

Analysis

RCGP John Hunt Lecture 2021:

General practice during a pandemic: seven big ideas

I dedicate this lecture, named in memory of one of the founders of the Royal College of General Practitioners (RCGP), Dr John Hunt, later Baron Hunt of Fawley, to the GPs of the UK and the world, in recognition of your dedication, compassion, and courage shown throughout the COVID-19 pandemic.

Our professional discipline of general practice is dedicated to our patients and communities, and, during this time of global health crisis, you have stepped up to provide support when it most counts. You have demonstrated that GPs are a fundamental component of public health responses to health challenges, and that each of us has deep knowledge and insight into the healthcare needs and beliefs of the population of people we serve.

Born in 1905, John Hunt was a GP who lived through the great pandemic of the first half of the 20th century, the Spanish flu, and through the early years of the great pandemic of the second half of the century, HIV/AIDS.

In 1951, John Hunt wrote about the establishment of the RCGP: *'I had far rather start with a big idea in a small way, than a small idea in a big way.'*

The RCGP has continued that tradition of big ideas, with the recommendations of the leadership and membership on the contributions general practice could make, and subsequently has made, in response to COVID-19. What big ideas need to be considered as we recover, rebuild, and renew our healthcare systems?

1. HOW GENERAL PRACTICE CAN SUPPORT EVERYBODY INCLUDING THE MOST AT-RISK COMMUNITY MEMBERS

At the outset of the pandemic, it was recognised that people most at risk of the effects of COVID-19 are those normally being cared for in general practice. In the initial outbreak in Wuhan in December 2019, the people at greatest risk from COVID-19 were older people and those with

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chronic medical conditions.

Ongoing transmission of COVID-19 around the world continues to shine a spotlight on at-risk populations, including people who are often overlooked by healthcare planners, especially those who are socially disadvantaged. We need to continue to work with at-risk communities, and with the GPs who serve those communities, because the solutions to healthcare challenges are to be found within each community.

2. HOW PEOPLE WORKING IN GENERAL PRACTICE ARE SUPPORTED TO RECEIVE THE SAME LEVEL OF PROTECTION AS THOSE WORKING IN HOSPITALS

The disruptive consequences of the pandemic have been profound on everyone including GPs. Many are grieving the loss of loved ones, periods of separation from family and friends, the postponement of plans and hopes and dreams. Many have been working harder and longer than ever before and are feeling exhausted. Many have lived with the risk, and often the consequences, of infection, and the risk of transmission to loved ones.

This pandemic has demonstrated very clearly that people working in general practice need and deserve access to the same personal protective equipment provided to colleagues working in hospitals and emergency departments, and the terrible consequences when this is neglected.

3. HOW GENERAL PRACTICE CAN CARE FOR THOSE WITH COVID-19 WITHOUT COMPROMISING THE CARE OF OTHERS

As the majority of people infected with

COVID-19, especially among the vaccinated, continue to be asymptomatic or with mild-to-moderate symptoms not requiring hospitalisation, ongoing medical care is being provided by GPs and other community-based health providers. Models of care have been developed to support safe provision of care for those being managed at home, with appropriate escalation if deterioration occurs. At the same time, ways have been developed to separate those with possible symptoms to reduce the risk of infection of others.

As we continue to live with COVID-19, as vaccination rates rise, and as we continue to provide home-based care to many of our patients, these models will continue to evolve.

4. HOW GENERAL PRACTICE CAN ENSURE CONTINUITY OF REGULAR HEALTHCARE PROVISION AND ADDRESS THE BURDEN OF MISSED OR DELAYED CARE

We knew from past pandemics that there would be added risk when people stopped attending general practice because of concerns about the risk of infection. Many people have delayed preventive care interventions, including cancer screening, while others have delayed presentation for new symptoms or management of existing health conditions.

It has been essential to retain the functional capacity of general practices to ensure continued provision of regular healthcare services. Telehealth has been adapted in many parts of the world to support continuity of care.

There will be continuing challenges from long COVID and its impact on many people, as well as a long shadow of increased morbidity and mortality due to delays in diagnosis and treatment of medical conditions that would have been managed earlier under pre-pandemic conditions. This adds further pressure on general practices as we support patients and navigate backlogs of appointments and procedures.

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5. HOW GENERAL PRACTICE CAN CONTINUE TO SUPPORT MENTAL HEALTH

The provision of mental health services is a critical component of general practice and need has been exacerbated during the pandemic by the impact of loss and grief, unemployment and business closures, and isolation and quarantine measures imposed on many people. The mental health impact on healthcare workers, including GPs, has also been significant.

We knew from past pandemics that there would also be a long shadow of mental health concerns, especially among young people, with many people experiencing continuing distress and anxiety and depression, and the risk of increased rates of self-harm and suicide.

6. HOW GENERAL PRACTICE CAN BE SUPPORTED TO CONTINUE TO LEAD COVID-19 VACCINATION PROGRAMMES

The substantial contributions of UK general practice to the national vaccination programme have demonstrated the importance of strong general practice with many preferring to receive vaccinations from their trusted GPs and nurses.

While we can expect to be involved in future booster programmes, we also need to continue to focus on those who have not yet been vaccinated. While this will include some people who are opposed to vaccination under any circumstances, it may also include those who have been overlooked including people who are older and frail, or those with a disability who are housebound or in residential care; people in remote areas where access may have been limited; people who are recent migrants

who may have missed out on public health messaging; people who are homeless or with significant mental health concerns who may be suspicious of vaccination programmes; and many more.

7. HOW TO ENSURE THE ONGOING CAPACITY OF GENERAL PRACTICE TO BE PREPARED TO MEET FUTURE CHALLENGES

This pandemic has highlighted not only the extraordinary contributions of general practice, the fundamental importance of relationship-based health care, and the value the population places on general practice, but also the challenges of an ageing workforce, the burden of ever-increasing workload demands, and the need to address resourcing shortfalls.

There will be inquiries into responses to the pandemic, and the recommendations, and the associated public debates and expectations, will shape future developments of public health and healthcare services, including general practice.

There will be future health workforce challenges, with many GPs and others having delayed retirement due to the needs of the pandemic, and others who decide to move on to do something else with their lives.

There have been changes in the ways people work and wish to live, with families coming closer together or fracturing because of close proximity, and while these societal changes continue to ripple around us over coming years, as GPs we will support our patients with challenges and transitions, as we always do.

We can also build on the transformations experienced by our healthcare systems.

ADDRESS FOR CORRESPONDENCE

Michael R Kidd

The Australian National University, Canberra ACT 2600, Australia.

Email: michael.kidd@anu.edu.au

Telehealth and other digital health innovations have been developed and implemented, and will provide future benefits to healthcare delivery. We have seen public health engagement with at-risk populations that we can build on together, as well as innovations in the delivery of testing and treatment and vaccination programmes through general practice. And trust in clinicians and scientists has never been higher, with GPs being among the most trusted voices during this unprecedented global health emergency.

John Hunt passed away on 28 December 1987 at the age of 82. I expect he would be very proud of the work during this pandemic carried out by the membership and leadership of the College that he helped found almost 70 years ago.

Michael R Kidd,

Principal Medical Advisor and Deputy Chief Medical Officer, Australian Government Department of Health, Australia; Professor of Primary Care Reform, Australian National University, Canberra, Australia; Emeritus Director, World Health Organization Collaborating Centre on Family Medicine and Primary Care, Canada; Adjunct Professor, Department of Family and Community Medicine, University of Toronto, Toronto, Canada; Professorial Fellow, Murdoch Children's Research Institute, The Royal Children's Hospital, Melbourne, Australia; Honorary Professor of Global Primary Care, Flinders University, Adelaide, Australia; Honorary Professor of General Practice, The University of Melbourne, Melbourne, Australia.

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Competing interests

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