

Blog: 20/2/22

Tough times again as Omicron Covid-19 escalates in our community. For our practice it's the unimmunised school kids bringing it into the families. Only one so far has required hospital assessment because he was really sick, but he did not require admission. The socialising late teens and twenties are the other main group testing positive, but again most are vaccinated and managing Ok at home with a few day's miseries – sleeping due to exhaustion, with a hacking cough and very sore throat being the main triad of symptoms- followed by a few days of total washout.

So far we haven't seen it in our vulnerable patients, the elderly and those with complex and serious underlying illness. People are being good with masks, keeping at home, notifying family and co-workers early if exposed, and of course up to date with boosters as well as the initial two vaccinations. We fervently hope it stays that way.

At the practice we are being very strict about who comes in: quite simply with Dr Mick Eason recuperating at home and Dr Cathy Latu having resigned, there is only the two doctors, myself Dr Jacqueline and our new registrar Dr Dominic Smith. We still can't find even a temporary doctor to cover Dr Mick's absence let alone someone to replace Dr Cathy.

If we get covid-19 at the surgery, the surgery will have to close for ten days. I also dread the thought that one of our vulnerable patients could catch the infection at the surgery so even in the carpark and coming in to see the nurse we are trying to stagger patients so that the risk of passing on the infection is minimised as much as possible.

All patients need to be screened first with a telephone call with the doctors. Yes, that may lead to a further consult in person either outside from the car or inside and does not cost any more than a one standard face to face consultation. The way I am doing my consultations is by phone in the morning up to 11.30am and then seeing patients who need to be seen up to 1pm.

In the afternoons I see patients who need to be seen after 4.30pm up to 6pm. So called lunchtimes are usually spent following up on patient requests, signing scripts and documents, doing referrals and sorting out urgent lab test results [routine lab tests get done at home after tea and before lights out!] From 7.45am, I am checking daily on our sick covid-19 patients.

We do have some new staff which will help us all. Jamie Anderson has joined us on Tuesday afternoons and Fridays helping at the desk and we are in the last throes of finalising another receptionist to replace Anjana and a 2-3 day nurse to help Paulette out. More about those two new additions to our surgery staff I hope next blog. Jamie is a mum of three and has grown up here and still lives locally and like Paulette and Dr Dominic has connections to Te Kuiti.

We will overhaul the whole website as soon as we get a breather, with new photos I promise.

That carpark renovation! Well first it was cost holding us up, and so we saved up. Now it's just lack of time to sort it out. I know it can turn into a lake when it rains hard, and I know it's a nasty bump and puddle at the entrance. We had hoped to be doing it now but also we can't have our front car park out of action when we are using it for consults and covid-19 swabs.

We will do it as soon as possible but I suspect that means spring....sorry.

Immunisation clinics have come to an end. There simply wasn't the demand anymore, and now there are plenty of options in Papakura and Takanini for those who have been slow on the uptake. It is hard to organise groups of 6-7 Adults or 10 kids so that vaccines are not wasted.

Good news is when flujabs are here- we are told mid March - Kay will be doing clinics down the back using the same way of operating. We haven't decided what days yet.

I really want to thank the team who have worked very hard to vaccinate against covid-19. Without Eden, Kay, Jools, Barb and Wendy, let alone the amazing logistic skills of Meriana, and a lot of backup help from Paulette, Dr Cathy and Dr Hazel, it would not have been possible. Team Covid-19 dispensed 7000+ vaccinations!

I am concerned at the drop off in surgeries to remove suspicious spots. If lesions are pigmented – and while it's possible for melanoma to be not pigmented that is very rare. If the lesion has irregular edges and irregular colours- or growing rapidly- then it may need removal. A telephone consultation with a prearranged picture maybe all that's needed, but carpark and inside consultations are being done! So are all procedures including insertions of contraceptive devices, sebaceous cyst excisions etc.

We usually take off one melanoma a month but I have not seen one for months. I hope this is just a statistic anomaly rather than our patients not wanting to go out or not wanting to bother us with their “unfounded worries”. Please let us judge whether it is a dangerous lesion or not. You might have to get a family member to take the picture and email it to our surgery or arrange to be seen in person. Just make the appointment by phoning the surgery.....

But with Monday morning surgery start less than 10 hours away, “once more into the breach, dear friends,...”[ apologies to Shakespeare, Henry V act 111].

Be well, be safe. Jacqueline, and the truly amazing team at Tiakina Te Ora.

