Helen Salisbury: Timing is everything

Helen Salisbury GP

Timing is famously important in comedy and in music, but it also matters in medicine. Throughout this pandemic, those of us working in general practice have become used to receiving edicts telling us to do things we’ve already done on our own initiative, weeks earlier. My practice switched to telephone triage, and restricted access to our building, long before the instructions came to do so. Similarly, we were back up and running with preventive care—taking cervical smears and fitting contraceptive coils—ahead of any central announcement. Masks for all clinical staff and patients have been the rule in our building since late March.

One of the benefits of general practice is the autonomy that our independent contractor status brings. When the situation is changing rapidly it’s a relief to be able to make decisions according to local risks and needs, acting on them without having to wait for permission. We don’t work in isolation, and we talked to other practices in our primary care network, pooling our knowledge and sharing plans. Our local GP federation was quick to organise covid-19 clinics in the community and a specialist visiting service, and the hospital reconfigured itself at amazing speed to cope with the challenge.

The contrast with our political leadership could not be starker. Many of us watched the unfolding tragedy in Lombardy with horror while our own government sat on its hands. As other countries took drastic measures to curb the spread of the virus England dragged its feet at every step, leading to our current unenviable position at the top of the European league table for coronavirus deaths.¹

Last week we learnt from the government’s chief scientific adviser, Patrick Vallance, that the government had been advised that a full lockdown was necessary at least five days before it was implemented.² As the number of infections was doubling every three days at that point, this delay may have cost tens of thousands of lives.

The antipathy exhibited by people in charge towards expertise is difficult to fathom. As the blame game begins, ahead of any official inquiry, it’s becoming clear that the government was “following the science” in a selective and delayed fashion. There are plenty of people with experience and training in virology and public health whose job it is to know how to respond to outbreaks of infectious diseases. But these experts continue to be sidelined as contracts flow to outsourced companies without relevant expertise, which are predictably failing to deliver.³ ⁴

I’m wary of using this column for political rather than medical comment. But when the action—or more accurately, the inaction—of our government leads so directly to the suffering and death of patients in my care, it’s difficult to contain my anger.

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