

Helping your GP team to help you in 2021

GP practices have remained open throughout the whole of the COVID pandemic but have changed the way that patients access their services. The pandemic is not over and all health services have to provide services which are safe for patients, their carers and the GP workforce. This means we must maintain public health infection control measures for the foreseeable future and carry on with our new normal way of providing services.

Despite this, in the last year GP practices in Oxfordshire have delivered 3.8 million patient contacts of all kinds, (and this number does not include the hundreds of thousands of vaccinations they have done). Around 50 per cent (1.9 million) of these contacts have been face-to-face appointments, together with many home visits.

During the pandemic, the NHS has had to step up to provide services in any way it can, to support people's increased need for health care. There have been rapid and major changes in giving traditional advice and support across the system. Some of the changes were already part of the Government's aim to improve health care delivery, as demand crept up and capacity went down even before the pandemic. However, these changes were accelerated due to COVID.

TELEPHONE TRIAGE

NHS patients, quite rightly, want access to appropriate health care quickly. This care can be provided by any member of a **team of people** who work in the local community, such as GPs, practice nurses, district nurses, physiotherapists, pharmacists, paramedics and optometrists (all primary care) without needing to access emergency treatment. Primary care professionals have always worked closely together.

Health care always starts by taking a **history** and is an essential part of making a diagnosis/resolving a problem. The history is the talking part of a consultation and a thorough history can make direct examination unnecessary.

It may appear as if not much is being said or done, but taking a history by listening is a major skill which doctors and other professionals learn over many years. Your GP can successfully take a history over the 'phone (telephone triage) or by video consultation.

This type of appointment is new for some patients but it has many benefits: patients and carers can stay at home; more contacts can be made in a single session; there is no travelling involved and risks are reduced for the rest of the population.

Telephone triage is not a second best; it is a different way of working and it is here to stay. Many services use this as a way of helping you to find the most appropriate care quickly.

FACE TO FACE APPOINTMENTS

If you do need to be seen face-to-face, we will do our best to make this happen quickly with the right clinician, which could be a GP, a practice nurse, a paramedic or pharmacist among others.

After listening, your GP may want you to see a different health care professional or a social prescriber link worker or a social carer who can deal with your specific issue ('signposting'). Sometimes they are better than your doctor at tackling a particular problem, such as optometrists, pharmacists, physiotherapists and nurses. Please accept this advice.

Please do not use Emergency Departments (A&E) as an alternative to primary care. Only life threatening accidents and emergencies should go to A&E at the hospital. GP services are available 24/7 via 111 if your GP is closed.

Support your NHS

Please use these precious resources carefully and thoughtfully, especially in these times of COVID. Please be polite and kind to health professionals may feel exhausted by the huge effort of dealing with the COVID crisis. We need your support to continue.

Consider all your options and choose the right team to help you

Can another professional be more helpful? Can you contact them directly and save your practice time and work? If you don't need to see a doctor, then please allow others to help you, so that patients who are very poorly can see their doctor face-to-face more quickly. One day that person could be you.

Health care professionals work to make people better and GP practices work very hard to serve their patient population. Whatever you see or read about us, this is what drives your primary care team. If you want good care then ***please help us to help you.***

Dr Sam Hart, North Network Clinical Director

Dr Ed Capo-Bianco, Urgent and Emergency Care - Portfolio Clinical Director

Dr Andy Valentine, City Network Clinical Director

Dr Shelley Hayles, Planned Care - Portfolio Clinical Director

Dr Meenu Paul, Clinical Director Quality

Dr David Chapman, Clinical Chair Oxfordshire CCG

D. E. Chapman,