



# ACADEMIC PRIMARY CARE WITH PROFESSOR TRISH GREENHALGH AND LAIBA HUSAIN

## TALKING POINTS

### KNOWLEDGE

1. What is primary care?

### COMPREHENSION

2. What are the differences between qualitative and quantitative data?
3. Why did Trish find that qualitative data was more useful for estimating the severity of COVID-19 infections than one-off quantitative readings?
4. Why do you think Trish interviewed both patients and clinicians when developing the early warning score?

### APPLICATION

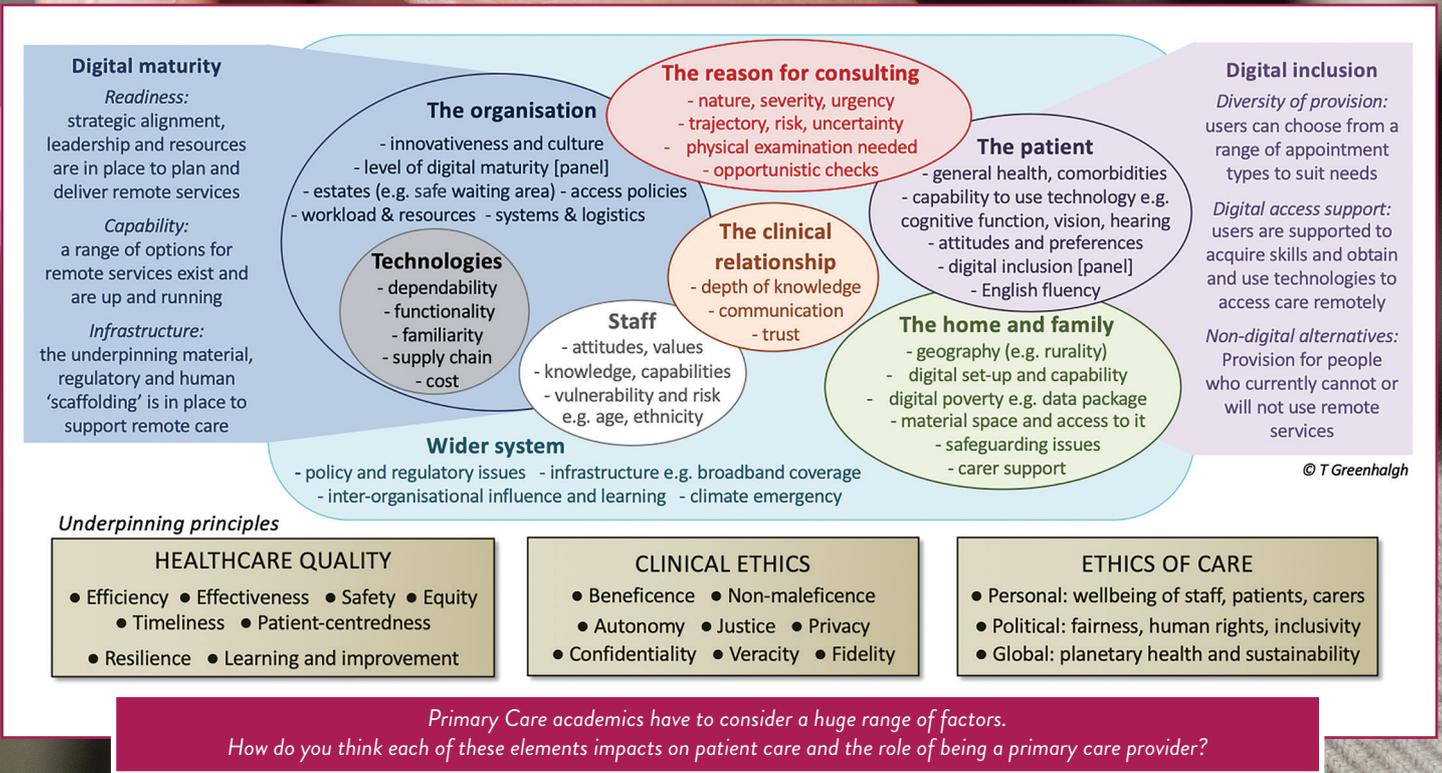
5. Trish says they ensured the diagnostic questions they created were worded to be understandable to people of different ages and ethnic backgrounds. Discuss what you consider 'good' and 'bad' wordings for questions to help diagnose COVID-19.
6. Can you think of any other research questions in health where data linkage could be useful?

### ANALYSIS

7. Why do you think doctors may typically rely on quantitative measurements, given Trish's findings that qualitative data can also be helpful? What lessons can be learned here?
8. Why do you think patient data is dispersed around several computer systems? Do you think this is intentional, a flaw in the system or neither?

### EVALUATION

9. Do you think an integrated care dashboard is a good idea? What benefits and disadvantages can you foresee?
10. Laiba says that the groups most vulnerable to COVID-19 in the UK (elderly, poor, and BAME) are the same groups that face the most barriers to remote consultations. Do you think this is correlation or causation? What vulnerabilities and barriers do you think each of these groups faces?



## ACTIVITIES YOU CAN DO AT HOME OR IN THE CLASSROOM

1. The article says that an in-person consultation to diagnose possible COVID-19 infection would involve, "taking a patient's temperature, pulse and blood pressure, looking into their mouth and throat, listening to their lungs using a stethoscope, and using an oximeter to estimate blood oxygen levels."

From the information in the article, how do you think Trish recommends each of these points are assessed in a remote consultation? Some recommendations may need a 'backup' option if they rely on knowledge or equipment that is not available to everyone.

2. Imagine you are a healthcare professional twenty years from now, and write an article reflecting on how primary care has changed.

- What do you envisage the role of remote primary care to be in the future?
- How has it tied into issues of equity and accessibility?
- Was the COVID-19 pandemic a 'turning point'?

## MORE RESOURCES

- Trish co-runs the Interdisciplinary Research in Health Sciences (IRIHS) research unit, which manages the Remote-by-Default Care project. Find out more about IRIHS' work here: [www.phc.ox.ac.uk/research/interdisciplinary-research-in-health-sciences](http://www.phc.ox.ac.uk/research/interdisciplinary-research-in-health-sciences)
- This video from the NHS explains how they are aiming to improve health equity in the UK: [www.youtube.com/watch?v=JCc20Bifl5k](https://www.youtube.com/watch?v=JCc20Bifl5k)
- This April 2020 article from Trish and colleagues in the British Medical Journal argues for taking the precautionary principle relating to face masks and the pandemic. The article likely influenced the introduction of face mask mandates: [www.bmj.com/content/369/bmj.m1435](https://www.bmj.com/content/369/bmj.m1435)
- Listen to Laiba's brilliant BBC Four Thought talk about the empowerment of Muslim women: [www.bbc.co.uk/programmes/b0b2kpm8](https://www.bbc.co.uk/programmes/b0b2kpm8)