and witness tangible health improvement.

5. In the aftermath of the pandemic, primary care services will encounter a surge in demand as the direct and indirect effects of COVID-19 on the population's longer-term health become apparent. General practice will be required to manage the significant levels of long Covid as well as other health conditions that were de-prioritised during the pandemic.

FIVE WAYS GENERAL PRACTICE SHOULD CHANGE

1. Secure generous funding. In order to positively and radically shape the future of general practice, the government must be convinced of the value of investing in primary health care. Funding should go beyond being adequate, rather it should be generous and reflective of a society that cares for the wellbeing of all of its citizens.

2. Become better integrated with public health, social care and secondary care while operating under clearly defined

objectives to protect the function of general practice within the healthcare matrix. This is necessary to improve communication, quality and continuity of care for patients, manage availability and generate a safer and more holistic care journey.

3. GPs should have greater autonomy to decide, design and direct the role of PCNs in order to achieve a more efficient and multidisciplinary service that is driven by patient-centred care not targets and tick-boxes.

4. Practise with a deep and empathetic understanding of their community. This will require drastic transformation of the current time-constrained consultation model. GPs must be allowed the luxury of time to foster worthwhile doctor-patient relationships. GPs must be able to provide continuity of care and hold a comprehensive understanding of their patients' realities. General practices should represent a safe and accessible space for all members of the community.

5. Build a GP workforce that is properly trained, sustained and nurtured in order to increase both recruitment and retention. Crucially, by increasing time spent in general practice during specialty training. The current training structure does not sufficiently prioritise clinical work in primary care or community-based settings. GP registrars must have more dedicated time and mentorship in GP settings.

Throughout training and beyond, GPs should be generously supported to achieve work-life balance and encouraged to diversify their work structure and interests. These are necessary steps to prioritise and protect the mental wellbeing of the workforce. Inevitably, change is on the horizon.

The end of the COVID-19 pandemic will invite opportunities for reflection and growth. The future of general practice in the UK must be dictated by those committed to a primary healthcare model that is excellent and equitable.

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This article with (full reference list) was first posted on *BJGP Life* on 12 April 2021: bjgplife.com/post

DOI: <https://doi.org/10.3399/bjgp21X715985>

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