

Remote general practitioner consultations during COVID-19

In a reversal of messaging before the COVID-19 pandemic, when ministers were encouraging an increase in the numbers of online health consultations, politicians have since demanded that general practitioners (GPs) in England reverse the shift to remote consultations that occurred during the pandemic. Supported by sections of the media, politicians are threatening to “name and shame”¹ or restrict new funding to GP surgeries that do not provide a sufficient number of face-to-face consultations.

Advances in digital technology had already stimulated debate on consultation methods; despite offering convenience for some patients, there were concerns about widening inequalities for others.^{2,3} Given that the pandemic offered a natural experiment to assess the potential implications of remote consultations, we analysed data from NHS Digital to better understand these implications.⁴

Our analyses showed that any suggestion that GPs were not seeing patients in person was not true. Although the number of face-to-face appointments in England decreased from 8 758 600 in February, 2020, to 2 783 535 in April, 2020, they have since increased by 89% (5 248 932 in August, 2021). Simultaneously, telephone consultations almost trebled during this period (from 2 203 203 in February, 2020, to 6 221 869 in August, 2021). Despite how most consultations are now conducted remotely (appendix p 1), the growth in remote consultations has allowed for a substantial increase in the number of overall consultations, compared with pre-pandemic levels.

Patients value prompt consultations and GP surgeries are responding accordingly (appendix p 1). For example, the percentage of patients

seen on the day that they contacted their GP increased between February, 2020 (58% overall, 51% for face-to-face consultations, and 63% for remote consultations), and April, 2020 (78%, 77%, and 79%, respectively). The number of same-day in-person consultations is higher than that reported before the pandemic (58% in August, 2021, vs 51% in February, 2021).

But what happened to existing inequalities? Before the first national lockdown, patients in regions with more deprived populations were less likely to use remote consultations (monthly correlation coefficients ranged from -0.57 in March, 2019, to -0.59 in February, 2020). Following this lockdown, any association disappeared (coefficients ranged from 0.01 in April, 2020, to 0.17 in August, 2021). Although patients in more deprived areas were less likely to receive same-day remote consultations before the pandemic, this gradient has also disappeared during the pandemic (appendix p 1).

Remote consultations are improving access to primary care, enabling GPs to see patients who need face-to-face appointments more quickly. GPs are best placed to understand the needs of their patients and remote consultations offer safety during a public health crisis. Given that England has one of the highest prevalence rates of COVID-19 in Europe,⁵ remote consultations will continue. Nevertheless, debate about the role of remote consultations should be based on evidence, not anecdote.

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See Online for appendix