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Increase in remote overseas primary care consultations

Policymakers must consider whether geographically untethered care risks weakening primary care

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Remote consultations are now a key pillar within UK primary care. However, recent reports of private firms recruiting GPs to deliver care from overseas[1] signal a further shift from remote consulting within local services to a model of provision untethered from geography. Although UK based commercial providers have provided services both to patients and to practices facing recruitment pressures since before the pandemic,[2] minimal evidence is available on how "offshoring" of clinical labour affects safety or continuity. This shift towards a borderless workforce raises questions about workforce distribution, equity, efficiency, patient experience, and the future organisation of general practice.

The use of remote consultations is often driven by recruitment challenges, which are commonly concentrated in high need areas. Practices serving socioeconomically deprived populations face higher workload, fewer GPs per patient population,[3] and relative under-resourcing compared with need.[4 5] Consultation rates, multimorbidity, administrative burden, and social complexity are all greater in these settings.[6]

Remote consultations might seem an attractive way to expand access to underserved areas, but evidence that they reduce inequalities in access to care is limited. Remote consultations may improve access for those in employment or living at distance from services[7] and can support efficient management of stable conditions for some.[8] However, people with complex needs, limited digital access, or difficulty navigating triage systems may struggle to reach care[9] or receive poorer quality care.[10] Evidence from both a systematic review[11] and from the multimethod Remote by Default 2 study, which combined data from 12 researchers observing and interviewing staff and patients at general practices,[12] found remote consulting may widen socioeconomic inequities in access and warrants further evaluation.

Improving efficiency remains a central goal for general practice, but it is unclear that remote support delivers it. Allocating clinician time to triage requests and directing them to the most appropriate team member ties up staff who could otherwise be delivering consultations. This "double handling" is common, with patients requiring multiple consultations for problems that could have been dealt with in a single in-person encounter, and attempts to get pre-consultation information from patients can generate large amounts of irrelevant information that staff still have to read.[13] An additional challenge relates to how work in general practice is categorised: activities often labelled as "administrative," such as reviewing test results, deciding on actions, and communicating findings, often require knowledge of the patient and their context. Discussing results with patients requires not just an exchange of information but recognising vulnerability and emotional responses. Patients are more likely to understand and feel reassured when information is given by a clinician who is familiar with their context and they know and trust.[14] Remote models often assume that comprehensive records can substitute for relational knowledge; yet from a patient perspective, such nuances cannot easily be captured through records alone.[15]

UK general practice is founded on a relational model of care. Consultation outcomes are shaped by health beliefs, cultural context, and communication styles.[16] For example, understanding that a large local employer is about to shut down can create a different dynamic in a consultation about anxiety, focusing attention on the patient's immediate social stressors, uncertainty about employment, and the practical consequences for their mental health, coping, and support needs, rather than on biological mechanisms alone. Remote consulting requires advanced communication skills: clinicians must be adept at quickly and purposely establishing rapport and trust; they need to have mastered techniques to clearly convey information and to understand when misunderstanding has developed, and they need? be more explicit about safety nets.[17] Network latency can also disrupt flow, with clinician and patient accidentally talking over each other because of lag.[18]

Integrating remote consultations safely

A question for both policy and research is how best to use remote consultations without compromising quality. Many services in other countries (eg, the Alaskan Nuka system, Hungarian primary care outreach services, and some Scottish video consultation services) use a model in which a remote medical consultation is facilitated by a trained local person, who may be clinical or a non-clinical support worker, situated with the patient.[19-21] This allows clinical impressions to be verified (eg, "Does Mrs Jones look blue to you?"), and miscommunications identified and addressed. While involving more up-front costs, such models may offer greater overall value through reducing unequal access to remote care and improving health outcomes.

Remote consultations accounted for 38.5% of English general practice appointments in December 2025.[23] Geographically remote provision may extend access for some patients and offer flexibility for practices under pressure. However, expansion of international remote consulting raises wider questions about workforce distribution, equity of access, efficiency, training, and diagnostic safety. Policymakers must consider how such models affect the relational

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foundations of general practice, the ability of clinicians to communicate effectively across cultural and technological boundaries, and the reliability of remote diagnostic information. Further research is needed into the effect of geographically untethered remote consulting, including its effects on safety, continuity, equity, efficiency, training needs, diagnostic reliability, and the wider organisation of primary care, as well as whether safeguards or hybrid, locally supported models can mitigate these risks. Without careful evaluation and appropriate safeguards, such consultations risk widening existing inequalities and undermining the efficiency and quality of? benefits brought by strong primary care systems.[22]

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