

Video consultations: quality, access, and equity in COVID and post-COVID general practice

COVID-19 has changed UK medicine, and general practice has proven agile and highly adaptable in changing how we consult to keep providing service to our patients during the pandemic. A key feature of this response has been using digital and video platforms to provide information and consult. Consulting at a distance has been convenient and well-received by patients and doctors alike, and, with no end to COVID's threat imminent and the widespread adoption of video platforms, video consulting looks set to be a big part of primary care delivery going forward.

It is, however, important to recognise its limitations and, particularly, who it excludes. The Chair of the Royal College of General Practitioners (RCGP) recently tweeted a reminder to us of Hammersley

and colleagues' prescient paper, 'Comparing the content and quality of video, telephone, and face-to-face consultations: a non-randomised, quasi-experimental, exploratory study in UK primary care'.¹ The authors found that, compared with face-to-face, video consultations performed markedly worse in all measured RCGP quality indicators, most strikingly in '*place problems in a psychosocial context*', which was performed less than half as often.

COVID has shown us again the importance of that social context with socioeconomic deprivation dramatically increasing risks of catching and dying of the disease. It is another stark reminder of the social determinants of our health and omitting those from our consultations risks disregarding the fundamentals of what makes people sick or healthy.

The study also showed that video consulting was favoured by those who were young, technically proficient, who consulted less often, and had fewer problems, that is, those with the least need for our attention. Few video consultations have been carried out for those without smartphones, and those without internet or telephones —

often those with the greatest need — are more adrift from care than ever.

As we look to the future of general practice — and video consulting will be a part of that future — it is imperative that we maintain the quality, including psychosocial context — food, finance, safety, and mental health — in our video and telephone consultations, and that we take steps, big ones if necessary, to mitigate the harms of digital poverty.

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REFERENCE

1. Hammersley V, Donaghy E, Parker R, *et al.* Comparing the content and quality of video, telephone, and face-to-face consultations: a non-randomised, quasi-experimental, exploratory study in UK primary care. *Br J Gen Pract* 2019; DOI: <https://doi.org/10.3399/bjgp19X704573>.

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