

# My hopes for the future of general practice

Conor O'Brien, Queen's University Belfast

Why can't visiting our GP be more like visiting our grandparents. Unlike our GP, our grandparents have lots of time for us! They take us in and offer us a cup of tea and ask us how our day has been. They ask us how we're doing at school and University, probe about our relationships with family and friends and always make sure we're looked after in all aspects of our lives. If only going to see our GP was a similar experience.

My hopes for the future of General Practice are based around three core principles. I hope that we can turn GP Practices into a second home for people. Somewhere that we go for support of any kind, not just for medical treatment. I hope that we can improve the quality of medical care that we can provide to patients every day. And I hope that we can provide even more services for our patients and improve the lives of those who provide this essential service, both in and out of the workplace

What better way to treat someone with type 2 Diabetes than to implement lifestyle changes to prevent them getting it in the first place? I believe the future of general practice lies in a closer relationship between the patient, medical professionals and the community. These relationships are key to preventative medicine and improving the lives of the community. Smokers who attend 6-8 group therapies twice as likely to quit smoking. So why are we not organising these groups in our GP Practices? GP Practices are at the centre of health for more than 2 million people in Northern Ireland. My hope is that the public perception of GP Practices is transformed, that we start to see them as epicentres of health and wellness, not sickness and ill-health

In a world of ever-advancing technology, I hope that we use these developments to improve the standard of care we provide to patients. From improving the turnover time of blood tests to broadening our use of genetic screening, these are ways that we can utilise technology for the better of the patient and the practitioner.

My hopes for the future also lie with the wellness of those who provide this essential service. I see a future where we can provide patients with physiotherapists, dieticians and occupational therapists, not just a doctor and a nurse. Not only would this broaden the horizon of services we can provide to patients, it would reduce the burden on the current cohort of overworked GPs and allow them to focus their valuable time and energy on treating the patient as a whole, not just their symptoms. Aswell as this, it would attract more people like myself, young medical students eager to make a positive change in what I hope will be a replenished and modernised primary care system.

In summary, I believe my hopes aren't as far-fetched as they first seem. During the pandemic, against the odds, we adapted to a different world. It's time we adapt to our new world, one in which doctor-patient relationships are built upon trust and not necessity, one in which technology allows us to do things we could never dream of and one in which general practitioners should be given the resources they need to look after every aspect of every patient. Change is paramount, the only thing more dangerous than change, is changing nothing at all.

Reference on smoking cessation groups:

<https://evidence.nihr.ac.uk/alert/group-therapy-may-help-a-few-extra-people-quit-smoking-if-other-methods-fail/>