



Oxford

[helen.salisbury@phc.ox.ac.uk](mailto:helen.salisbury@phc.ox.ac.uk) FollowHelen on Twitter: [@HelenRSalisbury](https://twitter.com/HelenRSalisbury)Cite this as: *BMJ* 2022;377:o883<http://dx.doi.org/10.1136/bmj.o883>

Published: 05 April 2022

## PRIMARY COLOUR

## Helen Salisbury: Open doors and open windows

Helen Salisbury *GP*

Our practice has finally reverted to its pre-pandemic appointment system. Patients can book by telephone, online, or in person for either a face-to-face or a telephone appointment, according to what they think they need. They can also submit e-consultation forms. When we had to use telephone triage for all appointments earlier in the pandemic it reduced our efficiency: if, after a five minute conversation with a patient, you decided that you couldn't safely manage them or sort out their problem without an examination, another appointment was needed.

The conversion rate of telephone to face-to-face appointments varied between clinicians, but we all shared a sense of work being postponed or incomplete. We'd try to book face-to-face follow-ups with the same doctor, but this wasn't always possible in a suitable timeframe, so a second clinician had to pick up where the first one left off. In this situation you can either take the history again from scratch (which is inefficient) or rely on what your colleague has written, which will inevitably leave out some of the nuances around what was said. This loss of continuity isn't just about information—it also affects rapport, which you need to establish afresh if you take over midway.

In theory, a written e-consultation might take the place of the original phone appointment, but in practice this often just turns a two stage process into a three stage one, with a form to read, a phone call to clarify, and a face-to-face appointment to examine.

We're not completely back to normal. We're still wearing scrubs—not because there's any evidence of fomite transmission of SARS-CoV-2 but as a visual reminder to our patients that the pandemic's not over. We wear FFP2 masks for all patient contacts, and we expect our patients to wear masks too. We also open the windows wide after each consultation, to change the air. Very occasionally, patients decline to wear masks, in which case my window stays open throughout. This was fine during the brief spell of warm weather in mid-March and less fun when snow was blowing in over my desk last week, but, given that I was doing an extra surgery to cover for a colleague absent with covid, I was in no mood to compromise.

It's still early days for our "new normal," and we don't yet know how well it will work, although we expect that more patients than before will choose the telephone for simple, transactional appointments. However, we're also aware that although no physical examination may be needed, some people find that being in the same room as the doctor contributes significantly to feeling heard and understood. As a doctor who is trained to use all of my senses and not just my ears, this is less stressful for me, and I'm more confident when I can see, touch—and occasionally even smell—my patients.

Competing interests: See [www.bmj.com/about-bmj/freelance-contributors](http://www.bmj.com/about-bmj/freelance-contributors)

Provenance and peer review: Commissioned; not externally peer reviewed.