# The General Practice Academic Research Training Scheme

# *GPs behind open doors:* a case study during the COVID-19 pandemic

**SHORT REPORT**

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**Funded by**: HSC R&D Division, Public Health Agency

This report can be cited as:
GPs behind open doors: a case study during the COVID-19 pandemic, 2021, Dr Richard Dillon

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## EVIDENCE BRIEF

**Why did we start?**

Prior to the COVID-19 pandemic, general practice was in crisis with the perfect storm of an increasingly older co-morbid population coupled with a dwindling workforce due to recruitment issues and retirement. Suddenly in March 2020, general practice faced an unprecedented crisis in the form of the COVID-19 pandemic. This specific crisis brought a seismic shift overnight in how General Practitioners (GPs) provided patient care. This report presents a case study of GPs in Northern Ireland by gathering their personal viewpoints about how they adapted and changed their work during the COVID-19 pandemic.

**What did we do?**

GPs were recruited to the study via a restricted access Facebook page, 'GP Survival Northern Ireland', and through snowballing. Eight participants were recruited and interviews occurred remotely via Microsoft Teams or telephone calls, utilising a semi structured interview template derived from a prior scoping review of the literature. The data was transcribed and analysed by the research team, using a case study approach as described by Crowe et al. Key findings were extracted from the data and presented below.

**What did we find?**

Male and female GPs from a wide age range who worked in a geographical mix of practices, both urban and rural, with list sizes of up to 10000 patients participated in the interviews. There were three key findings identified from the case study:
1. *Layers of communication:* GPs described communication as occurring on multiple levels, using new and not so new ways to update and disseminate information to their staff, colleagues and their patients.
2. *Rapid change, practice continues:* Despite the rapid change, normal day to day work of general practice carried on; efforts to meet patients' needs continued despite the challenges.
3) *Resetting and redefining the work of general practice:* general practice grappled with its identity in terms of using this opportunity to 'reset' the delivery of primary medical care and redefine identity boundaries.
Findings from the scoping review and the empirical qualitative case study pointed to the various facets of communication that general practice had to navigate during the pandemic and to the complexity of overcoming barriers to communication, particularly regarding patient-doctor relationships. GPs sought ways of navigating the risks and uncertainties of managing the medical conditions and care of their patients during the pandemic. The connotations and perceptions that revolved around 'closed doors vs open doors' [of GP Practices] impacted personally on GPs but, whilst some necessary infection-related barriers were in place, general practice continued to provide services for their patients.

**What should be done now?**

There is a need to consider a broadening of the term 'consultation' to encompass several modes of communication between GP and patient including face to face, telephone and video consulting.
Guidance is required regarding the best match between a patient's profile, their illness and mode of GP consultation whilst giving due consideration to patient choice.

There is a need to avoid duplication of information that is issued by various official bodies and agencies (eg BMA, RCGP and DoH) and to harmonise information dissemination to GPs via one central channel.

Further research should be undertaken to understand the patient perspective about changes to accessing and consulting with GPs.

## Background

Prior to the arrival of the COVID-19 pandemic, general practices in Northern Ireland were under extreme pressure and closures threatened. In April 2016, there were 347 GP practices within Northern Ireland(1), this fell to 321 GP practices in April 2021(2). This indicated a decline of 26 practices over a five year period, a 7.5% decline in the number of surgeries open in Northern Ireland either through closure or practices merging.

The BMA in Northern Ireland commissioned a report in 2015 to ascertain the current climate within general practice in Northern Ireland. They invited all general practice surgeries in Northern Ireland to participate and of the 349 at the time, 229 responded. In the survey, practices were asked to grade themselves on how they were coping according to a traffic light system. The majority (74.6%) self-reported as 'struggling but managing', yellow on the traffic lights. Alarmingly, 9.8% of the practices self-reported as barely coping or not coping, red on the traffic light and 13.4% reported as coping well, green(3). The report highlighted the extent of the difficulties experienced by GPs within Northern Ireland.

The Nuffield Trust commissioned a report in 2014 trying to identify the pressures within general practice in the UK. This report highlighted several areas of obvious pressure, one in particular being a workforce crisis. The report noted the reduction of the numbers of GPs being trained and that more GPs were taking up part time work suggesting whole time equivalent work force reduction, with many current GPs also planning to retire earlier than planned(4).

Both the BMA and Nuffield trust reports highlight the difficulties experienced by the GP workforce and the concern it was causing amongst unions and external organisations. Further confounding factors were adding to the workload of GPs.

During December 2019, there were initial reports of the COVID-19 virus emanating from China. The virus started to spread throughout the globe towards the UK shores and the first detected cases of the virus in England were reported on 31st January 2020(5). The first death from COVID-19 in the UK was reported on 5th March 2020(6). On the same date, NHS England published a letter advising primary care practices to rapidly change the mode of how they consulted with patients, promoting a remote consultation model with telephone first or video consulting first and the option of face to face consulting if required after the initial consult after a risk assessment(7). Whilst this guidance specifically covered England, at that time, a UK nationwide approach was initially being taken with the Northern Ireland Public Health Agency (PHA) guidance referring to UK government advice(8).

On the 19th March 2020, the first death from COVID-19 was confirmed in Northern Ireland(9). Shortly after on 23rd March, the UK government announced a nationwide lockdown in a bid to curb the COVID-19 pandemic(10).

At this uncertain time, all GP surgeries had to rapidly alter their ways of working; this report presents a research-informed account of how GPs responded to the COVID-19 pandemic in terms of their efforts to keep their practices open and continued to provide treatment and care for their patients during the pandemic.

## Aims

This research aims revolved around the following questions: how have GPs in Northern Ireland adapted and changed their practice in response to the COVID-19 pandemic? What is the impact of the COVID-19 pandemic on primary care in NI as perceived by GPs?

## Objectives

More specifically, the study elicited views from GPs about particular experiences during the COVID-19 pandemic within general practice, and whether, if any pressures were experienced. The GPs were asked to describe the innovations and changes that had been initiated and implemented in order to continue to practice during the COVID-19 pandemic.

## Methods

### Sampling strategy and recruitment

A number of recruitment strategies were considered for data collection with two strategies ultimately employed. This first utilising social media platform Facebook. On Facebook, there is a private group called 'GP survival Northern Ireland'. This Facebook group allows GPs and GP trainees to join from Northern Ireland and post messages and questions. It has a total number of 1400 members.

The researcher placed a social media post on the Facebook page (GP survival Northern Ireland) inviting members of that group to participate in the research. If a member of that page was interested, they contacted the lead researcher via the email address on the Facebook post and the researcher would send a return email with a formal letter of invitation for their further information and consideration. A participant information leaflet and consent form were attached to the email.

The intention was to recruit a range of General Practitioners from different practice backgrounds and experience.

An additional recruitment strategy employed was snowballing. After a participant had concluded their interview, a follow up email was sent thanking them for their participation. Included in this email was a request asking them to forward the lead researcher's details onto anyone they thought might be interested in taking part in the research.

### Data collection

Most interviews occurred electronically via Microsoft Teams however where a participant preferred to use the telephone to conduct the interview or if there were difficulties conducting interview via video conferencing, the interview would then be conducted via telephone.

Eight participants were recruited via the social media post and through snowballing. The duration of interviews were variable lasting from 30 minutes to one hour. The researcher carried out all interviews first starting in December 2020 and all were completed by end of February 2021.

The interview data was transcribed using the auto transcription software in Microsoft Word, Office 365 (licenced by QUB). This produced a word file with transcription and timestamps. Due to potential for errors by the software and to aid familiarity with the data, the audio recordings were further proof checked by the lead researcher to ensure accurate transcription and amendments made to the Word file.

During the transcription process, the participants names were exchanged for fictional names and the practices were anonymised. Any reference to local areas/towns were also removed to ensure anonymity of the research data.

### Data analysis

The researcher utilised the procedure and method that is described by Crowe et al in their case study approach to analyse the data. This approach analyses life contexts to gain an in depth understanding of a complex issue. There are three main types of case study approach, intrinsic, instrumental and collective. This approach triangulated key findings across reports of the analysis of individual GP data and examined the extent to which similar findings were shared.

Initially, the researcher (RD) and one of his supervisors (GK) studied a randomly selected transcript together, highlighting codes as they became familiar with the transcript and charting these codes iteratively to form an early analytic framework. Next, they considered a second transcript separately using the previously created analytic framework, and then discussed their respective analysis to evolve a refined analytic framework. This iterative process was repeated with a third and fourth transcript and then the developed analytic framework was discussed with the second supervisor (MD). RD analysed the remaining four transcripts by applying the analytic framework and consulting with GK and MD where needed. Finally, the framework and discussions were used to generate a mapping and interpretation of the collective case study data in terms of three key findings (see chapters on results and discussion).

## Personal and Public Involvement (PPI)

The researcher contacted the Public Involvement Enhancing Research Northern Ireland team during the planning of this research. A request was submitted for advice and guidance to review the protocol submitted to ethics and to review the semi-structured interview questions, informed by the scoping review. Two volunteers kindly offered to help with the research. They reviewed the protocol and interview schedule questions prior to submission to QUB ethics committee and offered some advice helping to shape the questions for interviews.

## Findings

**Layers of communication** – participants described the fundamental role that communication played as they adapted their work during the pandemic. This communication was on multiple levels using new and not so new modes. Participants found the amount of information they had to engage in overwhelming but worked on innovative ways to update and disseminate that information to their staff, colleagues and their patients.

**Rapid change, practice continues** Despite the rapid change occurring (most practices reporting changing how they worked virtually overnight), the normal day to day work of general practice had to carry on;

patients' needs continued to have to be met. Teaching and training had to continue and even the experienced GPs and trainers found themselves to have learning needs around the new ways of working.

**Resetting and redefining**. General practice has had an opportunity to reset and continues to redefine itself. A driving force is to rediscover the identity of being a GP through a cull of what is considered less patient focused work. Some of the participants feel this is the time to regain some control as GPs, some considering that this would make general practice a more attractive proposition again for trainees. The GPs speculated about how general practice will have evolved once the pandemic was finished, which changes that had been forced on them were they likely to continue with, particularly with regards to consultations modes.

# Discussion and conclusion

This research highlights the importance of communication through several different facets. This research demonstrates how some of the barriers to communication and consultations were overcome with innovative new means and how some of the previous plans for remote consulting were accelerated. During the pandemic, risk and uncertainty was brought into sharp focus. GPs navigated new consultation methods whilst safely managing patients remotely whilst considering the risks of consulting with patients face to face and virtually.

During the pandemic, all GPs interviewed were open and continued to offer medical services throughout the pandemic to their patients, and were keen to refute allegations to the contrary.

## Communication

Analysis of the transcripts in this case study has clearly demonstrated the importance that communication has played for GPs during this pandemic. Within doctor-patient communication, the consultation mode has shifted from traditional face to face consulting to increased usage of remote consultation but consultations have been ongoing though the pandemic. Modern technology has been utilised to support underused (but not new) ways to enhance consultations, such as photography of conditions and perhaps in limited cases some video consulting. The COVID-19 pandemic has brought to the fore enhanced communication between and within teams. This in part appears to have been aided by camaraderie and shared experiences in difficult times.

Although there were certainly elements of improved communication, there were also conflicts. The issues of how to manage access to the practice brought about problems, particularly where different practices shared building access. Tensions also arose between primary and secondary care due to requests for primary care to fulfil some tasks traditionally carried out in secondary Care. Whilst the GPs saw the importance of the guidance being provided to them, the sheer volume from many different sources left GPs feeling overwhelmed.

## Risk and uncertainty

During the pandemic, GPs had to balance many risks and uncertainty. The GPs carried the risk of not only contracting COVID-19 themselves but also spreading it to others including their own family, patients and staff. One of the apparent findings in the scoping review and empirical work was the rapid shift to consulting

remotely but in so doing the non verbal cues the consultation were diminished with GPs adapting to pick up more so on the verbal cues. For those patients requiring a face to face consultation, the GPs had to balance the risks of seeing the patient encompassing risk to themselves, other staff but also the risk to the patient being seen.

Whilst some GPs had been operating via remote means and urgent and unscheduled care operated via telephone/remote consulting first, this was through practitioner choice rather than required. However, all of the participants in this study had all had to rapidly change to adapt to the new means of consulting.

Through some of the rapid changes made to practice, there was increased strain experienced by GPs to carry out their clinical commitments in an entirely different way for which there had been little preparation. There was a fear of missing out on potential serious diagnoses balanced with a fear of catching COVID-19.

### Closed doors, open practice

A profound amount of concern was expressed by GPs over access to the practice. All GPs interviewed had remained open continuing to provide medical services to their patients throughout the pandemic with some choosing to close and lock their doors allowing patients in by invite only and others keeping their doors unlocked and open but still placing additional barriers up where previously there had been none. The act of closing the doors on patients has had a profound effect both for staff and patients, particularly those vulnerable patients. GPs were concerned about the perception amongst the public of GP surgeries appearing closed, some going as far to say that the reputation of GPs had been tarnished.

The decision of closing the doors became more complex in areas of shared building access such as a health centre whereby the decision had to be considered amongst several practices sometimes resulting in angst amongst those practices. This concept did cause a lot of angst amongst the GPs continuing to offer up medical services and there was palpable hesitation at closing of the surgery doors.

Whilst general practice appears to have undergone huge change during the pandemic, what is unclear is what the future of general practice looks like, as it continues to adapt and change and emerge from COVID-19. For the most part, the participants reported how unlikely they felt that it would completely revert back to its previous form.

## Practice and policy implications

### Implications of this work

There are several important implications of this research which will be useful for the future of general practice. This can be broken down into three main domains considering the implications for practice, further research and policy.

### Implications for practice

Remote consults are here to stay. Pre-pandemic, it was the intention of the NHS Long Term Plan and echoed by the DoH to increase access to 'digital' GP appointments (12, 13). Whilst many practitioners and some patients may be convinced by the long term use of this mode, work is required to allow it to be a more comfortable mode for all. Apparent from both the scoping review and the case study is that there needs to be a rethinking of what a consultation is – and what it will look like from here on in. A consultation is no

longer exclusively used to describe a traditional face to face consultation but also now encompasses a wider range of consultations modes, whether that is a telephone consultation, video consultation or other ways of consulting. The means by which GPs communicate with their patients' needs to be fluid but also encompass patient choice whereby a patient can choose their preferred modality for consulting. This might be likely to have the added benefit of freeing up face to face consultations for those who want it or require this type of consultation but also thrusts general practice into a modern era of practice. However, as with all aspects of medicine, this should be a result of an informed choice of the patient. The merits and disadvantages of face to face and remote consultation need to be further explored and the opportunities available for both, so that their individual needs can be met. A combination of further research (see below) and patient feedback could help GPs learn to tailor-fit a mode of consultation for a particular patient.

Another major implication for practice learned from the pandemic is in GPs communication with their patients. The need for and importance of communication was evident in both the literature and the interviews and indeed there were many examples of improved communication. Practices can learn from each other about these innovations going forward. In particular, the expansion into social media is likely to have reached a new cohort of patients, in a timely manner. It is also possible that this more modern approach may have gone some way towards breaking down perceived barriers between GPs and patients during covid and to possibly direct patients to other services where appropriate, including to MDTs. This may have the knock-on effect of freeing up busy reception staff and even clinician time, by offering accessible information to those who are digitally comfortable and so allowing those who aren't the chance for some more personal contact. However, this may have to be carried out with some caution, as there is potential for many issues. One example is where a potentially ill patient chooses not to contact their doctor as they believe their medical issue to be trivial in comparison to COVID-19. Whilst this widespread access to information for patients is likely to be very beneficial, it is equally important that patients are offered the option to contact their GP should they have any concerns about their symptoms. It would also be important to ensure that social media platforms were only used as a 'noticeboard' and should a patient have symptoms, they know to contact the surgery in the usual manner.

The participants felt strongly that their practice remained open but they were aware of the potential for patients to think differently. Certainly, some participants were sure that general practice's reputation had been diminished. Whilst this is the perception of some of my participants, the GP Patient survey from England collected between January and March 2021 tends to suggest otherwise, with 83% of patient respondents reporting their last experience of their GP as 'good' indicating a general perception that GPs were still offering an effective service(14).

## Implications for research

This preliminary look into the changes in general practice during the pandemic opens up numerous other research possibilities. A major area where in-depth qualitative research would be very important would be around patient perception of the changes to general practice during the pandemic. In particular, it would be pertinent to ask their views on accessing their GP, their experiences of using the different modes of consultation and their thoughts around how patient choice could be encompassed in future. Interestingly, one of my PPI advisors considered this an important aspect of general practice and had suggested this was incorporated more substantially to the interview schedule. This patient experience research, in combination with clinical experiences of practitioners could be used to produce research informed protocols on consultation modes. In the huge amount of research activity now ongoing into COVID-19, it would be interesting to see how much (or how little) covers how patients navigate and access primary care, using these newer modes of consultation.

A further area of worthwhile research currently being undertaken by one of my GPART (General Practitioner Academic Research Trainee) colleagues is researching the decision making process a GP makes when asking a patient to attend the surgery after an initial telephone consult. This useful work will help train future (and current) GPs on the cues they could use to make this decision.

In time, further research would be helpful to ascertain any shift in how the public view their GP, based on how the relationships between patients and GPs fared during the pandemic.

## Implications for policy

The vast amount of information made available for GPs was at times difficult for them to keep abreast of. GPs could receive information and guidance from many sources of information, RCGP, BMA, DoH (NI), NHS England to name a few. Whilst these different organisations and governmental departments have different aims and objectives on a day to day basis; it could be beneficial for them to have a central contact where guidance overlaps, to allow one central piece of guidance encompassing the various different agencies and their positions, promoting central consultation and debate to take place before the guidance is published. This could have the advantage of potentially reducing conflicting advice and streamlining how GPs receive guidance going forwards.

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## Acknowledgements/Relevant Logos

Dr Grainne Kearney

Professor Michael Donnelly

Professor Nigel Hart

Professor Gerry Gormley

Dr Jenny Johnston

Dr Helen Reid

Dr Richard Conn

Dr Neil Heron

Mrs Deborah Millar