

Hindon Surgery - report to village 09 04 2020

General practice along with the rest of the NHS has changed utterly in the past month. This report will say a little about the past year, summarise the recent changes to manage the Covid-19 pandemic and some thoughts about the future.

Drs Fiona and Gareth Dawe started after last Easter providing seven surgeries on Mondays, Wednesday mornings and Fridays with Dr Andy Hall doing some mid-week locums. The GP partners, Patrick Craig-McFeely and Sally Hayes were able to have more than one week's leave a year and reduce their clinical load although Patrick still working full-time as doing more administrative work.

Sharon Johnson joined the team and is now training as a dispenser to add to her reception and administrative work. The rest of our team are unchanged but we are doing more work with the local practices in our Primary Care Network especially with their expanded elderly care team. More was planned until the arrival of coronavirus. This also interrupted plans for a new surgery. After an uncertain year this seemed to be back on track – but now on hold.

In March we followed national advice on how primary care should meet the challenge of Covid-19. Our role is to provide health care in a safe way for everything that isn't Covid-19. Just as all of us need to keep at home and when out do so only if essential and to socially distance, so primary care is being kept separate from the virus. That is why patients who think they may have it should go to the NHS 111 website and follow the instructions; telephone contact is all through 111 who will arrange admissions as well. Testing will not be in general practices.

Our role is to do as much as possible by telephone or email and have just started video consultations (if appropriate) and manage everything that isn't Covid-19. Our main concern is to persuade people to follow national advice and if at high risk or 70 and over to stay at home and not go shopping or collect prescriptions in person. All the villages have a fantastic network of volunteers so that those at risk do not have to have unnecessary contacts outside the home. This advice applies to family as well – you just don't know if the daughter and grandchildren coming for a family gathering are bringing you the virus that will kill you two weeks later. It is disappointing to miss a family celebration but there will be ones in the future but not if you are dead.

To reduce face to face contact at the surgery we want all patients to order prescriptions using the on-line service and make sure we have their correct email and mobile 'phone details (we will be managing a lot more long term conditions remotely using emails, texts and patient self-reporting through our website). The surgery is staffed at all the normal times and even open on all the Bank Holidays (to help off-load 111 and the out of hour's service) but the door is locked with instructions about what to do. We continue to see some patients face to face when there is no other way to provide that care. A lot of our work is the routine monitoring of long-term conditions and we have postponed almost all the blood tests and encourage patients to buy their own equipment and start self-monitoring. Many have been doing this but assessing how unwell you are if you catch Covid-19 is easier if you have a thermometer, home BP machine and a finger oxygen monitor (oximeter that also measures the pulse) and a peak flow

meter for those with asthma or COPD. Providing us or 111 with these measurements helps assess whether it is safe to stay at home or you need to be in hospital. Most acute problems can be managed by email or telephone as 90% of a diagnosis is made on the history.

There is a lot of good information on the NHS website on health and what you can do to self-manage but also when you need to contact us. We are there and don't want anyone to become very unwell because they know we are busy. Sending an email with your symptoms and concerns can be a good starting point (and avoids blocking the 'phone lines) but if you are feeling unwell please telephone.

The hospitals have changed as well and stopped all routine referrals, investigations and operations. Please don't contact them (or us) to find out what is happening. All the work previously referred in will be held and they have retired doctors working through and contacting patients with a plan. We are not writing any new routine referrals but will advise you on what you can do until things are back to normal. As so many conditions are either caused by our lifestyle or can be improved by things we can do ourselves, we will be suggesting this far more. This pandemic will make us all more resilient and resourceful as we take on responsibility for our own health. Anyone can be seriously unwell with coronavirus but having a poor lifestyle and the disease consequences of this makes things far worse. To give yourself the best chance you need to be female, under 70, not smoke, drink little alcohol, take daily exercise, be ideal body weight and not be on drugs to suppress your immunity. With the right lifestyle you are far less likely to have high blood pressure, be diabetic, have heart, liver or kidney disease, had a stroke or COPD and 40% of cancers.

It seems wise to alter all the things we can to give ourselves our best chance and starting in a good place is useful but now is the time to address lifestyle and self-management and there are masses of great information on the web, on TV and in the media.

Over the next few weeks we will be working through our lists of patient with long-term conditions and monitoring these in a variety of ways. A theme of all of this will be the active participation by the patient with their condition. We will expect you to self-monitor and read far more about what is wrong with you and follow the advice. This will continue when the pandemic is over and we expect that the provision of health care will be completely transformed with far more expectation that we, as patients, take on responsibility for our own health and there will be far less face to face contact with us or hospitals.

Meanwhile this pandemic has brought our best in so many people. People are volunteering in formal groups or informally helping our neighbours as a communal effort to stay well by avoiding Covid-19 and also helping with general well-being. Many are really addressing their lifestyle and monitoring their own health. We thank everyone for this and also the continuing support to the surgery and also everyone who is working to keep things going – not just in the NHS but in shops or delivery vans or as carers. Strange times that the most valuable members of our society are those we can least notice and another good

thing to come out of this immense national effort will be greater kindness and appreciation of everyone who keeps our lives running smoothly.

Patrick Craig-McFeely