

RCGP Guidance on workload prioritisation during COVID-19

This guidance has been developed for clinicians working in general practice in the UK. It should be read alongside guidance from the BMA on workload prioritisation dated 19 March 2020 and your own local guidance. During the development of this document consideration was given to work that is essential to maintain public health and that which is unlikely to cause harm if delayed for a short period. It is not an exhaustive list of GP workload and is not intended to replace clinical judgement for individual patient cases.

Past experience has shown that there is a risk that more patients will die from non-COVID-19 related illnesses than COVID-19 (1-3). General Practice has an important role in maintaining the underlying health of our population. It is important to note that the COVID-19 pandemic is not affecting all areas of the country in a uniform way. There is therefore an important balance to be achieved between preparing the facilities and capacity to manage patients affected by COVID-19 and addressing the ongoing needs of individual patients. General Practice is operating in extraordinary times and circumstances with a system of telephone or online triage approach for all patients across the country. It is important that, working within the constraints of this model, the ongoing care and treatment needs of patients are met and managed dependent upon the individual practice circumstances, and the time and capacity available.

Practices should also be aware and follow the most up to date guidance and standard operating procedures outlined by NHSE&I (<https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/>) and its equivalents in the devolved nations via the RCGP's latest COVID-19 advice in your area webpage (<https://www.rcgp.org.uk/covid-19/latest-covid-19-guidance-in-your-area.aspx>).

Note: The situation with COVID-19 is rapidly changing. This guidance is correct at the time of publishing.

RAG Colour coding explained

We would expect you to move between each category at different stages of the pandemic dependent upon staff, resources and prevalence of disease in your locality

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| Green category: | Aim to continue regardless of the prevalence of COVID-19 for the duration of the pandemic |
| Amber category: | Continue if time/ resources allow and appropriate for your patient population regardless of the prevalence of COVID-19 for the duration of pandemic |
| Red category: | Lower priority routine work which could be postponed in the event of a high prevalence of COVID-19 in your patient population, aiming to revisit once the pandemic ends, ensuring recall dates are updated where possible. |

Where patients do need to be seen, this should be remotely where possible (via telephone or video), but if a face to face appointment is required, then full personal protective equipment must be worn in line with current policy found [here](https://www.gov.uk/government/news/new-personal-protective-equipment-ppe-guidance-for-nhs-teams) (<https://www.gov.uk/government/news/new-personal-protective-equipment-ppe-guidance-for-nhs-teams>)

GREEN – High priority	AMBER – Medium priority	RED – Lower priority
<p>Urgent care</p> <p>Acutely unwell adults and children:</p> <ul style="list-style-type: none"> • COVID-19 related already screened by 111 and referred back to primary care • Non COVID-19 related self-referring to primary care • Other patients contacting general practice directly <p>It is essential to remember general practice plays a vital role in identifying and treating acute illness and worsening of chronic disease during the pandemic. This is to prevent increased morbidity and mortality from non COVID-19 causes.</p>	<p>Contraceptive services</p> <p>Be aware of the possible risk of increased pregnancies following isolation periods.</p> <ul style="list-style-type: none"> • Consider extending pill prescriptions for low risk patients without review. • Consider changing depot injections and LARC that requires changing to the progesterone only pill or patient administered Sayana Press (https://www.pfizerpro.co.uk/products/sayana-press/long-term-female-contraception/sayanar-press-self-administration) <p>Specific advice can be found here https://www.fsrh.org/documents/fsrh-position-essential-srh-services-during-covid-19-march-2020/</p>	<p>Coil checks/change</p> <p>Consider starting POP as an interim measure Specific advice is given by Faculty of Sexual and Reproductive Health https://www.fsrh.org/documents/fsrh-position-essential-srh-services-during-covid-19-march-2020/</p>
<p>Chronic care</p> <p>Remote LTC and ongoing reviews for those at higher risk</p> <ul style="list-style-type: none"> • T2DM with HbA1c>75, recent DKA, disengaged* • COPD with a hospitalisation in last 12 months and/or 2 or more exacerbations in last 12/12 requiring oral steroids/oral antibiotics, patients on LTOT • Asthma with a hospitalisation in last 12 months, ever been admitted to ICU, 2 or more severe exacerbations in last 12 months (needing oral steroids), on biologics/maintenance oral steroids <p>Significant mental health with concerns regarding suicide or deliberate self-harm risk or currently unstable mental health. (Consider using social prescribing teams for help.)</p>	<p>Routine care review for most at risk groups and those LTCs who do not meet the green criteria. Remote review is strongly recommended, wherever possible.</p>	<p>Routine non urgent screening for example</p> <ul style="list-style-type: none"> • New patient checks, NHS health checks, medication reviews, frailty and over 75s' annual reviews
<p>Cancer care: assessment of new potential cancers and ongoing care of diagnosed cancers</p> <p>Symptoms consistent with new or ongoing cancer that may require treatment/ referral.</p> <ul style="list-style-type: none"> • Consider if it could be performed remotely e.g. skin lesions by photo or postmenopausal bleeding for immediate referral 		<p>Routine smears that are considered to be low risk</p>