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PRIMARY COLOUR

Helen Salisbury: Covid-19 and the consequences of letting it rip

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With no centralised data collection, it's hard to know exactly how short staffed general practice is in this omicron wave. There's no reason to think that the absence rate will be dramatically different from that seen in hospitals—estimated at one in 10 staff members¹—but as most practices are small organisations and the blows fall randomly and unevenly, some may be relatively unscathed while others are on their knees.

Our practice currently has some staff members absent with covid, and several others have been working from home while we try to access PCR tests. Staff must isolate when they have household contacts with proven covid, to keep patients and colleagues safe. If they test positive, the shortening of the isolation period from 10 days to as few as seven has not helped hugely, as many remain unwell or still test positive at the end of the first week. The difficulty of predicting which staff will be in the building on any given day makes it hard to organise a good service for our patients. We managed last week, but the margins are very tight, and I worry about what will happen if more doctors go down.

Of course, we'll always have a duty doctor available to see anyone who needs urgent assessment, but such on-the-day emergencies should be only a small part of general practice. If we have to repeatedly cancel routine clinics, when do we see those displaced patients, who aren't sure whether they should be worried about their weight loss or who can't sleep because of pain or worry? They don't always need to be seen today, but if we only have the capacity to see the most urgent cases, eventually they become emergencies because the patient is more unwell or the pain is intolerable.

We can manage a few days with an emergency-only primary care service—we do it each Christmas and Easter. But with the acute stress of the pandemic, coupled with an underlying shortage of GPs, for many of us general practice feels increasingly like firefighting. If every day is spent dealing with the urgent, there's never time to consider the important. In primary care this includes all of the organised preventive work we do around long term conditions such as diabetes, hypertension, asthma, and cancer screening. Crucially, it involves knowing our patients, which might mean visiting elderly and housebound patients with 15 medications and five intersecting diagnoses, helping them achieve the most comfortable life they can, or getting to know complex families on our list so that we can contribute to child safeguarding when they're in trouble.

It's difficult not to be angry, as this current surge of cases and burden of suffering was predicted and preventable: we had a chance to flatten this wave, and our government chose instead to do nothing. As a direct result, patients risk having poorer, less safe care, in hospitals and in the community.

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¹ Mahase E. Covid-19: Shorten isolation periods to relieve NHS pressures, say leaders. *BMJ* 2022;376:o38. doi: 10.1136/bmj.o38 pmid: 34996760