Changes we learned to love in the time of COVID

Most of us are actually fairly traditional in the way we work, hence the need to coax us into new ways of working, usually with a little piece of silver here or there.

Previously there was the PMS premium with early waves being weighted more heavily, and, of course, in 1948, Nye Bevan claimed that he was able to accomplish his goal 'by stuffing the doctors' mouths with gold', allowing '... some British doctors or consultants as they were called, to continue seeing private paying patients if they accepted NHS patients'.¹ It seems that GPs have always needed incentives to change.

Newcomers over the last few years offering their online video-based services were decried as being unsafe by many, and their workers supposedly at risk from the organisations with three-letter acronyms. The juggernaut of general practice was unmoved and largely took little notice of video-based consulting.

That is until COVID-19 hit. Within about 2 months things had swung the opposite way. The shackles of Care Quality Commission and General Medical Council fear were broken. Everyone was having to change and we could justify it because of the urgency of the threat. What was frowned upon was now acceptable, and had in fact become the standard by mid-2020.

A BRAVE NEW WORLD OF GENERAL PRACTICE

This change was needed and going to happen eventually anyway. The support in infrastructure that would otherwise have been slow, together with the need for common sense solutions in the face of the pandemic, helped overcome the inertia. The old adage that 90% of the diagnosis lies in the patient's history was proven true as we managed to consult remotely.

This genie is not going back in the bottle. For a start, COVID-19 is far from over. Most patients seem very accepting of the changes. Not being bound, sitting in a

surgery waiting an unknown amount of time, but instead carrying on with their day and waiting for a call, seemed much better for most.

There were some who had withdrawal symptoms from the 'doctor drug', but even most of them got over it soon enough. The government were told that there comes a point in a crisis where people will feel fatigued from the limits put on them,² but in reality, most of our patients have trusted us and understood the new ways.

Will we go back to how it was? I doubt it. Will there be a swing slightly back to the old ways once everyone is vaccinated and the world begins to resume some semblance of normality? I suspect so. After all, telephone medicine is without doubt harder for that missing information where 10% or so of the diagnoses are found.³ The knack of it takes effort to learn and time to become comfortable with.

Despite that, telephone consultation will still likely form a greater proportion, if not the bulk, of our working day going forward. Videos and photos are almost certainly here to stay also.

BENEFITS OF WORKING ALONGSIDE COLLEAGUES

I envisage each of us possibly having a few face-to-face clinics a week with the rest of the appointments being remote. Working

from home hasn't proved a hit with most people though, as we seemed to prefer the ambience of the practice to working in pyjamas at home, but it's still now an option for some.

Electronic fit notes, prescriptions, and information leaflets can be sent with a quick few clicks. Laptops, smart phones, and webcams are available for many patients and all doctors. Patients are often supplying not only their own blood pressure monitors, thermometers, and scales but now, in my experience, they are also buying oxygen saturation monitors too.

This pandemic has changed general practice forever, albeit in a direction we were probably headed in anyway, but at a pace never seen before.

As a profession we should be proud of how quickly we adapted, and not be afraid to keep the good that has come out of this difficult time as it passes.

Asif Yaseen,

Asif has been a GP and Trainer at the Boulevard Medical Practice, Halifax, for 16 years, and is Chair of Pennine GP Alliance federation in Calderdale.

Email: asif.yaseen@nhs.net

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"The old adage that 90% of the diagnosis lies in the patient's history was proven true as we managed to consult remotely."