



VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: Coronavirus diaries

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I am writing in the lull before the storm, which will have surely arrived by the time you read this. We have been getting to grips with a new version of general practice this week, doing nearly all our work remotely. We are on the phone constantly, some doctors are using video, and one of my partners is self-isolating with a feverish family but doing telephone triage from home. We are seeing very few patients face to face, to protect both them and us. Our waiting room looks like the late stages of an abandoned game of musical chairs—only a few seats left, widely spaced and unoccupied.

Demand for some healthcare has reduced, as many patients reassess the importance of that sore shoulder or longstanding verruca. We are probably also missing opportunities to pick up cancers early in their course, as people are too scared to come to the doctor. Any slack has been taken up by people anxious about covid-19 who need our reassurance as much as is possible. Our patients are looking to us for more information, for an inside track, and it is hard to keep repeating that we don't know and that our advice can only be the same as what is publicly available.

The odd patient appears blithely unaware of the change and is still consulting about a problem with flat feet that has been ongoing for four years and needs a gentle explanation of why now might not be the best time to deal with it. We haven't received any advice about routine referrals—all elective outpatient activity has stopped at our local hospital, so it makes no sense to keep sending them. But if we are not all doing the

same, we risk our patients being at the back of the very long queue when normal service is resumed.

We are short staffed, with clinical, reception, and admin staff all missing, either self-isolating because of cough, personal vulnerabilities, or illness in the family. This is certain to get worse.

The lull will be followed by a storm. There are efforts to set up a system in our city with green and red surgeries, trying to keep some areas free of the virus and concentrate the suspected cases in a few places. One of the big hurdles will be recruiting staff to work in the danger zones. Many GPs are not wholly reassured that the personal protective equipment that has been provided is enough to keep us safe: we have fluid resistant surgical masks, aprons, and gloves, but no visors, long sleeved gowns, or air filtering masks. After the extremely poor scientific advice at the start of this pandemic, trust is in short supply—much like the appropriate protective kit.

We urgently need testing to make accurate diagnoses but also serology (antibody testing) to find out which staff might have already had the virus and are relatively safer to work with patients.

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