COVID-19 workload prioritisation guide for general practice during the accelerated booster vaccination campaign (England)

21 December 2021

Background

This guidance has been developed for clinicians working in general practice in England by the Royal College of General Practitioners (RCGP) and the British Medical Associations (BMA) GP's Committee with NHS England and Improvement's support, but this advice is from the RCGP and BMA.

This document replaces prior guidance on workload prioritisation developed by the RCGP and BMA during COVID-19 and is intended to reflect the current situation at the time of publishing, which is changing rapidly. **It will be reviewed on a regular basis as the situation develops, but it is intended as short-term guidance for practices in their planning whilst delivering the accelerated booster vaccination campaign.**

It is not intended as a substitute for expert clinical judgement, nor does it take into account individual or local circumstances.

A shifting national context

As we head into winter of 2021, against a backdrop of growing pandemic and wider workload pressures and severe workforce shortages, the Omicron strain of the COVID-19 virus poses a significant public health risk, as we know that it is highly transmissible and that two doses of COVID-19 vaccines do not offer adequate protection against contracting the virus. Although we do not yet have the full picture of what this means in terms of serious illness and the impact on life, we do know that health services are expected to experience additional strain over the coming weeks. Evidence also indicates that a 'booster' vaccine does offers a dramatically improved level of protection. The Government has therefore set out guidance to ramp up the COVID-19 vaccine booster campaign, including enabling more flexibility to transfer vaccine to individual practices, and general practice is being asked to play a key role in this over the coming weeks.

The NHSEI letter 'National call: Next steps for the NHS COVID-19 vaccine deployment', sent on 13th December, asks all general practice teams to *"clinically prioritise services to free up maximum capacity to support the COVID-19 vaccination programme alongside delivering urgent or emergency care and other critical services such as cancer. That could include pausing routine and non-urgent care and redeploying staff to support delivery of COVID-19 vaccinations."*

A flexible response

It is important to recognise that pressures directly linked to Omicron are not being uniformly felt across regions or systems. In addition to this, dependent on a variety of factors including state of acute and social care, there is no single 'one size fits all' blueprint for how practices should operate or what measures should be taken to manage daily workload. It is evident that the NHS as a whole is currently under significant strain and unprecedented pressures. We also know that patients who do not seek care for long-term conditions or newly developed potentially serious symptoms can place themselves at a level of risk which, for some, is as significant or higher than the risk from COVID-19.

GPs and their teams will need to make difficult decisions and must be enabled by local and national commissioners through additional support and capacity to continue providing timely care that best serves the needs of their patient population. GPs and their teams are focused on delivering care in a way that adds most clinical value and keeps patients, clinicians and staff as safe as possible from the risk of contracting COVID-19.

The sustainability of the workforce is also an important factor to consider. It is essential that the workforce does not become burnt out and therefore unable to deliver care over the coming months.

General practice is open for essential care

Most importantly, whatever steps we take to manage workload, we must reassure the public 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. Where a face-to-face consultation is required, appropriate personal protective equipment should be worn in line with current government and IPC guidance.

Workforce capacity

The most significant limiting factor in terms of managing workload is the lack of workforce in general practice. Significant efforts are also needed across the system to expand the non-registered workforce to help to deliver the COVID-19 booster vaccination programme, whilst securing additional capacity in general practice. The current levels of demand in general practice require systems to offer as much support and additional workforce capacity as possible directly to general practice to manage. We recognise that practices may face increased levels of sickness absence over this period, and RCGP has developed some separate guidance to support practices with business continuity, found here.

A guide to support workload prioritisation

While we appreciate there have been requests for a definitive list of activities which can be postponed, we recognise that this is not possible. Individual practice population demographics, including availability of workforce and individual patient factors, significantly impact clinical decisions in different areas. This is set against a backdrop of ongoing pandemic pressures. However, drawing on earlier iterations of RCGP BMA prioritisation guidance, we have set out below some areas which could be considered for pause / delay, as well as a high-level list of key priorities that should continue wherever possible during the delivery of the accelerated booster campaign. Final decisions about what to stop or delay should take place locally in consultation with LMCs and in partnership with CCGs, but ultimately it is for practices to determine how they best meet the needs of their patients. Health inequalities of course remain a key priority for services, and the Core20Plus5 tool is available to support practices in their activity.

These priorities sit alongside delivery of the NHS COVID-19 booster campaign, and necessary referrals to support the deployment of COVID-19 treatment for highest risk non-hospitalised patients. The list below is in no particular order.

Current clinical priorities

Area of activity	Notes
Acutely unwell adults and children for urgent care	Patients believing themselves to be unwell if requiring medical attention following initial remote assessment including immediately necessary patients; Investigations for immediately necessary conditions.
Contraceptive services	
Childhood immunisations, postnatal checks and new baby checks	Including newborn and infant physical examination (NIPE) and newborn hearing screening (NHSP)
Flu vaccinations	Especially where these can be co-administered with COVID-19 vaccinations.
Medication problems that cannot be dealt by community pharmacy or PCN pharmacist	
Cancer or suspected cancer	Symptoms consistent with new potential cancers or ongoing cancer care that may require referral or treatment; Follow up of 2ww referrals.

Palliative care including anticipatory care and end of life conversations	
Wound management/dressings	Whilst encouraging patients to self-care, providing dressing where possible.
Acute home visits to housebound/residential or nursing home patients	This should continue and be done following remote triage, with appropriate PPE.
Long term conditions management for those at higher risk	T2DM with HbA1c>75, recent DKA, disengaged; uncontrolled hypertension; 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; Proactive care for frail, housebound and vulnerable patients; Post discharge reviews.
Mental health care	Mental health monitoring for patients with long term mental health conditions/ severe mental Illness; Significant mental health with concerns regarding suicide or deliberate self-harm risk or currently unstable mental health.
Cervical smear tests	Providers should continue to offer cervical screening sample, offering appointments to all women who are eligible and due to be screened (this includes individuals on both the early and normal call/recall intervals).
Safeguarding	The role of primary care in safeguarding at this time is to continue to recognise when children/adults/families are struggling or potentially suffering abuse or neglect, signpost to resources which can help, refer to other agencies as available and appropriate, and support vulnerable patients were possible.
Essential injections	For example, Prostap, aranesp, clopixol etc. when normally given in general practice.
Essential paperwork	Blood and test results review and filing; Discharge letter review and medication reconciliation; New patient registrations especially for new residents for care homes and the homeless.

	DVLA requests for medical information for licensing for essential workers (e.g., bus and lorry drivers) in line with DVLA guidance.
Med3 after a period self-certification	Only after a period of self-certification, in line with DWP guidance.

Activities to consider pausing, postponing or deprioritising

Area of activity	Notes
Routine non-urgent screening	For example, NHS health checks.
All non-essential paperwork	DVLA medicals for non-essential workers (only prioritise in urgent cases for essential workers e.g., bus and lorry drivers) until 12th January in line with DVLA guidance; Private to NHS prescription changes. These can go straight to a pharmacy; Hospital outpatient prescriptions. These should be filled at the hospital or secondary care can provide patients with FP10s to use in community pharmacies; Friends and family test; Insurance reports.
Data collection requests	Unless related to COVID-19, DESs/LISs/LESs, audit and assurance activities.
Blood monitoring for lower risk medications and conditions	Consider increasing the interval of testing if clinically safe to do so referring to national guidance where available.
Vitamin B12 injections	
Routine care review or care management for those with LTCs, who are not considered 'high risk', as outlined above	
Non-essential procedures	For example, routine pessary changes and ear syringing
Complaints	Consider developing a standard automated response to pause processing or responding to complaints
Minor surgery	With the exception of skin cancer excision which should continue.
Non urgent investigations that will not impact on treatment	For example: Routine/ annual ECGs; Spirometry: Consider home peak flow monitoring where indicated.