

## Written evidence submitted by Dr. Caroline Kamau-Mitchell (FGP0388)

Birkbeck, University of London

**About the author:** I am writing this evidence report as a scientist who specialises in research about the occupational health and welfare of medical doctors. I am also the co-author of a book about the impact of the media on how the public perceives and accepts government policies.

### 1. Introduction

The covid-19 pandemic changed the landscape that GPs worked in by reducing some types of bureaucracy and giving doctors more autonomy, and some improvements in patients' access to GPs were made possible by new ways of approaching clinical care (e.g., more frequent use of telephone consultations). At the same time, the future of general practice relies on overcoming two major stumbling blocks: (A) how to get the public and media on board with transformations in how GPs provide care, (B) how to improve patients' access to GPs while juggling the challenges posed by bureaucracy (e.g., the extra administrative workload caused by regulation).

### 2. How to get the public and media on board with transformations in GP patient care

In considering the future of general practice, the House of Commons' Health and Social Care Committee should recommend that the government's Department of Health and Social Care send every household an information leaflet detailing any major changes or strategic plans relevant to patients' access to GPs. This is important in order to get the public and media on board with changes – for example, the increase in telephone consultations with GPs, versus in-person consultations. This report will discuss this issue as an example, but I advise the Committee to apply this idea to any other example of a major change in how GPs provide care to patients.

During the covid-19 pandemic, many media reports cast GPs in a negative light and NHS England, together with NHS Improvement, launched a set of plans aimed at addressing patients' concerns [1]. For instance, there were many media reports about patients finding it impossible to contact general practices through the telephone, being barred by covid-related restrictions from visiting general practices, and there was disquiet about the implications of the decision by many GPs to not hold in-person consultations with patients. GPs became concerned that the media was misrepresenting them and criticising them unfairly, prompting a campaign by the British Medical Association to get the public and MPs to express their support for GPs by signing a petition and sharing messages on social media [2]. The public and media's views were influenced, in part, by the lack of information about the challenges faced by GPs in terms of higher caseloads due to covid-19 infections, and the risks of GPs getting infected and putting other patients at risk of infection from covid-19 during in-person consultations. Although most people can be said to have broadly understood that these risks existed, it would have been helpful for the Department of Health and Social Care to deepen the public and media's understanding through an information leaflet sent to households detailing:

- Problems faced by GPs in terms of lack of access to effective face masks, gloves, and other types of personal protective equipment (PPE), particularly earlier on in the covid-19 pandemic, to help the public and media understand why many GP surgeries closed or had a reduced service.
- Statistics about the risks faced by GPs e.g., the numbers of GPs and general practice staff who contracted covid-19, to help the public and media understand why many GPs stopped holding in-person consultations with patients.

- Information about the knock-on effects of GPs and practice staff being infected with covid-19 e.g., the numbers of patients who were infected, and the numbers of patients whose care was affected because of staff sickness, to help the public and media understand why telephone consultations are better (on average) to protect continuity in patient care and staff availability.
- Information about how GPs faced the difficult task of trying to provide patient care while having less access to hospital referrals and delays across different healthcare services. This will help the public and media understand and empathise with the difficulties experienced by GPs.

The British Medical Association launched a campaign called the “Support your surgery” campaign [2] in the hope that patients, MPs, and members of the public would spread the word and show support. This demonstrates the fact that the atmosphere had become one of the media versus GPs – something which is unhelpful to patients and demonstrates why the Department of Health and Social Care needs to take proactive steps in future to protect the public and media’s perceptions about GPs. In October 2021, NHS England and NHS Improvement [3] published a report outlining its strategy towards improving patients’ access to GPs, following the problems observed during the covid-19 pandemic. As much as the strategies proposed by them are helpful (e.g., to reduce some types of bureaucracy, and improving telephone systems), the problem of how the public and media perceive GPs is likely to reoccur in the event of a resurgence in covid-19 or a similar public emergency.

### **3. Action points for the House of Commons’ Health and Social Care Committee**

Lessons learnt, from the point of view of the current inquiry by the House of Commons’ Health and Social Care Committee, are that there was sub-optimum communication to the public by the government about the changes that general practices would have to go through, and why. In the event of a future pandemic, it will be helpful for the Department of Health and Social Care to improve that communication in a simple, effective way, such as sending a leaflet to every household explaining the reasons why patients’ access to GPs will need to change, to manage the public’s expectations. The Department should help patients understand the reasons why GP practices cannot be contacted by telephone (e.g., due to infected staff or those in self isolation), and why in-person consultations are not possible (e.g., explain the risk of infection, and provide statistics about GPs infected during past pandemics). The aim should be to help the public understand the impact of the pandemic on GPs and staff availability, and to manage the public’s and media’s perceptions, changing the view that GPs simply closed their surgeries or decided not to see patients in-person.

As well, it will be helpful for the Department of Health and Social Care to improve the public’s and media’s understanding of GPs’ new approaches to offering patient care e.g., the increase in telephone consultations versus in-person consultations. To allay their worries, it will be helpful for the Department to provide the public and media with information (and scientific evidence) about why telephone consultations are appropriate in many circumstances, and assurances that in-person consultations will be offered in other circumstances. It will be helpful, again, for the Department to communicate this directly to the public – to avoid filtration of the message by the media (something which is common and detrimental to public policy making [4]) – through a leaflet sent to every household. The leaflet should allay the public’s fears that telephone consultations are not as good as in-person consultations, because of concerns that they do not offer the opportunity for a GP to do a physical examination or take vital physiological measurements without the need to make a further appointment with the patient. The Department should help the public understand decision-making

about which sorts of symptoms tend to be seen by telephone and which tend to be seen in person, with concrete examples of symptoms about which members of the public are likely to need an urgent in-person consultation with their GP (e.g., by detailing possible symptoms of common cancers).

- **Action point 1:** The House of Commons' Health and Social Care Committee should recommend that the Department for Health and Social Care sends every household a leaflet explaining major changes relevant to patients' access to GPs (e.g., the rationale for more frequent telephone consultations).

Furthermore, it is important for the House of Commons' Health and Social Care Committee to improve the public's and media's understanding about the bureaucratic challenges faced by GPs, as a step towards getting them on board with reforms aimed at improving patients' access. One of the biggest millstones facing doctors in general practice is that bureaucracy takes valuable time away from clinical tasks and patient care, and the future of the sector will need to overcome this problem. Reducing the time and costs of bureaucracy can improve time and investment into patient care, including giving GPs more time to see patients, speeding up diagnosis and treatment (or referral to treatment) in urgent cases. Bureaucracy can also harm the sense of professional fulfilment that medical doctors have, such as making GPs feel distressed that they are not spending as much time as they would like on direct patient care, and distress about the lack of time to prioritise patients' needs – which can cost lives and make the difference between a patient recovering and dying or deteriorating severely. The culture of bureaucracy can be said to have come from government regulation of GP services, and efforts to promote value for money, and value for patients.

The House of Commons' Health and Social Care Committee is likely aware that in November 2020, the government pledged to reduce the bureaucracy that affects NHS services, including GP practices [1] in the sense of:

- Reducing unnecessary complexity in how NHS services are regulated.
- Reducing the need for doctors to spend an excessive amount of time collecting evidence for their appraisals.
- Reducing the need for doctors to complete training which is not relevant to their role.
- Reducing time wasted by staff in navigating computer information systems which did not interact (e.g., IT systems used to manage patients' records with 60% of doctors surveyed saying that such IT systems increase their workload).
- Reducing excessive legislative burden.
- Making procurement processes less time-consuming.

Whether, and to what extent, the government has met its pledge is something which the Department for Health and Social Care should (upon the recommendation of the House of Commons' Health and Social Care Committee) provide the public, GPs and the media with an update about. This will help them understand why bureaucracy is a major challenge faced by GPs, why it is a government priority to reduce it, and why bureaucracy-related changes are being made (e.g., in the NHS England and NHS Improvement reports' objectives concerning improving patients' access to GPs [1]).

- **Action point 2:** The House of Commons' Health and Social Care Committee should ask the Department for Health and Social Care to publish a report evidencing the pledges that it feels it has met, following its "Busting bureaucracy" report [3], and how it plans to meet unmet pledges in future.

In conclusion, it is important for your committee to be aware that the future of general practice, and the future of patients' access to GPs, relies on the public and media being on board with major changes. That, in turn, relies on the public and media being well informed about the reasons for major changes. Without that, the media' negative discourse about GPs risks hampering the objectives of the Department for Health and Social Care and the Health and Social Care Committee's by creating confusion and misinformation among members of the public.

## References

[1] NHS England and NHS Improvement. Our plan for improving access for patients and supporting general practice. October 14<sup>th</sup>. [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf?utm\\_source=The%20British%20Medical%20Association&utm\\_medium=email&utm\\_campaign=12754542\\_POE22Z1%20GPs%20update%20-%20response%20to%20NHSE%2FI%2F%20Government%20plan&utm\\_content=NHS%20plan%20for%20practices&dm\\_t=0,0,0,0,0](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=12754542_POE22Z1%20GPs%20update%20-%20response%20to%20NHSE%2FI%2F%20Government%20plan&utm_content=NHS%20plan%20for%20practices&dm_t=0,0,0,0,0)

[2] British Medical Association. Support your surgery (campaign). <https://www.bma.org.uk/advice-and-support/covid-19/gp-practices/support-your-surgery>

[3] Department of Health and Social Care (2020). Consultation outcome - Busting bureaucracy: empowering frontline staff by reducing excess bureaucracy in the health and care system in England. 24<sup>th</sup> November. <https://www.gov.uk/government/consultations/reducing-bureaucracy-in-the-health-and-social-care-system-call-for-evidence/outcome/busting-bureaucracy-empowering-frontline-staff-by-reducing-excess-bureaucracy-in-the-health-and-care-system-in-england>

[4] Berry, D., & Kamau, C. (2016). *Public policy and media organizations*. Routledge.