

1 April 2020

Dear Colleagues

We are all experiencing the impact of the COVID-19 pandemic on our daily clinical practice. We are living in unprecedented times and are having to rapidly adapt the way we practice medicine in unprecedented ways too, with many parts of the NHS adopting new ways of remote working to reduce unnecessary footfall into our general practices and hospitals.

Having a robust community response to COVID-19 is vital to protect acute services. Many of you will be aware that from 23rd March, across every Health Board area in Scotland we saw the establishment of new Covid community pathways. There are two parts to these new pathways: Covid Hubs for telephone triage accessed through NHS24-111, and local Covid Assessment Centres, where unwell patients needing to be seen are offered a face to face assessment to assess the need for treatment and/or admission.

These community pathways were established with the aim of both reducing the significant strain placed on general practices in managing the additional COVID-19-related work over the last few weeks, and to allow a streamlining of the assessment and management of patients who are unwell with COVID-19.

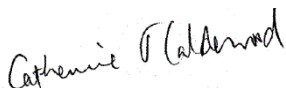
The intention is that these hubs and assessment centres are staffed by clinicians from across the NHS. Invitations have gone out across all specialities to volunteer to work in either part of the pathway. This has had a mixed response across Scotland. Some areas have managed to achieve high level of primary-secondary care collaborative working, such as Tayside and Grampian. Others, less so. Most of these community pathways are currently being staffed by only GPs, but this is not sustainable. The workload of general practice is set to rise even further over the coming weeks and months with the ongoing requirement to manage non-COVID-19 physical and mental health issues, undertake anticipatory care planning conversations, and ultimately provide care in the community for the dying.

We are writing to appeal again to all doctors to consider whether they can help with the community response. For those in more elective specialities, where the current workload is less intense, we especially appeal to you. We do acknowledge the anxiety that many of you may be feeling about undertaking clinical work that feels unfamiliar. We would anticipate that those clinicians who are more used to managing high volumes of undifferentiated illness (GPs, general physicians, MOE physicians, ED physicians) may be more suited to undertaking the triage work, whereas the face to face work, which is highly protocol-driven with regards to decisions around admission, could be undertaken by all clinicians.

If these COVID-19 community pathways are to succeed in our approach to containing and overcoming the pandemic, we need a pan-NHS response. Never before has it been more important that we pull together for the benefit of our colleagues, our patients, and our NHS.

If you would like to find out more about how to volunteer for the COVID-10 community pathways, please contact the lead coordinator for your Health Board area, listed overleaf.

Thank you all and take care.



Dr Catherine Calderwood
Chief Medical Officer



Dr Miles Mack
Chair of Scottish Academy



Dr Lewis Morrison
Chair BMA Scotland



Letter issued to: NHS Board Chief Executives
Medical Directors
Primary Care Leads
NHS Board Human Resource Directors

Also distributed to: All Royal Colleges in Scotland
All members BMA Scotland

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