

Guidance on Workload Prioritisation during COVID-19 Pandemic level Rising

5 November 2020

Background

In response to the COVID-19 pandemic, the RCGP and the BMA's GP committee has prepared joint guidance to help practices across the UK to prioritise the clinical and non-clinical workload in general practice.

The current RCGP/BMA guidance on *COVID-19 Response Levels* can be found here: https://elearning.rcgp.org.uk/pluginfile.php/149509/mod_page/content/40/RCGP_BMA-COVID_response_levels_05112020.pdf.

The initial pandemic peak in the spring saw a reduction in the breadth of GP services offered as general practitioners and their teams, focused on infection prevention and control in order to keep staff and patients safe, and prioritised workload to focus on the clinical priority of responding to COVID-19 whilst keeping essential core services running. Patients were largely accepting of these changes, understanding the need for GP practices to operate in different ways and to only use face to face consultation methods where clinically necessary. Many patients learnt to self-care for minor self-limiting illnesses and the majority were tolerant of the postponement of more routine management of their long-term health conditions. Some were afraid to enter health facilities and others decided not to present to their GP worried they were overburdening a stretched NHS.

During the summer months, as the pandemic level reduced, there was a restoration in most practices, of most GP services to pre-COVID-19 levels, with an accompanying marked rise in non-clinical workload. It also saw the widespread continuation of new consulting methods.

Responding to the second wave

We are now experiencing the second wave of the pandemic at the same time as we encounter the usual winter workload pressures. We must also recognise that we are working in a different national context. We know that decisions not to seek care for long-term conditions or newly developed potentially serious symptoms can place





patients at a level of risk which for some, is as significant or higher than the risk from COVID-19.

A flexible response

As we enter the second national lockdown the prevalence of COVID-19 and the consequent pressures on health and social care services are very variable in different regions of the UK.

This means there is no single blueprint for how practices should operate, or measures to manage workload that can be suggested as a 'one size fits all' solution. GPs and their teams must be given 'permission' to provide care that best serves the needs of their patient population, in a way that adds most clinical value and keeps patients, clinicians and staff safe from the risk of contracting COVID-19.

We must also recognise that the general practice workforce has been physically and psychologically drained by experiences during the first wave, while patient expectations are rising, and acceptance of delays to more routine or 'minor' health issues declining.

General practice is open

Most importantly whatever steps we take to manage workload, we must not undermine the message that general practice remains open and that patients will be seen face to face where it is clinically appropriate. We must continue to encourage patients with potentially serious symptoms to contact their surgery to enable an assessment.

Local decision making

CCGs or health boards across the four nations will need to work in partnership with local GPs, other health and social care partners, and patients. We must ensure any re-prioritisation of clinical and non-clinical workload, is based on clinical judgement and informed by experience gained during the first wave of this pandemic. Different local workforce factors will also guide which aspect of workload to de-prioritise. A shared understanding of the response level faced in a particular geographical area is an important first stage. For more information see RCGP/BMA *COVID-19 Response Levels*: https://elearning.rcgp.org.uk/pluginfile.php/149509/mod_page/content/40/RCGP_BMA-COVID_response_levels_05112020.pdf.

The RCGP and BMA RAG rated guide, *RCGP Guidance on workload prioritisation during COVID-19* (April 2020), could be reasonably used to inform these discussions and then once agreed would be valuable as a guide for clinicians and patients as to what level of service can reasonably be expected. This guide can be found here:

<https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP-guidance/202003233RCGPGuidanceprioritisationroutineworkduringCovidFINAL.ashx?la=en>.

