



VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: Is general practice prepared for a pandemic?

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The very short answer is no. As I write this, on 8 March, we haven't received our personal protective equipment at our practice or any training in how to use it. We're adapting our systems so that every patient is triaged rather than booking in directly, but we haven't yet worked out whether, or how, to stop people with respiratory symptoms and fever from walking into our surgery.

We're juggling the need to maintain our routine services for patients while keeping everyone safe from a virus we know is out there, but we don't know how widespread it is. The advice we had this week was still to triage on the basis of travel or contact with travellers; but, as not all reported cases fit this profile, we worry that this won't be enough to keep covid-19 out of our surgery.

As duty doctor last week I took many calls from patients with respiratory symptoms, which is completely normal at this time of year. What is unusual is for me to prescribe for chest infections without examining the patient, but circumstances meant that my antibiotic stewardship took a bit of a knock. From their symptoms, many patients clearly had viral respiratory infections, weren't particularly unwell, didn't need a prescription, and certainly shouldn't be seen in the surgery. However, a cohort of patients with pre-existing lung problems get "chesty" at this time of year, and I'd normally see and examine them before deciding about treatment. Understandably cautious about coming to the surgery, I think that they were surprised by my change

of practice—but, on balance, sending a prescription to their pharmacy seemed the safer option.

At this time of year we also put in extra hours trying to collect the last few points for the Quality and Outcomes Framework (QOF) process, before receiving final judgment at the end of March. Remember: points mean prizes, and we need this money to keep our practices afloat. In theory, QOF is a measure of practices' work throughout the year, but for many GPs it means a lot of scurrying around as the year end approaches, requesting blood tests and blood pressure readings, and trying to see patients who haven't yet responded to invitations for long term condition reviews.

I suspect that patients may be reluctant to come to the surgery for a routine review in the current climate, which seems entirely sensible. I foresee a time of reduced staffing as—even if the virus is contained—people with mild symptoms, but no firm diagnosis, will self-isolate.

Much uncertainty lies ahead, most of it unavoidable. We won't be prioritising tick boxes this month, and so this year's QOF should be delayed or abandoned while we concentrate on more pressing clinical work.

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