

Long Term Impact of COVID-19 on General Practice Must Be Assessed

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How general practice is delivered in many countries has drastically changed due to the COVID-19 pandemic. Across Europe, new ways of working and uncertainty are putting stress on family medicine¹. Ongoing studies, carried out by the Irish College of General Practitioners (ICGP), are keeping us informed about what is happening in practice in order to assist us to respond in terms of advocacy, representation and GP information needs.

An increase in digital consultations has been observed in Ireland and this applies also across Europe and the UK^{1,2}. Concerns exist regarding the potential for missed diagnosis and the patient cohorts that these consultation modes do not suit. General practices in Ireland have shown they are adaptable and responsive. However, they have also reported reduced income, similar to reports from Australia and the USA^{3,4}, and long-term sustainability may be an issue for some.

GPs are motivated by altruism to work during pandemics despite the high personal risk, and they are enthusiastic about further training and information⁵. The ICGP continue to see huge numbers of GPs attending weekly webinars keeping all GPs informed and up to date on COVID-19 and non-COVID issues. The vast majority of GPs have rated these webinars as highly useful and rated the performance of the ICGP during the pandemic as excellent.

However, despite preparedness planning, implementing pandemic policies faces multiple obstacles⁵. GPs are facing rapidly changing patient flows, clinical algorithms, new care pathways, and the need for new ways of delivering high-quality care^{1,6,7}. Many positives have been reported with the majority of GPs noting increased teamwork within practices and increased connectivity with pharmacists, possibly due to almost all GPs reporting use of electronic prescribing. Major changes in the way care is delivered to certain groups of patients has been documented, for example the migrant and homeless populations. This has occurred due to rapid and greatly enhanced collaboration between relevant stakeholders and agencies throughout the pandemic.

Maintaining the quality of healthcare is important in sustaining a healthy workforce, which is essential to support a healthy economy during and after the pandemic. Some of the responses to the pandemic could bring about lasting changes to the health system⁸, however, we need to know that the changes are effective and to identify possible future health implications for patients^{2,9}.

A noted decrease in consultations for non-COVID related symptoms has been observed. Irish GPs have reported a decline in attendance among certain patient groups for non-COVID-19 related consultations. A large proportion of practices surveyed by the ICGP, noticed a decline for under 6's, over 70's, from people with chronic conditions, and from people with mental health concerns. This could have serious impacts on patient safety with calls on patients not to self-diagnose or delay seeking treatment.

Patients are also changing the way they use health services, with more emphasis on self-care. Patient feedback will be invaluable for maintaining lasting benefits and to understand how all of these changes impact on patient experience, health inequalities and patient-centred care.

Hospitals are under pressure also. GPs in some areas are reporting reduced or no access to chest x-rays, ultrasounds and hospital phlebotomy without referral to an emergency room. Pathways to access urgent gynaecology, cardiac and TIA assessment and paediatric services are also affected as are outpatient pathways for patients with diabetes, heart failure, ischaemic heart disease, COPD and asthma. We need to ensure that our entire health system continues to work together effectively with the patient at the centre.

Even before this pandemic, GPs reported being unable to take sick leave or annual leave due to the shortage of locums. GPs deal with the administrative aspects of the job after the clinical day has concluded, adding a reported average of three hours to their working day.

Our data shows that approximately one fifth of our current GP workforce is due to retire within 10 years and this pandemic may lead to more GPs deciding to retire. There is an unequal distribution of GPs across the country and this is not matched to need. The difficulties associated with single-handed practice makes it a less attractive option. All of this will have implications for the provision and delivery of services. The ICGP continues to work with the relevant stakeholders to address many of these issues including increasing the number of GP training places and providing alternative routes and recognition to provide more GPs in the system.

The COVID-19 pandemic has the potential to change general practice forever^{6,8,9}. How general practice is delivered may not return to as before. Increased telemedicine is likely. However, we should not lose sight of the relationship between the GP and patient and the importance of good communication and trust^{7,9,10}. It is necessary to assess the impact of this shift on patient health and to assess healthcare provider and patient experience to ensure continued high-quality care and patient safety. Furthermore, we need to understand the impact of changing work requirements and evolving consultation techniques on the general practice workload and on practice income and viability.

The ICGP will continue to advocate for general practice and to seek an increased say on policy development, greater engagement with the HSE to support general practice in deprived urban and rural areas and the expansion of quality training in addition to improved access for their patients to allied primary care professionals and services such as mental health.

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