Helen Salisbury: GPs still have no access to coronavirus testing

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Once upon a time (two months ago), if I saw a patient with a notifiable infectious disease I’d make a clinical diagnosis, usually send a sample to the hospital laboratory, and email the local public health department for relevant follow-up and contact tracing. This worked for food poisoning, allowing the source to be pinpointed, and for childhood infections, helping us to spot gaps in our immunisation programme. This system worked.

Now, in the middle of this pandemic, I’m struggling to make clinical diagnoses of this new disease. Some cases are clear—particularly the triad of fever, dry cough, and shortness of breath—but at other times, I honestly don’t know. How likely is diarrhoea and fatigue to be a presentation of covid-19? I spent time in consultations yesterday saying to anxious patients, “I’d really like to know whether this is coronavirus too, but unfortunately I have no access to testing.” If I don’t feel able to safely assess patients remotely I send them to our local “hot hub,” where GPs with personal protective equipment can examine them, but they can’t order a test either. When patients attend the emergency department with covid symptoms they may have multiple blood tests, x rays, and even scans to exclude pulmonary emboli, but still no swab for the virus. The only people tested in this town are those sick enough to need admission, a few residents of nursing homes (although the number of tests per home is limited), and key workers.

Key workers with cars can apply online to attend a drive-through testing centre, which excludes many poorer carers who travel by bus or bike or on foot. To date, I have no information that any of my patients have been tested in this way. I understand that information about registered GPs and NHS numbers are not being collected, so it’s not clear how the results would reach me anyway.

The test is imperfect and there are many false negatives, but the information would still be useful. Doctors are practised at interpreting test data in the context of signs and symptoms, and to have timely information would help us to look after our patients and would benefit families hugely. Should they avoid all contact with their teenager with mild symptoms? Does this sore throat mean that I can’t shop for my neighbour? Isolation already has a negative impact on many patients’ mental health, and this avoidable uncertainty is exacerbating the anxiety.

We won’t overcome this pandemic until we can accurately test, trace, and isolate. So far, we’re failing on all fronts. It would have been so much better to strengthen the integrated systems we already had, rather than leaving primary care out in the cold and handing the testing contract to a consultancy with no experience in the field. It’s almost as if an ideological obsession with outsourcing got in the way of sensible planning for this pandemic.

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