The latest NHS England letter to GP practices states that face-to-face appointments should be offered at patient request [1], U-turning on the previous total virtual triage policy during the pandemic and potentially conflating patient preference and clinical appropriateness.

Nonetheless, the rapid shift to physical closure of surgeries, digital appointments and virtual or form-based online triage presented challenges for marginalised patient groups who already face major barriers to accessing primary care [2,3]. Our national UK study [4] (June - November 2020), which explored the views of primary care teams and migrants on the impact of the pandemic on migrants’ access to primary care, found that virtual consultations and online forms exacerbated existing language barriers, posed challenges building rapport and identifying safeguarding cues, and risked technological exclusion due to lack of technology and digital literacy. Participants were concerned about loss of practical support from receptionists in registering and accessing appointments, signposting, screening services and new patient health checks – interventions particularly important in these marginalised communities.

Increased digitalisation is here to stay, yet risks amplifying existing inequalities in access to primary care. However, an inflexible system based purely on patient choice is not a panacea: marginalised groups may be less likely to effectively vocalise preferences, or advocate for the urgent appointment they need. This is a challenge that has been insufficiently emphasised to date, and practices need to ensure that the systems they introduce does not widen inequity in the context of stretched capacity. Therefore, a flexible and patient-centred approach is required, underpinned by effective clinical decision-making about choice of modality, supported by RCGP guidance [5] and combined with harnessing the opportunities of digitalisation (e.g. through virtual group consultations, YouTube-based health advice, and engagement through multiple modalities to provide targeted, translated advice as identified in our study [4]). Such an approach will ensure effective and equitable access and balance of need and demand across practice population groups, throughout the pandemic and beyond.