Our findings showed GPs delivered sustained support throughout the first lockdown by adopting a hybrid model of face-to-face and remote consulting for transmissible and non-transmissible conditions. Primary care workforce and infrastructure expansion is urgently needed.

Temporary suspension of non-urgent care may have created a backlog for some children with long-term conditions. Lockdowns therefore led to extra workload and costs for GPs in implementing additional safety protocols and teleconsulting. Wider evidence shows unprecedented burn-out and low morale and losses to the health profession as demand increases again. Investment is urgently required to improve primary care digital infrastructure.

The health needs of children and young people should be included in post pandemic recovery plans.

Future research

Effectiveness and feasibility of new models of primary care consulting needs assessment. More research is needed to determine safety, feasibility and acceptability of hybrid models for children and families and practitioner workload.

Policy implications

Future of Primary Care; hybrid consulting?

Our findings showed GPs delivered sustained support throughout the first lockdown by adopting a hybrid model of face-to-face and remote consulting for transmissible and non-transmissible conditions.

Primary care workforce and infrastructure expansion is urgently needed.

Temporary suspension of non-urgent care may have created a backlog for some children with long-term conditions. Lockdowns therefore led to extra workload and costs for GPs in implementing additional safety protocols and teleconsulting. Wider evidence shows unprecedented burn-out and low morale and losses to the health profession as demand increases again. Investment is urgently required to improve primary care digital infrastructure.

The health needs of children and young people should be included in post pandemic recovery plans.

Future research

Effectiveness and feasibility of new models of primary care consulting needs assessment. More research is needed to determine safety, feasibility and acceptability of hybrid models for children and families and practitioner workload.

Key findings

Children and young people's contacts with GPs in England dropped by 41%, during the first COVID-19 lockdown from March to June 2020 compared with previous years. Children aged 1-14 years had greater falls in overall contacts with GPs compared with infants and those aged 15-24 years.
Key findings continued

Although the stay-at-home advice meant that face-to-face contacts with those aged 0 to 24 years fell by 88%, a more than two-fold increase in telephone, video or online (remote) contacts enabled GPs to provide first contact care throughout the pandemic period.

There were large falls in contacts with GPs for respiratory illnesses, which is partially explained by children getting fewer viral infections. In contrast, for conditions such as diabetes or urinary tract infections, which were less affected by the lockdown, GP contacts had lesser overall falls (although there was a large shift from face-to-face to remote).

Despite the challenges of the pandemic, these findings indicate that GPs largely continued to provide accessible care for children and young people.

Further information

The full article can be accessed here: https://doi.org/10.3399/BJGP.2021.0643

This project is part of a larger SPHR funded work package: https://nihrsphr.link/ChildHealth

About the School

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

Contact:

To discuss this research please contact Dr Kim Foley k.foley@imperial.ac.uk

NIHR School for Public Health Research
Website: sphr.nihr.ac.uk
Twitter: @NIHRSPHR
Email: sphr@ncl.ac.uk
Telephone: +44 (0)191 208 3829

This project is supported by the National Institute for Health Research (NIHR) School for Public Health Research (Grant Reference Number PD-SPH-2015-10025).
This work was funded by NIHR through the Applied Research Collaboration (ARC) programme for Northwest London and the Policy Research Programme COVID-19 research (award reference: NIHR202322). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.