

Summary of talk given on 5<sup>th</sup> February 2019 by Dr David Shepherd, FRCGP, Leicester City CCG entitled **The general practice of the future: The future is already here.**

We were introduced to David Shepherd's avatar as the lecture opened: is this a new way of consulting in general practice? The doctor could be consulted using technology designed to allow the patient and doctor to see each other but in separate locations. Is this the future?

Currently Patient Satisfaction Surveys are nosediving: presence is hoped for but often not delivered. Those doctors who have maintained their high satisfaction rates are those who continue to give a doctor's appointment when the patient calls.

It is recognised that for many patients, the doctor's presence is the therapy: non-judgemental listening is the key to satisfaction. The best GPs are those who are good listeners and who are skilled at their craft.

Mental health issues often accompany complex disease and physical presence underlies continuity of care. Better experience, better outcomes, better satisfaction for the clinician as well as the patient and lower emergency admission rates have all been demonstrated by good continuity of care.

By being present at the crises of life, there is investment in the doctor patient relationship which leads to trust and healing.

Brain research has shown that relationship (being present) has the highest bandwidth and quickest access time for memory recall in the human brain.

Valuable incidental information is gathered from the physical presence of the patient which helps to alert the doctor of the likely diagnosis and thus correct management.

It's also who we are as clinicians – we learn to be better doctors by being with our patients.

However, currently we have a very big problem with accessing appointments in the National Health Service. We are heading towards 2020 with 5 thousand too few GPs. A jump in the GP vacancy rate was noticed in 2010 and the gaps are widening.

A consultation rate of 25 patients/day is sustainable for a general practitioner. Some GPs are being asked to see up to 70 patients/day. This is not sustainable and leads to doctor burn-out. Many GPs are coping with the problem by working part-time in general practice and taking on alternative roles such as teaching or management. This exacerbates the problem but keeps the doctor at work.

We need to see a robust plan to increase doctor/patient contact time.

To compensate for the GPs absence we could:

- Investigate time and effort into training in the paramedical role.
- Properly evaluate IT alternatives
- Improve core functions
- Enhance clinical presence
- Become better at end of life decisions to avoid unnecessary admissions.

Technological tools to synthesise guidelines etc. would aid consulting and use of big data would better identify intervention in public health.

Dr Shepherd asked the question: Is there a good future in general practice? He thinks that this is possible if the government can better resource the presence of the GP.

A vote of thanks was given by Dr Paul Archer