

# COVID-19 Pandemic Recovery Workload Prioritisation Guidance

09 August 2021

## Note

This guidance has been developed by the RCGP and the BMA's GP Committee to help clinicians working in general practice across the UK to prioritise clinical and non-clinical workload. It supersedes prior guidance on workload prioritisation during COVID-19, the most recent iteration of which was published on 11 January. **The situation with COVID-19 continues to evolve. This guidance is correct at the time of publishing.**

## Background - a shifting national context

Since the RCGP and BMA's GP Committee's last version of the joint guidance on workload prioritisation, the pandemic situation has continued to evolve. Public life is returning increasingly to "normal", but general practice remains under intense pressure. The aim of this guidance is therefore to empower clinicians to manage workload in prioritising workload based on clinical judgement, and in line with local conditions.

On 19 July, the government in England removed the vast majority of social interventions in place to limit the spread of COVID-19. Other nations of the UK are also easing these social restrictions, albeit at varied rates. Nearly 90% of adults in the UK have received at least one dose of a COVID-19 vaccination, while two thirds of adults are now fully vaccinated, with 75% of vaccines delivered by primary care teams. This programme has significantly reduced the risk of severe illness for individuals.

Despite this progress, the pandemic is far from over and workload pressures in general practice remain at record levels. The UK is currently moving through a third wave of infections, driven by the delta variant. This is leading to large numbers of COVID-19 cases, albeit often less severe than in previous waves, many of whom are managed by GPs and their teams. General practice continues to deliver phase two of the vaccination programme alongside pharmacy sites, provides routine acute and long-term care to patients and supports large numbers of individuals who are awaiting specialist assessment or treatment. As a result, in the 4 weeks to June 27, GPs delivered 11% more consultations and 37% more clinical admin than in the same period in 2019.

Furthermore, practices continue to work in different ways, delivering more care remotely, and following strict infection prevention and control measures, to protect staff and patients from the risks of COVID-19. GPs and their teams are also preparing for severe winter pressures, with high levels of seasonal respiratory viruses in circulation alongside COVID-19, and for phase three of the vaccination programme, which will

include "booster" vaccinations for those at high risk, and will likely be delivered alongside the annual seasonal flu vaccination programme.

## **Clinically informed and contextual workload prioritisations**

Throughout the pandemic, we have stressed that there is no single 'one size fits all' blueprint for how practices should balance competing priorities and that individual decisions should be made based on clinical expertise, where necessary in discussion with commissioners (such as CCG and health boards) and local medical committees.

**External commissioners and organisations should be aware that there will continue to be significant variation in local capacity in general practice, subject to local circumstances, COVID-19 prevalence, and staffing levels. It is for practices to determine how they meet the reasonable needs of their patients.**

As the duration of the pandemic is extended, it has become harder to provide meaningful national templates to inform those discussions. Workload prioritisation measures which were appropriate in the early stages of the pandemic may not be relevant now and previously deprioritised work may need to be reviewed, in order to ensure patient safety, and wider wellbeing. For instance, DVLA medical checks, which may not be clinically urgent, may still be important to individual wellbeing and livelihoods. In this context, there is an increasing risk that national guidance is not reflective of local circumstances, clinical need, or contractual obligations.

**Clinicians should continue to review and reprioritise workload, using clinical judgement and reflecting both patient need and local circumstances (such as staffing levels, local disease prevalence and patient demographics). Commissioners should also continue to limit or suspend additional expectations of practices, such as local enhanced services. However, with the withdrawal of the national Standard Operating Procedure (SOP) for general practice the RCGP and BMA GPC feel that it is no longer appropriate to provide national guidance on how this should be done. We have therefore withdrawn the previous guidance, including the "COVID-19 response levels" and workload prioritisation "RAG ratings".**

## **General practice is open**

Most importantly, whatever steps are taken to manage workload, patients should be reassured that general practice remains open and is ready to provide clinically appropriate care. This includes providing face to face consultations where appropriate.

## **Further Information**

Current PHE guidance on infection prevention and control remains unchanged, and can be found at <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>.

COVID-19 guidance from the BMA can be found at <https://www.bma.org.uk/advice-and-support/covid-19>.

Guidance from the RCGP can be found at <https://www.rcgp.org.uk/covid-19/latest-covid-19-guidance-in-your-area.aspx>.