

# My hopes for the future of general practice

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Imagine you're in a busy kitchen during rush hour. Multiple chefs are managing different orders, each dealing with special requests depending on the customer's palate. There is great demand for high quality meals to be served, but lack of resources and increased pressures causes havoc and the chance of missing key ingredients. Despite struggling in the heat and with more customers arriving every minute, the chefs remain assiduous at the expense of their own well-being.

General practice (GP) is facing intense demand. A significant backlog in treatment has evolved from rising workloads, exhausted workforce, underinvestment and the continued repercussions of the COVID-19 pandemic. Forming the foundation of the primary care model, the notion of GP as an accessible, first-contact route to person-focused care is in danger of burning out. More and more doctors can't stand the heat of the NHS kitchen, trading it for a different heat and work-life balance promised by the land down under. Urgent action is needed to cook up a solution for the future success and continuation of GP. How could we increase consultation capacity without compromising quality of care or overburdening already overworked doctors?

The creation of health hubs within all practices could be the answer. A one-stop shop for all your primary care needs, offering a range of services under one roof such as GP, physiotherapy, mental health support, pharmacy and nursing services. This comprehensive, multidisciplinary approach to patient-centred care helps promote shared-decision making and improves care coordination. By sharing out the workload through in-house referrals and focusing on preventative care within communities, GPs can make clinical responsibilities the centre of their attention. Moreover, having a single point of contact would be particularly valued by patients with complex needs that rely on care from various healthcare professionals. This could further be capitalized by expanding to online booking systems and zoom consultations. The potential of these hubs to facilitate mobile clinics would also increase healthcare access to homeless, deprived and elderly populations. These patients are most at risk of experiencing health inequality.

Another emerging idea to relieve some of the workload burden is using artificial intelligence (AI). For a patient with asthma for example, a GP might spend significant time checking drug compliance, reading hospital letters and sourcing up-to-date clinical guidelines. Given the patient's health information, AI could be programmed into the computer system to automatically compile a list of key problems and produce a summary of the conversation to be added to their notes. It could be further utilised to analyse patient data, such as number of salbutamol prescriptions requested, to help highlight patient's requiring a medical review. By assisting doctors rather than replacing them, adopting AI has the capacity to save time and reduce workload while still preserving the human element of the doctor-patient relationship.

It's time for the GP recipe to be updated. We need to ensure all the ingredients – shared and accessible care, adequate resources and modernised systems – are well combined to create a menu that puts primary care first.