

Accepted Manuscript

British Journal of General Practice

Media depictions of primary care tele-consultation safety: analysis of UK newspapers

Song, Kaiyang; Hey, Molly; Payne, Rebecca

DOI: <https://doi.org/10.3399/BJGP.2023.0543>

To access the most recent version of this article, please click the DOI URL in the line above.

Received 18 October 2023

Revised 28 February 2024

Accepted 04 March 2024

© 2024 The Author(s). This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 License (<http://creativecommons.org/licenses/by/4.0/>). Published by British Journal of General Practice. For editorial process and policies, see: <https://bjgp.org/authors/bjgp-editorial-process-and-policies>

When citing this article please include the DOI provided above.

Author Accepted Manuscript

This is an 'author accepted manuscript': a manuscript that has been accepted for publication in British Journal of General Practice, but which has not yet undergone subediting, typesetting, or correction. Errors discovered and corrected during this process may materially alter the content of this manuscript, and the latest published version (the Version of Record) should be used in preference to any preceding versions

1 **Media depictions of primary care tele-consultation safety: analysis of UK newspapers**

2 Authors: Kaiyang Song¹, Molly Hey¹, Rebecca Payne²

3

4 Author affiliations

5 1. Medical Sciences Division, University of Oxford, Oxford, UK

6 2. Nuffield Department of Primary Care, University of Oxford, Oxford, UK

7 **Abstract**

8 **Background**

9 The COVID-19 pandemic necessitated the widespread rollout of teleconsultations across primary care
10 services in the UK. The media's depiction of remote consultations, especially regarding their safety, is
11 not well-established. These insights are important: newspapers' coverage of healthcare-related news
12 can influence public perception, national policy and clinicians' job satisfaction.

13 **Aim**

14 To explore how the national newspapers in the UK depicted both the direct and indirect consequences
15 of the remote-first approach on patient safety.

16 **Design and setting**

17 We performed thematic analysis of newspaper articles which discussed patient safety in primary care
18 teleconsultations, published between 21st January 2021–22nd April 2022.

19 **Methods**

20 We identified relevant articles using the LexisNexis Academic UK database. We categorised data
21 from these articles into codes before developing these into emergent themes through an iterative
22 process.

23

24 **Results**

25 Across the 57 articles identified, the main safety concern identified was missed and/or delayed
26 diagnoses over tele-appointment(s), while isolated cases of inappropriate prescribing were also
27 reported. The media reported that the transition to a remote-first approach reduced the accessibility to
28 primary care appointments for some groups (especially patients with lower digital literacy/access),
29 and heightened the burden on other healthcare services: in particular, there were reports of patient
30 care being compromised across NHS emergency departments (ED).

31 **Conclusions**

32 The print media predominantly reported negative impacts of remote consultations on patient safety,
33 particularly involving missed and/or delayed diagnoses. Our work highlights the importance of further
34 exploration into the safety of remote consultations, and the impact of erroneous media reporting on
35 policies and policymakers.

36 **Key words**

37 Media analysis, remote consultation, primary care, patient safety

38 **How this fits in**

39 Whilst previous work has shown that UK print media articles report risks of delayed diagnosis and
40 inappropriate prescribing in relation to remote consultations, our study explores these areas in greater
41 depth, whilst also highlighting the inaccessibility of remote consultations for certain groups, and the
42 increased burden that the remote-first approach placed on non-primary care healthcare services. The
43 media drove a narrative that remote care impacted on emergency departments, despite no evidence of
44 this. With remote consultations remaining commonplace as the pandemic settled, the media
45 increasingly reported negative public perceptions of healthcare services and GPs; this is significant
46 given the known impact of negative media coverage on clinicians' well-being. Taken together, future
47 work should explore if the safety concerns highlighted by media articles are accurate, as well as

48 investigating how clinicians could be supported and encouraged to voice their concerns, in the midst
49 of negative media coverage.

50

51 **Introduction**

52 Prior to the COVID-19 pandemic, the prevalence of remote consultations across primary care
53 practices in the UK was on the rise¹. The trend towards a remote consultations, which in the UK had
54 typically entailed telephone consultations instead of video calls², was greatly accelerated by the
55 pandemic in order to reduce transmission³. Here, the term ‘remote consultation’ refers to
56 teleconsultations (i.e. consultations involving communication through electronic means e.g.
57 telephone) whereby the patient is located “remotely” from the clinician with no “face-to-face”
58 contact⁴. These consultations may conducted be in real time (synchronous, i.e. through phone call or
59 “zoom” platform) or through a delayed response system (also known as asynchronous or “store-and-
60 forward”) through e-consults forms⁵.

61 In March 2020, NHS England accelerated the rollout of a “total triage” model, whereby patients
62 initially provided information over the phone or electronic forms regarding the nature of their
63 condition/symptoms, before a decision was made regarding the type of consultation⁶. This framework
64 underpinned efforts to reduce footfall, and in turn COVID-19 transmission across primary care
65 services; within a month, 85% of all consultations were performed remotely⁷. As the pandemic
66 unfolded, updated guidance from NHS England in May 2021 demanded that practices offered face-to-
67 face (F2F) appointments and patients should have autonomy over the consultation type⁸. Despite this
68 directive, changes were viewed by the media as slow to manifest, culminating in the 2021 national
69 Daily Mail campaign for more F2F primary care appointments⁹.

70 The advantages and disadvantages of remote consultations have been widely documented across the
71 medical literature^{10,11}. Whilst two key studies have also evaluated the merits and limitations of remote
72 consultations as portrayed by the UK newspaper media^{9,12}, an in-depth analysis of how the UK print
73 media has depicted the safety of tele-consultations (particularly over an extended and continuous time

74 frame), is currently lacking. Such work is important: negative media coverage towards healthcare and
75 medical professionals influences public perceptions and indirectly impacts patient safety^{13,14}, and
76 contributes to General Practitioners' (GPs) work-stress and reduced job satisfaction¹⁵. Media
77 campaigns can gain a momentum that changes political priorities, leading directly to policies in
78 conflict with scientific consensus^{16,17,18}. Examples of this have been seen in previous disease
79 outbreaks such as Ebola, where border screening known to be ineffective was introduced in response
80 to public pressure¹⁸.

81 Here, we build upon previous analysis of UK newspaper articles about remote consultations, which
82 have typically focussed on the narrative techniques used by the media, attitudes towards general
83 practitioners (GPs), and policy changes^{9,12}. We offer a novel perspective by analysing in-depth how
84 the print media portrays the safety of remote consultations.

86 **Methods**

87 This study followed the Standards for Reporting Qualitative Research (SRQR)¹⁹, and aimed to offer a
88 transparent, rigorous and complete overview of the media's portray of patient safety across remote
89 consultations. The nature of our study, namely, a comprehensive analysis of print media articles, lent
90 itself to a qualitative case study approach.

91 We initially searched the eight most widely read newspapers across the UK (*Daily Telegraph*, *Daily*
92 *Mail*, *The Times*, *The Guardian*, *The Express*, *The Independent*, *The Sun*, and the *Daily Mirror*),
93 including their Sunday editions for newspaper articles that reported specific safety incidents/stories in
94 primary care between 21st Jan 2021 – 22nd April 2022. We also searched *The Voice*, which describes
95 itself as "Britain's favourite Black newspaper". We performed our search through the LexisNexis
96 Academic UK database (<https://www.lexisnexis.com/uk/legal/news>) and The Voice's website
97 (<https://www.voice-online.co.uk>) using the key search terms shown in Box 1.

98 Box 1: Search terms

Search terms: (video consultation OR video consultations OR online consultation OR online consultations OR phone consultation OR phone consultations OR telephone consultation OR telephone consultations OR virtual consultation OR virtual consultations OR digital consultation OR digital consultations OR video consult OR video consults OR online consult OR online consults OR phone consult OR phone consults OR telephone consults OR virtual consult OR virtual consults OR digital consult OR digital consults OR video appointment OR video appointments OR online appointment OR online appointments OR phone appointment OR phone appointments OR virtual appointment OR virtual appointments OR digital appointment OR digital appointments OR telephone appointment OR telephone appointments OR remote consultation OR remote consultations OR remote consult OR remote consults OR remote appointment OR remote appointments OR email consultation or email consultations OR email consult OR email consults OR email appointment or email appointments or text consultation or text consultations or text consult or text consults or text appointment or text appointments) AND (GP OR GPs)

99

100 583 articles were initially identified. Articles were manually screened by a single reviewer who
101 included news articles reporting specific patient safety incidents and excluded opinion pieces, readers
102 letters and articles summarising findings from research studies, policy reports, or 'expert' opinions
103 (which may refer to safety issues second-hand). We focussed on articles reporting specific patient
104 safety incidents/stories, both due to the practicality of this approach, but also these articles were felt to
105 be most conducive with our qualitative case study methodology. 60 cases reporting safety incidents
106 were identified. Full text review was then undertaken by authors KS and MH. Three further articles
107 were excluded as irrelevant to the study aims, leaving 57 news articles reporting specific safety
108 incidents in remote primary care.

109 We analysed the media articles using a thematic approach²⁰; the lead author reviewed all the articles
110 twice before developing initial codes which were then grouped into emergent themes relating to
111 patient safety. A second author also read all the articles and independently developed their own codes
112 and themes. Both authors then underwent an iterative process to compare their respective codes and
113 themes. Any discrepancies were discussed with a third author and through referring back to the raw
114 data, a consensus was reached on four themes. (Table 1).

115 The research team consisted of a final year clinical medical student (KS), a 5th year clinical medical
116 students (MH), and a GP academic (RP). KS holds an interest in media narratives and has also
117 previously conducted research regarding digital health technologies. Both KS and MH have experience
118 performing qualitative analysis and have conducted research into patient safety. RP has previously
119 published qualitative work safety of remote primary care consultations. Although the authors were

120 aware that general practice has been portrayed negatively by the media in the past, when conducting
121 this study, the authors aimed to mitigate any researcher bias by using a robust, transparent and
122 systematic approach during screening, coding analysis and data interpretation (as outlined above).

123 **Results**

124 Our search strategy identified 57 relevant articles from seven national newspapers (no relevant articles
125 were identified from *The Guardian* or *The Voice*). Following qualitative analysis, four main themes
126 were identified in relation to the print media's coverage of telemedicine and the implications on
127 patient safety (Table 1). Here, we consider each theme, focussing on the media's depictions of the
128 impact of remote consultations on patient care.

129 Table 1: Themes and corresponding subthemes relating to patient safety, following qualitative
130 analysis of 57 UK media articles between 21st January 2021-22nd April 2022

131

Theme	Sub-themes
Impact of remote-first approach on patient safety in general practice	Inappropriate diagnoses over remote consultation
	Inappropriate prescribing over remote consultations
	Limitations of remote compared to face-to-face consultations
Impact of remote-first approach on accessibility to GP services for different groups	Decreased accessibility to services across certain groups (e.g. lower digital literacy, no internet access, language barrier)
	Increased accessibility to services across certain groups (e.g. high digital literacy, patients with mobility issues)
Impact of remote-first approach in general practice on patient safety across other healthcare services	Increased burden on other community healthcare providers (e.g. pharmacists)
	Increased uptake of private healthcare
	Increased burden on 111 and A&E
Public attitudes towards primary care and remote-first approach during the pandemic	Risk of COVID-19 transmission
	Attitudes towards remote consultations
	Attitudes towards GPs during the pandemic

132

133 *Impact of remote consultations on patient safety in general practice*

134 The impact of the transition to remote consultations on missed/incorrect diagnoses has been widely
135 discussed by the print media. One article quoted data from MacMillan Cancer Support which
136 highlighted that “up to 50,000 people” (*Telegraph*, 12th May 2021) had undiagnosed cancer during
137 lockdown, a figure, in part attributable to remote consultations and GPs barring “patients from their

138 *Fort Knox surgeries*” (*Telegraph*, 12th May 2021). Elsewhere, another article highlighted that
 139 “around 60,000 diagnoses of Type 2 diabetes...[were] missed or delayed between March and
 140 December 2020” (*Daily Mail*, 30th April 2021). Several articles have referenced specific ‘prevention
 141 of future death (PFD)’ coroner reports: in the case of Maurice Leech, a 99 year-old, his fractured leg
 142 was missed over a telephone consultation and it was reported that “a physical examination would
 143 probably have resulted in Mr Leech being referred back to hospital at an earlier stage.” (*Daily Mail*,
 144 10th September 2021). In another PFD, one patient, who had a history of addiction and medication
 145 abuse, reportedly received an inappropriate pain medication prescription over tele-consultation (Table
 146 2, Quote 1A).

147 Table 2: Sub-themes and example quotes under the theme: “Impact of remote-first approach on
 148 patient care in General Practice”, following qualitative analysis of 57 UK media articles between 21st
 149 January 2021-22nd April 2022
 150 2021-22nd April 2022

Sub-theme	Example quotes
Inappropriate prescribing over remote consultations	1A "a history of addiction, self-harm and poor use of prescribed and illicit substances. Prescribing of these [pain] medications was done through telephone consultations due to Covid-19 and on occasion additional replacement prescriptions were given with little challenge." (<i>Times</i> , 10 th September 2021)
Inappropriate diagnoses over remote consultation	2A “ “[In March 2021] I got a phone appointment with my doctor, was told I had a urine infection and got antibiotics...In August I asked to speak to another doctor, who sent me for an ultrasound CT scan and biopsies. I was then admitted to hospital where I was told on the ward I had cancer." (A patient; <i>Sun</i> , August 20 th 2021) 2B [Regarding David Nash, a 26 year old who developed mastoiditis leading to meningitis, but was misdiagnosed over several remote consultations] how do you diagnose an ear infection... without actually looking in the ear?' (Andrew Nash, David Nash’s father; <i>Express</i> , 18 th October 2021)
Limitations of remote compared to face-to-face consultations	3A “I’ve spotted melanoma skin cancers in patients who’ve come in for other problems, and Parkinson s in a patient just because of the way she walked into the consulting room, but the digital model removes the option of opportunistic or preventative healthcare. It treats a symptom, not the patient.” (A GP; <i>Daily Mail</i> , 9 th May 2021) 3B “By observing someone I can tell, for example, if they are anaemic. The same goes with weight if they have lost weight I will know that from just seeing them because I have known them for so long” [A GP; <i>Daily Mail</i> , 30 th April 2021)

152 Many cases of ‘red flag’ symptoms were reported as not being assessed in person: “*Patients with*
153 *blood in their urine, severe ongoing stomach pain, unusual swellings under the skin and significant,*
154 *unintended weight loss were all offered telephone appointments only*” (Daily Mail, 4th April 2021). In
155 numerous articles, the severity and nature of patients’ symptoms did not appear to have been
156 identified over remote consultations [Table 2, Quotes 2A and 2B], reinforcing the view of the Silver
157 Voices group (campaign group for over-60s) that “*It’s inherently unsafe to rely on telephone*
158 *diagnosis*” (Telegraph, 6th January 2022). One prominent example was that of Joy Stokes, a 69 year
159 old who passed away after her cancer was initially mistaken over a remote consultation for arthritis: a
160 cancer nurse told her that her condition would have been “*controllable if only she’d got there earlier*”
161 (Telegraph, 12th May 2021).

162 Aside from outlining cases of misdiagnoses and/or inappropriate prescribing over remote
163 consultations, the media also frequently highlighted clinicians’ views towards F2F consultations and
164 tele-consultations. Across several articles, GPs reportedly outlined a significant advantage of F2F
165 appointments: namely, certain signs/conditions (e.g. anaemia, melanoma and Parkinson’s disease)
166 could be identified by observing patients in-person (Table 2, Quote 3A and 3B). Moreover, a separate
167 clinician expressed that in F2F appointments, “*there are non-verbal cues and body language that you*
168 *pick up on*” (Daily Mail, 30th April 2021). However, the media also quoted clinicians who offered a
169 counter-argument: in one article, a GP expressed that “*remote appointments were appropriate in the*
170 *majority’ of cases as long as doctors took a careful history, often supplemented with video calls or*
171 *photos*” (Daily Mail, 4th April 2021). Furthermore, a survey of 1000 GPs revealed that “*57 per cent*
172 *believe the flexibility of offering remote consultations has improved care*” (Daily Mail, 10th
173 September 2021).

174 *Impact of remote-first approach on accessibility to GP services for specific groups*

175

176 Print media articles commonly highlighted how the transition to a remote-first approach during the
177 pandemic had varying effects on accessibility to GP services across different groups. Concerns about
178 the accessibility of remote consultations were reported to be particularly prominent in populations

179 with limited technology literacy (Table 3, Quote 1A); Age UK data revealed that “almost half of over-
 180 75s - about two million Britons - are not online” (Daily Mail, 9th May 2021). Concerns have also been
 181 raised “that hearing loss can make telephone consultations challenging” (Telegraph, 21st August
 182 2021), alongside the inaccessibility of remote consultations for people who “don't have access to the
 183 internet, for whom English is not their first language or those in a mental health crisis.” (Jacob Land
 184 – Head of Policy at Healthwatch England; Times, 10th September 2021). Altogether, these factors
 185 have led to the suggestion in one article that “serious conditions are going undiagnosed because so
 186 many people...don't feel comfortable or able to have remote consultations” (Dennis Reed - Director
 187 of Silver voices; Telegraph, 21st August 2021), reinforcing the aforementioned findings regarding
 188 missed diagnoses and/or inappropriate prescribing.

189 Table 3: Sub-themes and example quotes under the theme: “Impact of remote-first approach on
 190 accessibility to GP services for specific groups”, following qualitative analysis of 57 UK media
 191 articles between 21st January 2021-22nd April 2022
 192

Sub-theme	Examples quotes
Decreased accessibility to GP services across certain groups (e.g. lower digital literacy, no internet access, language barriers)	1A: “a woman who was struggling to see out of a swollen eye was told that she would need to send photographic evidence, or complete an online questionnaire. Campaigners for the elderly said pensioners were being left "frightened" and were being put at risk by a system that relied on them to be digitally savvy” (Telegraph, 12 th October 2021)
Increased accessibility to GP services across certain groups (e.g. high digital literacy, patients with mobility problems)	2A: “We know that many patients have benefited from receiving care remotely, and as a result found access to our services easier and more convenient, particularly for patients with mobility problems and younger people.” (Prof Martin Marshall – Chair of Royal College of GPs; Times, 18 th September 2021)

193
 194
 195 Conversely, some patients, especially younger individuals and/or patients with underlying mobility
 196 problems, have reportedly found the remote-first approach to have improved access to GP services
 197 (Table 3, Quote 2A). These patients “like the convenience of the new [remote first] system, and more
 198 are able to get a same-day appointment, albeit remotely” (Daily Mail, 4th April 2021). Interestingly,
 199 results from a pulse poll of GPs suggested that the remote-first approach helped to relieve waiting

200 times: “patients are securing in-person consultations quicker than before the pandemic, with waits cut
 201 from 15 days in August 2019 to nine now.”(Daily Mail, 10th September 2021).

202

203 *Impact of remote-first approach in general practice on patient safety across other healthcare services*

204

205 Across 2021-2022, the UK print media heavily reported that the declining availability of face-to-face

206 primary care consultations culminated in patients opting for alternate healthcare services, including

207 community healthcare providers, (Table 4, Quote 1A), private healthcare options (Table 4, Quote 2A),

Sub-theme	Example quotes
Increased burden on other community healthcare providers (e.g. pharmacists)	1A: [Due to the unavailability of GP appointments, the Local Pharmacist at Hightown has become the] “de facto GP, and his consulting room a de facto surgery... [he has] been dealing with all manner of serious conditions and emergencies...[including] patching people involved in cycling accidents, people with lacerations” (Daily Mail, 4 th September 2021)
Patients presenting to private care, often with a delayed presentation	2A: “wife had previously been diagnosed with the blood cancer chronic lymphocytic leukaemia, was told to try throat lozenges during a telephone consultation when she complained of breathlessness and problems swallowing...[private] consultant immediately admitted her to hospital and diagnosed her with an aggressive non-Hodgkin lymphoma, which had spread to her lungs, and sepsis” (Daily Mail, 9 th May 2021)
Patients presenting to 111 and A&E, often with a delayed presentation	3A: “Her GP.. refused face-to-face appointments, misdiagnosed her with irritable bowel syndrome and prescribed medication for depression”. [a couple months later, she] was rushed to A&E after suffering severe bleeding. A CT scan revealed...stage four bowel cancer” (Regarding a patient who had developed stomach cramps and was losing weight; Daily Mail, 9 th October 2021)

208 and other NHS services (e.g. A&E, 111) (Table 4, Quote 3A),

209 Table 4: Sub-themes and examples quotes under the theme: “Impact of remote-first approach in
 210 general practice on patient safety across other healthcare services”, following qualitative analysis of
 211 57 UK print media articles between 21st January 2021-22nd April 2022

212

213 Most notably, A&E services across the UK were reported to bear the biggest brunt, with one article

214 highlighting the results of an NHS survey: “nearly one in ten who couldn’t see a GP attended A&E

215 instead” (Daily Mail, 9th October 2021). Accordingly, many patients were reported as losing faith in

216 the accessibility of GPs, “I don’t bother [taking his unwell husband to the GP] any more - I just take

217 him to A&E” (Daily Mail, 9th May 2021), a sentiment echoed by Dennis Reed, the director of Silver

218 Voices, *“if you go to A&E, you may have to wait for four or five hours, but at least you will be seen*
219 *that day.”* (Daily Mail, 9th October 2021)

220 The media frequently highlighted cases of patients presenting to A&E inappropriately, with
221 insufficient clinical indication. One A&E clinician reportedly stated, *“I’m seeing patients with trivial*
222 *things like an ankle complaint or an unusual discharge...these are conditions that aren’t appropriate*
223 *for A&E and can be easily dealt with by [General] practices”* (Daily Mail, 4th April 2021). These
224 changes in practice appeared to concern the Royal College of Emergency Medicine (RCEM). In one
225 article, both the lack of access to primary care and the shift to virtual consultations were viewed by
226 the RCEM as contributing to *“dangerous crowding in A&Es which is unsafe and unconscionable and*
227 *threatens patient safety”* (Daily Mail, 9th October 2021)

228

229 *Public attitudes towards primary care and remote consultations during the pandemic*

230 Whilst the initial ‘total triage’ approach and shift towards remote consultation was reportedly
231 welcomed by the public as a *“sensible precaution at the height of the pandemic”* (Daily Mail, 30th
232 April 2021), this sentiment waned as the UK saw *“falling Covid case rates and the vaccination of*
233 *health workers”* (Daily Mail, 4th April 2021). Towards mid-to-late 2021, many patients and
234 journalists alike expressed concerns that COVID was used as *“an excuse”* (Express, 24th January
235 2021) and *“cover for driving through a change in working practices”* (Telegraph, 5th May 2021). In
236 one article, the mother of one cancer patient highlighted that *“dealing with the real risk of Covid*
237 *should not create a higher risk of cancer death”* (Daily Mail, 15th Sept 2021).

238 Table 5: Sub-themes and examples quotes under the theme: “Public attitudes towards primary care
239 and remote consultations during the pandemic”, following qualitative analysis of 57 UK print media
240 articles between 21st January 2021-22nd April 2022

241 articles between 21st January 2021-22nd April 2022

Subtheme	Example quotes
Attitudes towards COVID-19 infection risk associated with F2F consultations	1A: “I have been to my dentist and had my teeth checked. I go to a supermarket with a mask and buy my weekly food, and have even been to my solicitors and had a face-to-face consultation with masks. I have been to A&E because of the excruciating pain I am in. So why can’t I see my GP?” (A patient; Daily Mail, 4 th April 2021)

	1B “When [COVID-19] infection rates are low, surely more care needs to be taken to ensure patients are seen in a way that is clinically appropriate.” (<i>Express</i> , May 20 th 2021)
Attitudes towards F2F vs remote consultations	2A "I've got issues I can't get answered with the doctor because I like to see people face-to-face, I have no confidence when I talk to somebody over the phone." (A patient; <i>Daily Telegraph</i> , 14 th May 2021) 2B “I do find it very hard to speak to my GP on the phone, as I feel I'm taking up their time and can't express what I really feel. I'm feeling very sad and not wanted any more. I'd rather not bother anyone.” (A patient, <i>Daily Mail</i> , 4 th April 2021) 2C “Roughly half of respondents felt their care or experience was not as good [with remote consultations] as it would have been otherwise” (Results from a Patients’ Association report, <i>Daily Mail</i> , 30 th April 2021).”
Attitudes towards GPs during the pandemic	3A “the public perception of GPs is that they are overpaid the average GP wage now tops £100,000 and underworked, dragging their feet in getting back to the surgery to resume a normal service” (A patient; <i>Daily Mail</i> , 4 th September 2021)

242

243 Across other articles, members of the public reportedly questioned why they couldn’t see a GP in-
 244 person, despite national COVID restrictions being lifted (Table 5, Quote 1A), and repeatedly
 245 expressed their preference for F2F appointments (Table 5, Quotes 2A, 2B and 2C) . The delayed
 246 return to F2F appointments, as evidenced by data from one article, “*Before the pandemic, 80 per cent*
 247 *were face-to-face but now [October 2021] it is now just 58 per cent*” (*Times*, 12th September 2021),
 248 appeared to propel negative attitudes towards GPs (Table 5, Quote 3A),

249 **Discussion**

250 **Summary**

251 The introduction of remote consultations in primary care across the during the COVID-19 pandemic
 252 received largely negative coverage by the UK print media, with well-documented concerns regarding
 253 patient safety.

254 Across 2021-2022, the UK media commonly portrayed the negative impact of remote consultations
 255 on patient safety, most commonly highlighting instances of missed or delayed diagnoses. Concerns
 256 surrounding the indirect impact on patient safety across other NHS services, especially emergency

257 departments, appear to have been largely unfounded. It is important to highlight that these media
258 articles referred to a small selection of specific cases, in the context of millions of consultations that
259 would have occurred in the same timeframe

260

261 **Strengths and Limitations**

262 There are several notable limitations of our study. Firstly, newspaper articles are unlikely to provide a
263 representative portrayal of primary care practices across the UK during the pandemic. Previous work
264 has shown the frequent bias of media articles towards “negative” headlines with a focus on specific
265 anecdotes/cases^{40,41}. This is especially pertinent in our study: 36 out of the 57 articles analysed were
266 published by either the Daily Mail or Daily Telegraph - two national newspapers that spearheaded
267 public campaigns against remote consultations⁹. Secondly, despite our thorough search of the
268 extensive LexisNexis Academic UK database, it is feasible that some articles were missed. Thirdly,
269 our search strategy was limited to articles up to April 2022; future work is required to establish
270 whether remote consultation practices and the corresponding media portrayals changed as society
271 returned to pre-pandemic living. Furthermore, our search was limited to articles reporting specific
272 stories/incidents relating to patient safety and teleconsultations; future work should encompass
273 analysis of other article types, including expert or opinion articles. More significantly, our study
274 solely focussed on print media articles; we did not explore whether the rhetoric of newspaper articles
275 was mirrored across alternate media platforms (e.g. radio, television, or social media). This is
276 particularly relevant given that relative to print media, these alternate media forms are gaining
277 popularity, and have ever-growing potential to shape public perception and policy^{42,43}. Thus, there is a
278 need for future studies to explore how the safety of remote consultations has been explored across
279 alternate media platforms; such work could employ a similar case study qualitative approach and
280 could involve searching readily available online archives of previous TV/radio broadcasts and
281 transcripts.

282

283 Comparison with existing literature

284 Our study extends the preliminary work done in this area by Mroz et al. (2022), who identified that
285 the UK media has frequently reported cases of missed/delayed diagnoses, and inappropriate
286 prescribing during remote consultations over two fortnightly periods (13-26 May 2021 and 14-27
287 October 2021). By focussing on newspaper articles across a continuous and wider time period and by
288 concentrating specifically on safety, we offer novel insights. Firstly, we show that specific reported
289 concerns regarding remote consultations, compared to F2F appointments, included difficulties for
290 clinicians to interpret patients' body language, as well as to identify certain signs/conditions remotely
291 (e.g. anaemia, melanoma and Parkinson's disease). Secondly, the print media frequently highlighted
292 the inaccessibility of remote consultations for specific groups (e.g. older patients, language barrier,
293 reduced digital literacy). Furthermore, the remote-first policy reportedly compromised patient safety
294 and care across other healthcare services; notably, the media documented an overwhelming influx of
295 patients self-presenting to NHS emergency departments.

296 There are several reasons why it is important to consider the UK media's narrative towards healthcare
297 and healthcare professionals. Firstly, prior work has shown that newspaper portrayals of general
298 practice are largely negative; ongoing "GP bashing" is viewed as a contributory factor for clinicians'
299 decision to leave the profession^{21,22}. Secondly, media rhetoric has been shown to shape public
300 perceptions towards healthcare issues and medical professionals, with well-documented cases of
301 stories leading to public misperceptions^{13,14}. Finally, previous studies have outlined that on occasion,
302 media campaigns can influence public policies^{23,24}.

303 The UK media frequently highlighted the value of in-person consultations for allowing physical
304 examinations and assessment of patients' overall well-being. This is a view supported by the
305 literature. In one survey of primary care physicians across 6 states in USA, the inability to conduct a
306 physical examination was viewed as the biggest challenge of remote consultations²⁵. Elsewhere, 64%
307 of primary care clinicians stated they would not be confident to diagnose a patient over
308 telemedicine²⁶. Other studies have highlighted that remote consultations lead to reduced appreciation
309 of the content and tone of patients' dialogue, and a curtailed patient-doctor therapeutic

310 relationship^{27,28}. Accordingly, a study spanning 18 General Practices in Scotland found that clinicians
311 are less likely to acquire adequate information that helps to safely include/exclude relevant diagnoses
312 across remote consultations²⁸. In spite of these data, it is important to outline that clinicians and
313 patients' frequently report high levels of satisfaction with teleconsultations^{28,29}; they offer patients
314 increased convenience and accessibility to healthcare, whilst improving appointment adherence ¹¹.

315 Regarding the impact of remote medicine on patient care, there is some evidence to suggest that
316 teleconsultations do not compromise treatment efficacy or patient safety^{30,31}. However, these studies
317 are limited by their focus on medically stable patients with chronic conditions (e.g. diabetes,
318 hypertension) and/or on patients who self-select or are selected by clinicians to have remote
319 consultations^{31,32}. It remains largely unexplored whether remote consultations have been associated
320 with significant increases in rates of misdiagnoses and/or other threats to patient safety across the
321 general population during the COVID-19 pandemic.

322 Another facet of patient safety discussed in the media were the burdens on other healthcare services,
323 especially emergency departments. This view was echoed by the secretary of state for health when
324 giving oral evidence to the health select committee³³. Although this was a concern heavily raised by
325 media reports, previous intra-pandemic studies have shown that remote consultations are not
326 significantly associated with admission to emergency departments or hospitalisations^{31,34}. Moreover, a
327 UK study showed a reduction in adult patients attending emergency or acute medicine departments
328 during the first two years of the pandemic³⁵

329 This disparity with our media analysis may be explained by the tendency of media articles towards
330 isolated cases and anecdotal experiences, which in turn may have lead to a misrepresentation of the
331 clinical landscape at the time³⁶. The propagation of such media myths by the secretary of state, shows
332 the impact that media reporting can have on policy makers keen to maintain popularity.

333 Our analysis also highlighted how the media correctly identified that the suitability of remote
334 consultations may vary across patients with different demographic, digital literacy and health and
335 characteristics. The current medical literature supports our findings that patients with lower digital

336 literacy and/or no internet access, and for whom there was a language barrier, often had difficulties
337 engaging in remote consultations^{11,37}. Moreover, others have shown that teleconsultations may not be
338 suitable for patients with cognitive or sensory impairment, and those experiencing socio-economic
339 deprived^{11,37}. Furthermore, numerous studies have highlighted that teleconsultations are less
340 appropriate for patients requiring physical examination, presenting with “red flag” symptoms, or
341 when a therapeutic relationship has yet to be established^{27,38}. Conversely, remote appointments are
342 may be appropriate for consultations involving medically stable patients with chronic illnesses,
343 medication reviews, or discussing blood test results³⁹. Thus, to minimise the occurrence of risks to
344 patient safety, decisions surrounding the type of consultation should be a culmination of patients’
345 preference and clinicians’ judgement. The latter should consider factors including, but not limited to,
346 the patients’ digital literacy, the purpose of the consultation, the patients’ clinical condition, as well as
347 the potential risks to the patient from attending an in-person consultation.

348 **Implications for research and practice**

349 Little is known on the extent to which the transition to a remote-first approach may have
350 compromised patient safety or about how these risks should be balanced against the risks of in-person
351 consultation during the pre-vaccination era of the pandemic. Future research is needed on the impact
352 of remote consultations on missed or delayed diagnoses, and on the impact of misrepresentative media
353 reporting on politicians and policymakers.

354

355

356

357

358

359

360

361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382

References

1. Marshall M, Shah R, Stokes-Lampard H. Online consulting in general practice: making the move from disruptive innovation to mainstream service. *BMJ*. 2018;360.
2. Brant H, Atherton H, Ziebland S, McKinstry B, Campbell JL, Salisbury C. Using alternatives to face-to-face consultations: a survey of prevalence and attitudes in general practice. *Br J Gen Pract*. 2016;66(648):e460-e466.
3. Matenge S, Sturgiss E, Desborough J, Dykgraaf SH, Dut G, Kidd M. Ensuring the continuation of routine primary care during the COVID-19 pandemic: a review of the international literature. *Fam Pract*. 2022;39(4):747-761.

Accepted Manuscript—BJGP—BJGP.2023.0543

- 383 4. NHS England (2020) *Remote consulting. June 2023 version 1.2*,
384 <https://www.england.nhs.uk/long-read/remote-consulting/> (Accessed 3rd January).
- 385 5. Deldar K, Bahaadinbeigy K, Tara SM. Teleconsultation and Clinical Decision Making: a
386 Systematic Review. *Acta Inform Medica*. 2016;24(4):286.
- 387 6. NHS England (2020) *Coronavirus » Advice on how to establish a remote ‘total triage’ model*
388 *in general practice using online consultations*. September 2020 version 3,
389 [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf)
390 [triage-blueprint-september-2020-v3.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf) (Accessed 5th August 2023).
- 391 7. NHS England (2020) *Coronavirus » Second Phase Of NHS Response to COVID-19*. April
392 2020. [https://www.england.nhs.uk/coronavirus/documents/second-phase-of-nhs-response-to-](https://www.england.nhs.uk/coronavirus/documents/second-phase-of-nhs-response-to-covid-19/)
393 [covid-19/](https://www.england.nhs.uk/coronavirus/documents/second-phase-of-nhs-response-to-covid-19/) (Accessed 5th August 2023).
- 394 8. NHS England (2021) *Coronavirus » Updated standard operating procedure (SOP) to support*
395 *restoration of general practice services*. [https://www.england.nhs.uk/wp-](https://www.england.nhs.uk/wp-content/uploads/2021/05/B0497-GP-access-letter-May-2021-FINAL.pdf)
396 [content/uploads/2021/05/B0497-GP-access-letter-May-2021-FINAL.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/05/B0497-GP-access-letter-May-2021-FINAL.pdf) (Accessed 5th August
397 2023).
- 398 9. Mroz G, Papoutsi C, Greenhalgh T. UK newspapers ‘on the warpath’: media analysis of
399 general practice remote consulting in 2021. *Br J Gen Pract*. 2022;72(725):e907-e915.
- 400 10. Murphy M, Scott LJ, Salisbury C, et al. Implementation of remote consulting in UK primary
401 care following the COVID-19 pandemic: a mixed-methods longitudinal study. *Br J Gen Pract*.
402 2021;71(704):e166-e177.
- 403 11. Verma P, Kerrison R. Patients’ and physicians’ experiences with remote consultations in
404 primary care during the COVID-19 pandemic: a multi-method rapid review of the literature.
405 *BJGP Open*. 2022;6(2).
- 406 12. Mroz G, Papoutsi C, Rushforth A, Greenhalgh T. Changing media depictions of remote
407 consulting in COVID-19: analysis of UK newspapers. *Br J Gen Pract*. 2021;71(702):e1-e9.

- 408 13. Ashe, T. How the media report scientific risk and uncertainty: a review of the literature
409 Reuters Institute for the Study of Journalism. 2013.
- 410 14. Hallam J. Vocation to profession: Changing images of nursing in Britain. *J Organ Chang*
411 *Manag.* 2002;15(1):35-47.
- 412 15. Jefferson L, Heathcote C, Bloor K. General practitioner well-being during the COVID-19
413 pandemic: a qualitative interview study. *BMJ Open.* 2023;13(2):e061531.
- 414 16. Bou-Karroum L, El-Jardali F, Hemadi N, et al. Using media to impact health policy-making:
415 An integrative systematic review. *Implement Sci.* 2017;12(1):1-14.
- 416 17. Benelli E. The role of the media in steering public opinion on healthcare issues. *Health Policy*
417 *(New York).* 2003;63(2):179-186.
- 418 18. Pieri E. Media Framing and the Threat of Global Pandemics: The Ebola Crisis in UK Media
419 and Policy Response. *Sociol Res Online.* 2019;24(1):73-92.
- 420 19. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative
421 research: A synthesis of recommendations. *Acad Med.* 2014;89(9):1245-1251.
- 422 20. Vaismoradi M, Jones J, Turunen H, Snelgrove S. Theme development in qualitative content
423 analysis and thematic analysis. *J Nurs Educ Pract.* 2016;6(5):100.
- 424 21. Sansom A, Terry R, Fletcher E, et al. Why do GPs leave direct patient care and what might
425 help to retain them? A qualitative study of GPs in South West England. *BMJ Open.*
426 2018;8(1):e019849.
- 427 22. Barry E, Greenhalgh T. General practice in UK newspapers: an empirical analysis of over 400
428 articles. *Br J Gen Pract.* 2019;69(679):e146-e153.
- 429 23. Gardner A, Geierstanger S, Brindis C, McConnel C. Clinic consortia media advocacy capacity:
430 partnering with the media and increasing policymaker awareness. *J Health Commun.*
431 2010;15(3):293-306.

- 432 24. Niederdeppe J, Farrelly MC, Wenter D. Media advocacy, tobacco control policy change and
433 teen smoking in Florida. *Tob Control*. 2007;16(1):47-52.
- 434 25. Connolly SL, Gifford AL, Miller CJ, Bauer MS, Lehmann LS, Charness ME. Provider
435 Perceptions of Virtual Care during the Coronavirus Disease 2019 Pandemic: A Multispecialty
436 Survey Study. *Med Care*. 2021;59(7):646-652.
- 437 26. Florea M, Lazea C, Gaga R, et al. <p>Lights and Shadows of the Perception of the Use of
438 Telemedicine by Romanian Family Doctors During the COVID-19 Pandemic</p>. *Int J Gen
439 Med*. 2021;14:1575-1587.
- 440 27. Rosen R, Wieringa S, Greenhalgh T, et al. Clinical risk in remote consultations in general
441 practice: findings from in-COVID-19 pandemic qualitative research. *BJGP Open*. 2022;6(3).
- 442 28. McKinstry B, Hammersley V, Burton C, et al. The quality, safety and content of telephone and
443 face-to-face consultations: a comparative study. *BMJ Qual Saf*. 2010;19(4):298-303.
- 444 29. Anderson J, Walsh J, Anderson M, Burnley R. Patient Satisfaction With Remote Consultations
445 in a Primary Care Setting. *Cureus*. 2021;13(9).
- 446 30. Mabeza RMS, Maynard K, Tarn DM. Influence of synchronous primary care telemedicine
447 versus in-person visits on diabetes, hypertension, and hyperlipidemia outcomes: a systematic
448 review. *BMC Prim Care*. 2022;23(1):1-10.
- 449 31. Reed M, Huang J, Graetz I, Muelly E, Millman A, Lee C. Treatment and Follow-up Care
450 Associated With Patient-Scheduled Primary Care Telemedicine and In-Person Visits in a
451 Large Integrated Health System. *JAMA Netw open*. 2021;4(11).
- 452 32. Shaw SE, Seuren LM, Wherton J, et al. Video Consultations Between Patients and Clinicians
453 in Diabetes, Cancer, and Heart Failure Services: Linguistic Ethnographic Study of Video-
454 Mediated Interaction. *J Med Internet Res* 2020;22(5)e18378
- 455 33. Health and Social Care Committee (2021) *Oral evidence: Clearing the backlog caused by the
456 pandemic, HC 599*. <https://committees.parliament.uk/oralevidence/2942/pdf/> (Accessed 18th

- 457 October 2023).
- 458 34. Chami N, Shah HA, Nastos S, et al. Association between virtual primary care and emergency
459 department use during the first year of the COVID-19 pandemic in Ontario, Canada. *CMAJ*.
460 2023;195(3):e108-114.
- 461 35. Reschen ME, Bowen J, Novak A, et al. Impact of the COVID-19 pandemic on emergency
462 department attendances and acute medical admissions. *BMC Emerg Med*. 2021;21(1):1-14.
- 463 36. Dempster G, Sutherland G, Keogh L. Scientific research in news media: a case study of
464 misrepresentation, sensationalism and harmful recommendations. *J Sci Commun*.
465 2022;21(1):A06.
- 466 37. Khanji MY, Gallagher AM, Rehill N, Archbold RA. Remote consultations: review of guiding
467 themes for equitable and effective delivery. *Curr Probl Cardiol*. 2023;48(8):101736.
- 468 38. Gomez T, Anaya YB, Shih KJ, Tarn DM. A Qualitative Study of Primary Care Physicians'
469 Experiences With Telemedicine During COVID-19. *J Am Board Fam Med*.
470 2021;34(Supplement):S61-S70.
- 471 39. Donaghy E, Atherton H, Hammersley V, et al. Acceptability, benefits, and challenges of video
472 consulting: a qualitative study in primary care. *Br J Gen Pract*. 2019;69(686):e586-e594.
- 473 40. Brodie M, Brady LA, Altman DE. Media coverage of managed care: is there a negative bias?
474 *Health Aff (Millwood)*. 1998;17(1):9-25.
- 475 41. Miller EA, Livingstone I, Ronneberg CR. Media Portrayal of the Nursing Homes Sector: A
476 Longitudinal Analysis of 51 U.S. Newspapers. *Gerontologist*. 2017;57(3):487-500.
- 477 42. Yoo W, Yang JH, Cho E. How social media influence college students' smoking attitudes and
478 intentions. *Comput Human Behav*. 2016;64:173-182.
- 479 43. Charalambous A. Social Media and Health Policy. *Asia-Pacific J Oncol Nurs*. 2019;6(1):24-
480 27.

481

482

483 **Conflicts of interest**

484 The authors declare no conflicts of interests relevant to this paper.

485 **Ethical approval**

486 Not applicable for this study

487

488 **Funding**

489 There was no funding provided for this study.

490

491

492

493

494

495

496

497

Accepted Manuscript—BJGP—BJGP.2023.0543