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## PRIMARY COLOUR

## Helen Salisbury: Normal service will be resumed—but not yet

Helen Salisbury *GP*

The health service is slowly returning to normal, after adapting rapidly and radically to meet the demands of the first wave of coronavirus infections. Operating theatres and anaesthetic rooms that were repurposed as high dependency units are resuming their original functions as the number of patients needing ventilation continues to fall.<sup>1</sup> The space dedicated to assessing possible covid patients in hospital emergency departments and at “hot hubs” in the community is steadily shrinking.

In our practice, it seems that most patients have decided that the pandemic is over. While a few are still cautious about coming to the surgery, most consider that the problems they’ve put off for the past three months now need urgent attention. Our telephone lines are buzzing, our appointments are all booked, and although we’re still triaging all our appointments by phone we’re gradually doing more assessments face to face.

However, while patients are now coming to us with symptoms that require investigation or specialist input, most departments at our local hospital are still not accepting referrals (except for emergencies). Patients would like to know when they’ll be seen, or at least that they’re in a queue, but the computer (in this instance, the obligatory electronic referral system) says “no.” So I have a lengthening list of referrals pending, to revisit who knows when.

In normal times there’s a feeling of relief when, as a GP, you’ve done all you can and you decide to hand on an unsolved problem or a diagnostic challenge to a specialist colleague. The case is off your mind and desk, in somebody else’s inbox. Now, however, I continue to hold all of the responsibility, and it’s beginning to feel uncomfortable.

Many hospital clinics, even if not accepting new referrals, are up and running, doing follow-ups by phone or video link. Unfortunately, this also results in extra work for the practice, as tasks that were previously done in clinic now arrive as instructions: “GP kindly perform XYZ blood tests, check blood pressure and, if normal, prescribe W.” While it’s clearly the most practical solution and convenient for the patient, this transfer of work to general practices—which are running at reduced capacity because of the need for social distancing and personal protective equipment—has been neither negotiated nor agreed.

At the beginning of the pandemic there was a brief and happy moment when the medical profession pulled together, putting aside its usual turf wars and interdisciplinary wrangles in the face of a collective and urgent threat. That unity is now beginning to fracture, and resentment is growing. If the problem

isn’t tackled soon it poses a growing risk to the standard of care that we can offer our patients.

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1 No ITU Covid-19 patients in England’s biggest hospital trust, says Birmingham health chief. *Express and Star* 2020 Jun 19. <https://www.expressandstar.com/news/uk-news/2020/06/19/no-itu-covid-19-patients-in-englands-biggest-hospital-trust-says-health-chief/>.