"The uncertainties COVID-19 has brought will not end suddenly, they will flicker and fade."

Self-prescription

So here is summer. Traffic light lists to guide choices of holidays abroad has given way, for all but the bravest, to joining the holiday traffic of home. The strange calm of the first lockdown feels a lifetime ago. For a while then, it was possible to go out for a cycle and not meet a car. Not now.

The political pressure towards a return to normal, at least here in the UK, has raised questions about what 'normal' means in a changed world. What is it that we wish to regain? Not traffic congestion and pollution, certainly.

Many colleagues as well as patients express a desire to return to the old way of working. But the old system was not exactly working sweetly. For starters, the 10-minute consultation no longer was that,[1] though even it too was subject to the effects of the inverse care law.[2,3] And alongside that pressure towards ever longer interactions, practices were also managing a rising tide of both traditional and telephone consultations.[4]

With falling numbers of GPs to carry the burdens of this work,[5] the twin-pronged approach by the government has been to recruit more GP trainees and to substitute by expanding the primary care workforce with non-GPs.[6] But this workforce expansion takes time and during it the burdens on the existing workforce are increased. After all, there is always an apprenticeship element and that requires support. Given this, it is arguable both these approaches are some way off their tipping point, when the burden of training and support becomes clearly outweighed by their overall workload contribution.

Of course, COVID-19 and the GP Standard Operating Procedure (GP SOP) dictated the move towards remote triage and has heavily promoted the concept of 'total triage'.[7] It remains in force.

Remote working has brought many benefits. It has helped resolve the problem of some patients booking GP appointments when that was not needed or even inappropriate. For those triaged to be seen, the rigmarole of PPE and wiping down afterwards has often meant consultations timed more realistically — perhaps 15 or 20 minutes. Much less time is wasted on travelling to meetings and house calls now. And there is a sector of the workforce who have found a way to remain in work when physically unable to be in work.

Not all is sweet of course. Remote prescribing does not always feel comfortable. Some patients, when finally seen, turn out to have been poor at explaining what's been going on in a way that eyeballing them makes clear. Demand has risen, substantially, probably driven at least in part by the greater accessibility and lower personal costs of initiating telephone and online consults.

The uncertainties COVID-19 has brought will not end suddenly, they will flicker and fade. There will be no victory day, no matter the allusions to this being some sort of war. If that metaphor holds at all, it will be something messier, more ignominious — more akin to the withdrawals from Iraq or Afghanistan than the decisiveness of Waterloo.

So, a date for a true return to normal will be unknowable for some time to come, and probably just unknowable. Add this to the question over which elements we'd actually wish to return to and which to leave in the past and the conundrum is clear.

We have shown ourselves remarkably adept at change and remarkably resilient too, in the face of not just the illness but also the vaccine. If the GP SOP ends, what would we want next for ourselves? A conundrum creates choices: what is *our* primary care prescription?

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