



Discuss the current challenges facing general practice and how these can be tackled.

THE UNOFFICIAL GUIDE TO MEDICINE ESSAY COMPETITION 2019
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Introduction

Along with The Royal Family and a good cup of tea, the NHS has long been part of the identity of the United Kingdom. This fantastic system celebrated its 70th birthday recently, but like anything else that 70 years of age, it's ways can be perceived as traditional and old fashioned. The once highly respected services provided by the National Health have become somewhat a victim of their own success; now subjected to financial crisis and frequent criticism from its users despite the attempts to keep up with the ever growing demands: the average member of the public sees a GP 6 times a year; double the number of visits from a decade ago[CITATION Off09 \l 2057]. Weekly media reports flag the pressures in the NHS beckoning the question; has the dynamic machinery of free healthcare been around for so long that it has become taken for granted?

Reasoning behind the problem

With technology and medical discoveries advancing exponentially over the last 70 years, we have come to expect the same from our health service. Already overstretched GP surgeries have taken a collateral financial blow with the expansion of specialist services; with patients expecting higher standards than ever alongside the decreasing flexibility GP services are able to offer. So, is our general practitioner service losing touch with the population or are younger generations just asking for too much from them?

Missed appointments

Over 15million GP appointments in England are wasted each year because patients are failing to turn up; costing the NHS over £216million.[CITATION NHS19 \l 2057] Practices with delays of 2-3 days from appointment requests and those in urban locations were more likely to have higher numbers of non-attendance, with patients aged 16-30, being the most likely to miss multiple appointments[CITATION Ell17 \l 2057]. The 16-30 generation of patients are in a transitional period of life and generally attending college, university or work on a 9-5 basis, meaning health may be a diminishing priority in comparison to other responsibilities. This generation has been born and lived alongside a sturdy and free health service, so potentially this appreciation has developed so far as to depreciate the value in their eyes; seeing a health appointment as a customer service: with the same casual view as missing a hair appointment or restaurant reservation.

Realistically, time alone to discuss health concerns with a qualified practitioner is a privilege and restoring this outlook is key. For younger people it is important to build respect for the doctor-patient relationship, Citizens Advice found that under a third of younger adults rate their GP service as 'very good' compared to 64% of people aged 75 and over, suggesting that services aren't complying with their needs adequately. This evidence of a deteriorating experience in practice identifies the need to develop a closer working relationship with patients and to offer timely advice and access to those who require it.

Overuse when not required:

Similarly, it is suggested that significant amounts of patients are attending GP appointments for self-treatable conditions. 57 million GP consultations in 2006-2007 involved minor ailments, many of which could have been

resolved with self-care [CITATION APP16 \l 2057]. As seen in figure 1, patients rarely take steps to trial over the counter medications or alternate services before booking appointments with a General Practitioner, with only 5% using the recommended NHS 111 line, advertised to be the initial go to when requiring medical advice.

In a national survey, 43% of those included didn't know their GP surgery offered online booking and repeat prescription services, with 79% of patients admitting to not using these services at any point in the past 12 months [CITATION Soc18 \l 2057]. Imagine the relief on the health service we see if people were to maximise the use of these readily available services.

With pressures and workload already increasing, it is key that as a nation we take responsibility for our own health. We need to be patient and realistic with our symptoms but the depth of this instant gratification pandemic goes beyond the reach of the National Health Service.

So, while the NHS has extended its services to maintain a strong challenge towards the nations leap ahead in terms of technology, the steps taken have gone sadly overlooked. The need to promote patient self-efficacy and independence should be encouraged with every patient contact; educating patients in to the importance of self-management and recognising self-limiting illnesses which appear to be poorly understood.

	Results
Did not attempt to get information or advice	36.3%
Looked for information online	33.1%
Tried to self-treat	27.3%
Asked for advice from family or friends	23.8%
Contacted a pharmacist	24.6%
Contacted NHS helpline such as NHS 111	5.2%

Figure 1. The responses of 689,758 patients when asked what steps were taken prior to booking an appointment. [CITATION GPP18 \l 2057]

Incorrect use of services

A briefing from Citizens Advice has revealed that people aged 18-34 are more than twice as likely to go to A&E or an NHS walk-in centre when they can't see a GP compared with those aged 55 and over. With GP services widely recognised as a first point of call to the public, this increased access has given the nation an increased demand to use it. Evolving expectations of primary care services finds that walk-in centres are a preferred option for younger adults if they cannot get a GP appointment. While GP surgeries aim to offer same-day appointments where needed, patients often perceive their symptoms as less manageable than they actually are, calling for a need for better awareness of appropriate health service use. There could be a benefit in further training for administration staff to signpost patients to alternate services if same day appointments are unavailable, despite many displaying a reluctance to share the nature of their ailments with the reception services, this would help direct relevant conditions to the correct places.

What are we doing & is this working?

Through audit and quality commissioning, General Practitioner services have worked well to identify discrepancies and points of downfall through the services and, more importantly, take responsibility where due. Public health campaigns do their best to reach those who need it, via all means available; 'Dry January' and 'Stoptober' have become part of the generational vocabulary; showing that positive health messages are reaching the people, so are these messages being taken on board, or merely overlooked as yet another short-lived health fad?

With the average person checking a mobile phone every 12 minutes and being online for 24 hours a week, according to an Ofcom study, what excuses are there for missing appointments and not communicating this with the surgery? The key here is to target the 16-30 generation. Adequate use of text reminders and social media for surgeries is a key step in the right direction in order to not become 'out of touch' with younger, busier patients. This platform should also be used to provide clear numbers and information on the correct services to use. As of March 2015, it became compulsory for all surgeries to have an online booking system, meaning the usual 'booking times' allocated along with busy phonelines can be conveniently bypassed to increase patient access. This being said, websites need to be streamlined to be user friendly, this should be reviewed by patients using surveys in surgery.

Addressing the other priorities in life, GP surgeries should target the younger generations with drop ins, lunch time and evening appointments to fit in around a busy life. Young people should be used in the planning and monitoring of services available so these can be conveniently targeted to reduce losses.

The future of the problem

In order to address the challenges faced in GP, it is important to think through what the patients are asking for. Increased flexibility of services for younger patients will yield a positive outcome: increasing satisfaction and thus respect for services. In NHS service planning, this generation are often overlooked due to better overall health, so adaptations are required to be undertaken independently by each surgery. It is also important to yield more responsibility to other members of the care team.

As discussed, the importance of self-efficacy is undermined. While already causing a burden on primary care services, if this is not addressed early on with the 16-30 generation this will yield a frightening future for the NHS; with an aging population and increasing hospital stays as a result of poor self-care and efficacy and ability to manage ones own conditions. The health service needs to be viewed again as a privilege rather than a right in order to reinstate it as the national treasure that it is.

References

- Alderwick, H., Robertson, R., Appleby, J., & Dunn, P. (2015). The Kings Fund.
- APPG. (2016). *All Party Parliamentary Group Primary Care and Public Health*. APPG.
- Ellis, D., McQueenie, R., McConnachie, A., Wilson, P., & Williamson, A. (2017). Demographic and practice factors predicting repeated non-attendance in primary care: a national retrospective cohort analysis. *The Lancet: Public Health*, PE551-E559.
- GP patient survey. (2018). *GP Patient Survey National Results*. Ipsos Social Research Institute.
- National Statistics England. (2015, April 8). *Prescription Cost Analysis - England, 2014*. Retrieved from NHS digital UK: data & information: <https://digital.nhs.uk/data-and-information/publications/statistical/prescription-cost-analysis/prescription-cost-analysis-england-2014>
- NHS UK. (2018, April 5). *Principles and values that guide the NHS*. Retrieved from NHS UK: About the NHS: Principles and values that guide the NHS
- NHS UK. (2019, January 2). *Missed GP appointments costing NHS millions*. Retrieved from NHS England: <https://www.england.nhs.uk/statistics/2019/01/02/missed-gp-appointments-costing-nhs-millions/>
- Official Statistics. (2009, September 2). *Trends in Consultation Rates in General Practice - 1995-2009*. Retrieved from NHS Digital: Data and information: <https://digital.nhs.uk/data-and-information/publications/statistical/trends-in-consultation-rates-in-general-practice/trends-in-consultation-rates-in-general-practice-1995-2009>
- Social Research Institute: NHS England. (2018, August). *GP Patient Survey National results: 2018 Survey*.