

PARTNERSHIP FOR HEALTH



FRIENDS OF DAVENPORT HOUSE

BULLETIN NO 13 – JULY 2020

WHAT TO EXPECT FROM THE SURGERY

By Lindsey Wright, New Practice Manager

In these times of Covid-19, we have made many changes in order to keep providing care for our patients. What does that look like for the patients of Davenport House?

- **Do your best not to come to the Surgery.**
- We are asking all patients to communicate with us remotely wherever possible, either by phone or by our digital channels such as the website and Patient Access. Please also bear in mind, as more people are contacting us via the phone throughout the day, it can sometimes take us some time to get back to you.
- If you do need to speak to us in person please use the silver intercom on the outside of the building. The building is locked so you won't be able to enter unless someone lets you in.
- There is a letter box for any prescription requests or any letters. In the foyer there are prescription request forms, urine pots and a box for completed urine specimens. You do not need to let us know if you require any of these things, these are all checked regularly by the Surgery team.
- We have a set time every week where we invite in our most vulnerable patients for any urgent appointments, where we ensure there are no other people in the Surgery. That way we can minimise their contact with other people.
- A doctor may invite you in to be seen for an appointment if they feel it is necessary, but these appointments are limited.
- All other appointments are done over the phone or by video to reduce the amount of face to face contact we have with patients.
- When booking an appointment, please let the reception team know if you would be happy to have a video consultation. This may help the doctor decide on a course of treatment as they will be able to see and evaluate your condition better than they might be able to do over the phone.
- You may also be asked to send in a photograph of a rash or lump via a secure link that will then be added to your electronic file for the doctor to look at before your appointment.

All these changes are in accordance with current NHS guidance designed to keep patients and staff safe, but at the same time provide for the appropriate consultation arrangements for patients with varying degrees of health issues.

EDITORIAL COMMENT

I have recently used both telephone contact and electronic contact with the Surgery and in both cases have received a response from a doctor by telephone which has been both most helpful and timely. In the latter case it was deemed appropriate to arrange a face to face appointment where the Practice Manager describes on the next page of the bulletin what a patient should expect.

Friends: www.friendsdavenporthouse.org.uk **Surgery:** www.davenporturgery.co.uk

Charity Number 1184307

WHAT TO EXPECT INSIDE THE SURGERY

By Lindsey Wright, New Practice Manager

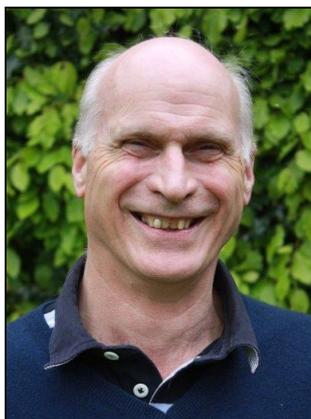
If you are invited in for an appointment the Surgery looks a bit different.

- A member of the reception team will let you into the building. We ask that every patient brings their own face covering and that wherever possible you do not bring anyone else with you. If you need to be accompanied, please ensure they also bring a face covering with them.
- Patients are only allowed on the ground floor currently as we are only opening up a select number of rooms for face to face appointments in order to comply with infection control protocols.
- Inside the waiting room the layout has changed. Most chairs have been turned around to ensure social distancing at all times. The chairs that are available to sit on have a plastic covering to allow us to clean them at regular intervals.
- The reception team may ask you to sit in a specific seat. If we have a number of patients coming in at one time, we can ensure everyone is as distanced as possible to make each patient feel as safe as possible. It also makes it much easier for the clinician you are seeing, as with several layers of PPE, communication can be more difficult.
- When your appointment is over, you will see lots of red arrows around the building showing you to the way to the exit. You will need to exit through the side door, closest to Sainsbury's so we maintain a one way system.

In the very near future we will be getting a Perspex screen to surround the reception desk to further protect the reception staff.

PATIENT ON LINE SURVEY

By Richard Munton, Friends of Davenport House Chairman



In the last edition of the Bulletin (No. 12) I described some of the responses received from members taken from the short online survey conducted in February 2020. Here, I summarise the responses to the questions concerning the Services and Facilities provided by Davenport House Surgery and your views about future local services recognising that Covid-19 has subsequently affected the functioning of the Surgery and local Primary Care. Some of these are highlighted in the article in this edition by the new Practice Manager, Lindsey Wright.

Services and Facilities at Davenport House

Few respondents talked about medical equipment preferring instead to focus upon services and communication.

1. Many believe that the appointments system is still below par and the Trust and Practice should visit this issue again. (We will be communicating about a new eConsult system in the next edition which is currently subject to discussion between the Surgery and the Friends.)
2. The need for doctors to limit the time of appointments to ten minutes remains a concern for older patients, many of whom have more than one chronic condition. Face to face consultation remains a priority for some whilst older patients may feel more confident with online consultations after the epidemic than before, the importance of the psychological support and reassurance they derive from face to face meetings cannot be underestimated.

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3. The NHS's wish for patients to be increasingly responsible for the management of their own health is usually regarded as sensible but not as straight forward as often implied, a concern arising primarily from some degree of anxiety over self-diagnosis, and the blurring of the boundaries between health and social care.

One respondent argued that the Practice should employ a full-time 'point person' in the Surgery who can answer broader, non-clinical questions about social services/social care/lifestyle issues and this could be the PCN's 'social prescriber' but as a central rather than peripheral figure as at present.

4. Although patients accept that the shape of the waiting area is not ideal, there is genuine concern that when the waiting area is full the conversations between the receptionists and patients in person or on the telephone, can often be heard by others in the waiting room. No blame is being attached to the receptionists but this matter needs careful consideration even if the Surgery may never be full again!
5. Many respondents requested blood testing facilities in the Surgery. A phlebotomist on site would reduce the normal delays in going to the Red House, for example.
6. A request for a 'high seat' in the two reception areas for those with leg and hip problems who find it difficult to get up from low chairs.

Future Local Services

The areas most identified were as follows:

- Blood testing (again)
- Podiatry
- Minor injuries/joint injections
- Skin cancer tests
- Active approach to wellbeing
- Specialist mental health service (most frequent request after blood testing)
- Cancer care advice for families

It is clear from these responses that some patients are not well informed about the range of services available locally. This is part of a more general problem of keeping patients aware of what is available and where in a rapidly evolving system of Primary Care, especially if encouraging greater self-care among an ageing population is a key objective. It may well be the case that patients do not always read, take in or remember the information presented to them. But we are all guilty of that!

Nonetheless, this situation has important implications for the Trust and the Practice. For the Trust, we need to make better use of the Bulletin for regular updates, making 'Surgery Snippets', for example, central to the publication because if it is worth saying once, in some cases it may be worth saying at least twice!

Overall, these responses indicate the need for more effective communication between the Surgery and the patient population and especially the kind of personalised support they can receive alongside clinical treatment. Patients may get better at the technical aspects of online services—and many also recognise the increased flexibility and efficiency these provide—but need for personal engagement as a source of support remains crucial in these uncertain times.

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