



London

Cite this as: *BMJ* 2020;371:m4156
<http://dx.doi.org/10.1136/bmj.m4156>
 Published: 27 October 2020

EXCLUSIVE

Winter pressure has hit GPs and hospitals in tier 3 areas six weeks earlier than normal

Ingrid Torjesen

GPs in areas of England under the tier 3 covid-19 restrictions have said their workloads reached levels in early October that they would not normally see before the end of November, and they are worried how the NHS will cope this winter.

At the same time some hospitals in these areas are admitting similar numbers of covid-19 patients as they were at the height of the first wave of the pandemic.

In terms of workload “we’re six weeks ahead of ourselves compared with last year,” said Rob Barnett, chair of the local medical committee in tier 3 Liverpool. “At the beginning of October our workload was equivalent to what we would normally expect towards the end of November,” he said.

Krishna Kasaraneni, a GP in Yorkshire, said workloads were already “horrendous.” The increased pressure was due not only to the significant volume of both covid and non-covid patients but also the complexities of arranging care under covid-19 protocols, he said.

Kasaraneni, who had been in clinic for almost two and a half hours when he spoke to *The BMJ*, said he had been able to deal with only five patients in that time as three had needed to go to hospital.

“You have got to try and do what you can to keep people at home and not be so cavalier and send people in,” he said, adding that this required a lot of telephoning secondary care colleagues. “The system is overwhelmed, so there’s quite a lot of waiting to try to get to the right person,” he said. On a positive note, he said there was much “camaraderie and teamwork” between primary and secondary care.

Practices were also reporting workforce shortages as many staff have had to stay at home to self-isolate.

“In Liverpool we’ve had a practice that has had to close because they lost quite a lot of staff for a few weeks,” Barnett said. “None of this bodes well, in terms of trying to deliver a service.”

Although practices do make buddying arrangements to provide cover for patients, Barnett said, “we’re really worried that those budding arrangements probably won’t be sustainable, because we’re all suffering in the same way.”

The two main hospitals in Liverpool already had more patients with covid-19 than they had during the first wave, he said, so despite NHS England chief executive Simon Stevens saying he expected hospitals to provide 80% of their pre-covid activity, they were having to cancel procedures.

Nottingham, due to enter tier 3 on 29 October, has also seen covid-19 hospital admissions rise to first wave levels, forcing Nottingham University Hospitals NHS Trust to postpone non-urgent surgery and appointments until 6 November.

Tracy Taylor, the trust’s chief executive, said, “Over the past few days we have exceeded 200 patients with the virus in the hospital, and every day this is increasing by nearly another full ward of people. This surge is now at levels similar to April and is combining with our normal winter emergency pressures.”

Manchester’s “Nightingale” hospital is due to open this week to take some of the pressure off secondary care in the North West, and the Nightingale hospitals in Sunderland and Harrogate are being prepared to accept patients within the next few weeks if necessary, NHS England said.

Doctors in areas hard hit by covid-19 told *The BMJ* that they did not know what type of patients the Nightingale hospitals would take or what kind of services they would provide, and they had no idea how the hospitals would be staffed.

NHS England said that it would be up to local clinicians to determine how the hospitals would be staffed and how they would be used—for example, whether the facilities would be used for covid-19 patients requiring ventilation, for those who were recovering, or for maintaining essential elective or diagnostic services for non-covid patients.