

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

Pause the push for pennies; how reliant have we really become?

Claire Read

Nottingham University

Word count (excluding title page and references) = 1499

The Unofficial Guide to Medicine Essay Competition

Introduction

But I pay my taxes, why can't I have an appointment today? Public expectations of general practice are now greater than ever before with 42.5% of patients requesting an appointment to see or speak with someone the same day; up from 40.4% in 2016^[1]. Funding is clearly a key issue; but are we asking too much from a service provided with so little? In this essay I aim to show how public reliance on primary care has increased, evaluate current attempts to manage demands and how we can improve patient self-care going forward.

“I want and deserve fast and efficient care”.

In an ideal world we *would* all see our preferred doctor at our preferred time. But it's just not possible in our current system. From a personal experience I can say that within a single morning clinic I would see at least 2 patients demanding an appointment, referral or scan with skewed expectations of what their GP can provide. High public expectations were a concern with almost all staff interviewed by Kings Fund in their 2016 report^[2]; one GP commented that *‘the biggest difference in the past five years is the people who are simply unwilling to wait more than 24 hours to be seen’*. A 2017 study suggests it's the youngest patients who have the highest expectations^[3], which may be due to having spent more of their life living in a consumerist culture; with little understanding about the constraints in primary care.

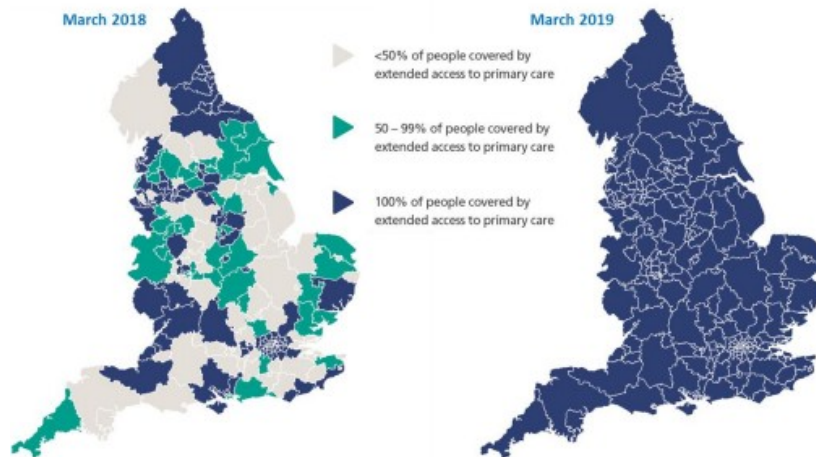
The government and media^[4] have a large part to play in encouraging unrealistic patient expectations. *‘We will ensure everyone can see a GP seven days a week by 2020’*^[5] promised the conservative government in 2014. It is understandable that patients are frustrated by having to wait longer for appointments. However, we need to urge politicians to be responsible with the messages they deliver and consider the impact they have on public expectations.^[6] But it's not just patient expectations, with hospitals being encouraged to pass on more responsibilities to general practice to ease the load on secondary care, GP's are seeing an increase in both clinical and administrative workload from hospitals; sending more patients, hungry for answers, onto an already stretched service.

Current systems in place to manage demands

The NHS 5 year forward view plans to roll out evening and weekend GP appointments to 100% of the population by March 2019 in order to match rising demand. The diagram below illustrates the extent of this planned

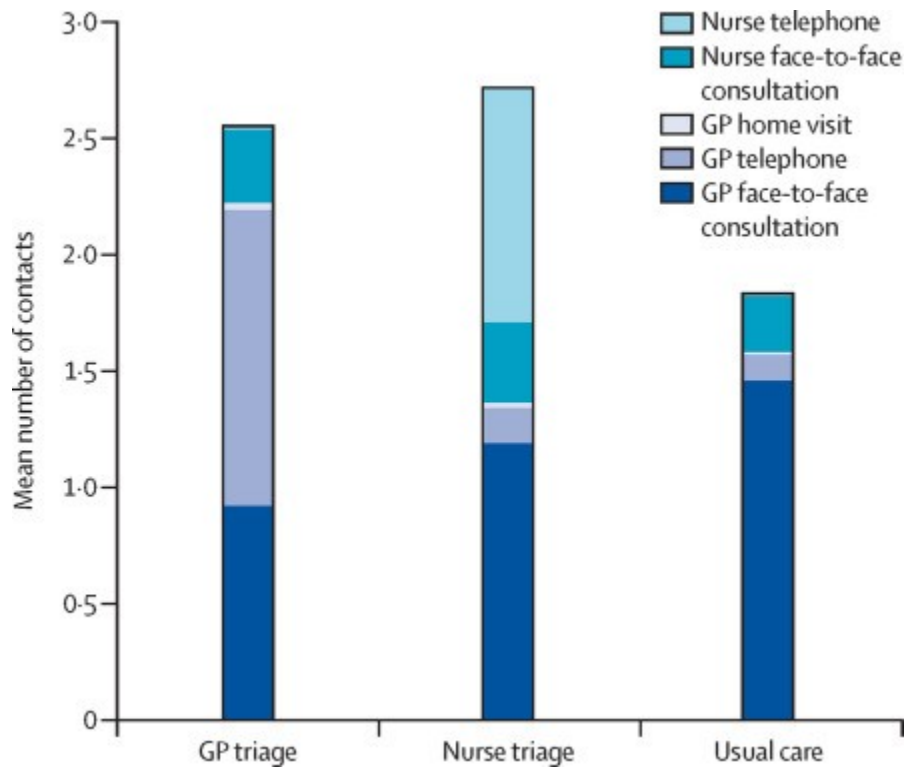
increase within just a year. However, trying to double up the number of GPs providing this service in such a short space of time has led to pressures on current resources in place.

Figure 2: Roll out of extended access to primary care



One GP noted that during late evening surgery, it wasn't working patients he saw, but older patients who are unable to get an earlier appointment. ^[2] The worry must be that increasing GP opening hours nationally isn't really enabling those to access care more conveniently at all and may fuel expectations further; increasing GP workload once again. ^[7]

Similarly, recent research suggests that nurse or GP led phone triaging may not be reducing workload either ^[8]. GP triaging did seem to reduce face to face consultations but increased overall contact to primary care (figure 2) with further calls rising by 10-fold, so-called "supply-induced" demand ^[9]

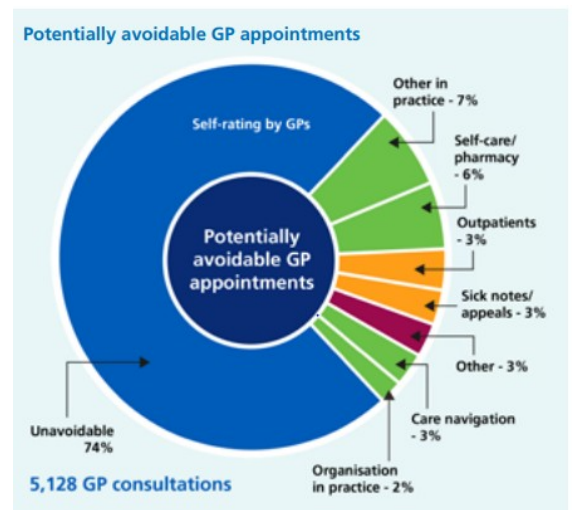


Researchers concluded that introducing these triage systems has ‘*similar cost to normal care*’ and doesn't cut GP workload.

These current systems are not enough for managing patient demand. I believe we should tackle the underlying culture of these expectations to help ease off some of the pressure. Education is a key part in patients understanding what to expect from their GP and how to use other available services effectively.

Best go to the GP just to be sure. Is our culture to blame?

Coinciding with our consumerist culture is an increased reliance on clinicians to assess self-limiting illnesses that would have previously been managed at home 30 odd years ago. Some GP's feel that ‘*people tend to take a lot less responsibility over their own health these days*’^[2] and the pie chart shows the potentially avoidable GP appointments highlighted in GP 5 year forward view.^[10] It does seem that people's effort to manage their illness is poor, with 36.3% of patients not trying to get information or advice before booking



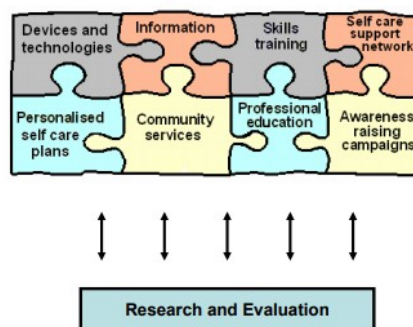
an appointment.^[1] There could be many reasons for this, including a breakdown of family support networks, an increase in health anxiety disorders^[11] and living in a work focused society. The issue with this is that an increasing number of consultations are taken up by patients presenting with problems which could have been dealt with elsewhere, leaving GP's less time to talk with patients presenting complex issues; comprising the quality of care.^[12]

Potential solutions

Patient activation is a new but widely recognized behavioral concept which relates to a patient's confidence and skills to manage their own health.^[13] The 'Know who to turn to' website^[14] has been created to educate and encourage patients to use the most appropriate service for them and the NHS 111 service is now highly recognized by the public. However, upon research reflection there seems to be a large diversity of self-care resources developing^[15], but a limited understanding of why some schemes 'work' and others do not. More research needs to be done to improve our understanding of how best to improve patient activation and potentially reduce visits to GP's by up to 69%.^[16]

Self-care support is complex and made up of many components; illustrated by the schematic to the right^[17]. Most of these components are in place but their development is fragmented across practices.

Components of the self care support jigsaw*



Many patients aren't getting the information or encouragement they need. Considering in 2005 a third of patients surveyed said they had never been encouraged by professionals to self-care,^[18] specific GP conversations with vulnerable individuals are likely to be of benefit and I've seen excellent examples of this whilst on placement. Perhaps training GP's to reference self-care options at the end of *every* consultation so that the concept becomes more normalized will encourage patients to take more control over their health.

Mindfulness prescriptions are a good example of personalized self-care plans that have recently come into practice^[19] however their use is fragmented, with different practitioners having had different training. Furthermore, many community-based services remain a mystery to those in minority cultures and

so we must find ways to diversify these services to all members of our society; enabling them to use systems effectively. This is likely to involve better communication between care workers, occupational health and local council teams.

We need to pull all these components together into a single multilingual app/website with all GP's being given the same self-care prescription training so that all patients can access reliable self-care support in one place without being bombarded by the mass of information presented online; particularly regarding minor ailments. The general practice 5 year forward view highlighted ^[10] the need improves self-care and aimed to launch a national program to support self-care in people living with chronic conditions (House of care model) ^[20]; however, this reinforces the issue that most of the self-care support online relates to chronic conditions and not 'trivial' everyday health concerns. It is not clear specifically how the 'wider national development program for general practice' will assist GP's in improving patient activation for minor ailments. These concerns illustrated in the 5-year view need to be followed up.

It would be beneficial to increase the national awareness of the issue through practice leaflets, TV ads and political influencers; this could help break the habit of GP reliance and spread patient demands more evenly over a range of services. However more research needs to be done to highlight what specific areas of the "self-care support jigsaw" patients find hardest to access and how we can target the younger generation more specifically. The latter could be based around smartphone-oriented applications and online messaging services with health care professionals. Of course, the concerns of confidentiality and professionalism would need to be carefully addressed when developing services such as these, but this doesn't mean they couldn't be a future avenue to explore in order to improve current issues regarding the younger generation.

Conclusion

In conclusion, the attempt to combine a demand led system with one which is publicly funded has led to tensions, increased demands and overwhelming patient expectations. It feels as though triaging and extending GP hours isn't managing the situation nor addressing the issue of service misuse. Wider societal changes such as living longer and fewer family support networks have contributed to the issue. With a rise in 'information prescriptions'^[21], NHS apps and the recent news^[22] that more than 20,000 physios, pharmacists and paramedics are to be recruited to work alongside under-pressured GPs should reduce public reliance on general practice. However more research needs to

ascertain the most effective way to encourage patient activation for minor ailments; particularly in the younger generation.

References:

- [1] Ipsos MORI. (2018). *GP patient survey National report*. Available from: <https://gp-patient.co.uk/surveysandreports> (accessed Jan 2018)
- [2] Baird.B, Charles.A, Honeyman.M, Maguire.D, Das.P. (2015) *understanding pressures in general practice*. TheKingsFund. Available from: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf (accessed Jan 2018)
- [3] Jaworski, Mariusz et al. (14 Jul 2014) “Primary care patients' expectations regarding medical appointments and their experiences during a visit: does age matter?” *Patient preference and adherence* vol. 11. 1221-1233. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5522818/> (accessed Jan 2018)
- [4] O’Dowd Adrian.(2017) “Hunt admits that public demand for NHS has grown beyond expectations” *BMJ* ;359 :j5062 Available from: <https://www.bmj.com/content/359/bmj.j5062.full> (accessed Jan 2018)
- [5] Wheeler.B. (Sep 30 2014) “David cameron promised seven-day GP access by 2020” *BBC news*. Available from: <https://www.bbc.co.uk/news/uk-politics-29415929> (accessed Jan 2018)
- [6] Rimmer Abi. (2014) “GPs urge government to create a national self care strategy” *BMJ* ; 348 :g3533 Available from: <https://www.bmj.com/content/348/bmj.g3533> (accessed Jan 2018)
- [7] Rosen.R. (18 March 2018) “Supply induced demand in primary care” *Nuffield trust*. Available from: <https://www.nuffieldtrust.org.uk/media/rebecca-rosen-supply-induced-demand-in-primary-care>. (accessed Jan 2018)
- [8] Bazian. (4 August 2014) “Phone consultations do not reduce GP workload”. *NHS website*. Available from: <https://www.nhs.uk/news/medical-practice/phone-consultations-do-not-reduce-gp-workload/#what-kind-of-research-was-this> (accessed Jan 2018)
- [9] Campell.J,Fletcher.E,Britten.N (03 August 2014). “Telephone triage for management of same-day consultation requests in general practice (the ESTEEM trial): a cluster-randomized controlled trial and cost-consequence

analysis” *the Lancet*. Vol: 384, 9957. Available from:
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61058-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61058-8/fulltext)
(accessed Jan 2018)

[10] NHS. (April 2016). “General Practice Forward View” Available at:
<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>
(accessed Jan 2018)

[11] Tyrer.P , Eilenberg.T, Fink.P, Hedman.E, Tyrer.H. (2016) “Health anxiety: the silent, disabling epidemic” *BMJ* 353 :i2250

[12] Caper.K, Plunkett.J (May 2015) “A very general practice” *Citizens Advice*. Available at: https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice_AVeryGeneralPractice_May2015.pdf (accessed Jan 2018)

[13] Hibbard.J, Gilbert.H (May 2014). “Supporting people to manage their health”. *TheKingsfund*. Available at:
https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/supporting-people-manage-health-patient-activation-may14.pdf (accessed Jan 2018)

[14] “Know who to turn to” website. Available at: <http://www.know-who-to-turn-to.com/> (accessed Jan 2018)

[15] “NHS Apps library” available at: <https://apps.beta.nhs.uk/> (accessed Jan 2018)

[16] Department of Health (20 Nov 2007), “Research evidence on effectiveness of self-care support” *national archives*. Available at:
https://webarchive.nationalarchives.gov.uk/20071204133018/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080689 (accessed Jan 2018)

[17] Fitzpatrick.G, Dost.A, Phillips.A, Hamilton.T (August 2005) “Supporting self care – a practical option” *Policy and Strategy Directorate, Department of Health*. Available at:

https://webarchive.nationalarchives.gov.uk/20090217000125/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134006 (accessed Feb 2018)

[18] Hill.S “Selfawellness – an innovative system for empowering community wellbeing” Available at: https://www.comm-dev.org/images/presentations_pdf/SlidesforMinnesotasession.pdf (accessed Jan 2018)

[19] Carrell.S, (Oct 2018) “Scottish GPs to begin prescribing rambling and birdwatching” *the guardian*. Available at: <https://www.theguardian.com/uk-news/2018/oct/05/scottish-gps-nhs-begin-prescribing-rambling-birdwatching> (accessed Jan 2018)

[20] NHS England. “House of Care – a framework for long term condition care”. *NHS england*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf> (accessed Jan 2018)

[21] EmisHealth. “Better diabetes care for thousands with information prescriptions” *Emishealth*. Available at: <https://www.emishealth.com/experience/case-studies/better-diabetes-care-for-thousands-with-information-prescriptions/> (accessed Jan 2018)

[22] Triggler.N (Jan 2019) “The GP substitute will see you now” *BCC News*. Available at: <https://www.bbc.co.uk/news/health-46994187> (accessed Jan 2018)

