Covid-19: Patients should self-isolate for two weeks before elective care, trusts are told

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The BMJ

Patients should be admitted to hospital for planned or elective care only if they have self-isolated for 14 days beforehand and tested negative for covid-19, says new guidance for trusts in England designed to increase the number of routine operations and treatments.¹

People who require urgent and emergency care should be tested on arrival and streamed accordingly, with services split to make the risk of picking up the virus in hospital as low as possible, said NHS England. In emergency departments and other walk-in services trusts should ensure that measures are in place to maintain social distancing.

The guidance says that outpatient appointments should be conducted remotely as much as possible, and face to face consultations should not be conducted with patients who have symptoms of covid-19.

Patients who stay in hospital should be monitored for symptoms and retested for infection every five and seven days after admission, and those who are being discharged to a care home should be tested up to 48 hours before they are due to leave.

Redesigning services

Stephen Powis, NHS national medical director, said, “Now that we are confident that we have passed the first peak of coronavirus, it is important that we bring back those services where we can, but only where that can be done safely: the virus is still circulating, and we don’t want to put our patients, the public, or our staff at greater risk.” He encouraged members of the public to resume seeking help when they needed it.

However, Rob Harwood, chair of the BMA’s Consultants Committee, said that many trusts were still treating large

numbers of patients with covid-19 and that staff and hospitals needed time to recover “before beginning the huge task of redesigning their services once more.”

He added, “We understand that the longer patients go without [planned care] the greater the risk that their conditions will worsen, ultimately putting more pressure on the NHS—but reintroducing routine services must be done safely and sensibly and within NHS systems that can cope.

“As part of those provisions, the government needs to demonstrate it is able to procure sufficient and appropriate PPE [personal protective equipment], not only for patients needing covid care but also to protect all patients needing elective care and to protect the staff looking after them.”

On 15 May the government announced that more than 70 million face masks would be manufactured by a private company, Honeywell, in Scotland from July, with 4.5 million FFP2 and FFP3 masks being made each month for the next 18 months.

Harwood said that the move showed that the government had at last understood some of the scale of the problem regarding PPE. “But, without evidence based calculations showing how much PPE is likely to be needed to properly protect staff and patients as demand on services rises, there’s no way of knowing how effective this will be,” he said.

1 NHS England. Operating framework for urgent and planned services in hospital settings during covid-19. May 2020. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf>.

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