

After a hiatus in January due to Covid and the associated workload pressures, this is our first newsletter of 2022. Needless to say the Omicron variant is still looming large in our thoughts and planning, though encouragingly it seems to be a milder illness in vaccinated individuals. This does mean that for the time being we will be continuing with our triage led appointment system. Following triage assessment, patients needing to be seen will often receive a same day appointment and call volumes mean that we will continue to be implementing an 'emergencies only' policy from 9.30 on a Monday and 10.00 Tues to Friday. This is to ensure a manageable workload on any particular day and also to allow us to cope when staff are off sick or self-isolating (often suddenly and unexpectedly) which is common at the present time. We would continue to ask that less urgent (but still important) problems are rung in later in the day. Where possible our reception, admin, prescribing or secretarial teams will assist but if GP or nurse involvement is needed, this may be via a more routine follow up telephone call or task message sent to the relevant clinician. As different staff members work different days of the week then a response is unlikely to be on the same day. Finally if the problem cannot be resolved any other way you may be asked to ring back to be added to a triage list (especially if a particular GP is asked for) in which case that call will need to be in before 9.30 or 10.00 depending on the day of the week. If your problem relates to a rash or skin lesion, it is very helpful to have photos on a mobile phone to be able to send in to us and we find this often avoids the need for a face to face appointment. Please also remember that some routine care is suspended at the moment and that where possible we are undertaking birthday reviews of more chronic conditions remotely. Whilst not ideal, this is in line with Government directives and we anticipate this will continue until probably April. Please bear with us during these very challenging times.

Finally this month, we say fond farewell to Dr Onafujabi who has completed his time at the practice; welcome back from maternity leave Dr Felicity Hart but also start to contemplate the considerable hole to be left by the departure of Dr Partington who is taking a break from General Practice from April. We anticipate her patient list being taken over by Dr Petra Richmond who many of you will already know and I am sure you will all join me in wishing Dr Partington all the very best with her future plans.

Phil Rayner