

30 April 2020

Triaging appointments

1. During this period patients will be asked to demonstrate reasonable medical need to attend the surgery.
2. It will often be the first contact person who will initially try to establish need, within the confines of patient confidentiality. Where the patient is reluctant to discuss their needs their dignity and right to privacy should be maintained and the matter referred to the clinician to make contact confidentially. Before each consultation a member of the practice medical team will assess the request and if necessary make further contact with the patient. In the circumstance of any dispute the matter should elegantly and helpfully be referred to the lead clinician to assess if the matter can be managed remotely or requires face to face consultation. At no time should patients be made to feel uncomfortable or their concerns trivialised.
3. In the first instance the preference is for the patient's needs to be managed remotely. This can be organised by telephone, email or FaceTime.
4. All patients wishing to attend will be screened for current pyrexia illnesses, recent travel, recommendations made by the government relating to self isolation, shielding or quarantine.
5. Patients with pyrexia illnesses will only be allowed to attend the premises at the direct instruction of the nominated lead physician or his deputy as appointed by him.
6. Clinicians should record in the medical record 'medical need' for audit purposes for all face to face consultations and should be able to justify patient treatment or management.
7. Working from home arrangements for non clinic sessions is by the preferred method of non face to face consultations and will be facilitated by the provision of remote working hardware where needed.

To be reviewed 30 May 2020