I had hoped we were well into spring but this rainy muggy day with heavy bursts of rain reminds me that even the weather is not behaving as predictably as it once was. But this covid -19 variant is thankfully. BA 1.1, another Omicron variant that has caused an upsurge in cases in the last week or two, does seem to be following the predicted viral pattern of being more infectious but less lethal. After even a clear week or two with no patients reported with Covid-19, suddenly there were 2-3/day but that number is not rising further and hopefully will not lead to another wave of infections. We know from anecdotal reports as well as sewerage surveillance that an increasing number of people are not reporting sick and I suspect this is not due to apathy and emotional fatigue after all the lockdowns and fear, but really because often the new variants cause such a mild illness that patients do not suspect they have it.

I have patients reporting they only self tested because family, friends or contacts were positive and were so surprised they were too. The time from contact to symptoms if present is shorter with Omicron BA1.1. It seems to be as little as 24-36 hours. The original alpha and delta variants that widely affected the rest of the world could take 5 days or more which made backward tracing of clusters essential to controlling outbreaks very difficult. We were so fortunate to have missed that stage of the pandemic and only be dealing with the dumbed down virus we have now. It was good leadership from the top and despite the loud noises of a very tiny few, the widespread compliance of New Zealanders who listened to science rather than conspiracy theories on the internet.

Covid Omicron BA1.1 is catching more people who haven't had their 2nd booster, that is they are fully vaccinated initially, and have had only one booster more than 6 months ago.

We are not vaccinating for Covid anymore due to the vaccine not coming in single dose bottles: to not waste doses we have to guarantee 7 people at once within a 4 hour period and that's difficult to organise. Consequently we have been referring our patients to the marae at 20 Hunua Rd Papakura which has an excellent drive thru setup. If you have had covid-19 you are not eligible for a booster until at least three months after recovery.

I just want to comment on the confusion about when self isolation can end for those who do get Covid-19. While RAT testing does not pick up the virus in the beginning all the time, and sometimes it can take a few days to come positive especially in people with no runny nose and hardly any sore throat, or if not done thoroughly, it is a really good test for whether the patient is still infectious. So after five days and a test is negative that or next day, and long as your test negative again the next morning you can go to work and get out and about. Some people are still unwell and should stay off work, but at least their chance of infecting other people around them is now very low.

It is wonderful to be back seeing patients again. Dr Ranche Johnson on Fridays and Dr Dominic Smith and Dr Andrew Chew who are fulltime have been doing this since August and I started after returning from my overdue break at the beginning of September. There is still the facility of booking cheaper telephone consultations- and we are still trying to get the balance right between the number of these and in patient visits- but it is starting to feel a bit more normal. I personally do apologise if some patients wait a long time but there is an unpredictable backlog of issues -sometimes serious -that are being worked through. It does help if patients can book a double appointment [it costs a little more but not double!] which can avoid being asked to make a further appointment to deal with the rest of the list.

Dr Lance O'Sullivan is still working with us and seeing some patients some days as he and I try to work out whether we can work together. Dr Lance is trying to foresee how general practice can evolve in the future so that everyone can access good quality medical care in an affordable and timely manner whereas of course despite our extended hours from 7.45am-6pm Monday to Friday, we are a more traditional model which doesn't always meet everyone's needs.

Add to that the doctor and nurse shortage that isn't going to be addressed without an enormous input of money from central government then our standards or care will continue to decline compared to countries like Australia.

A GP I met at a three hour midweek evening teaching session 12 days ago told me he was doing locums in Australia and going back and forth: he earnt 5xs as much there as he could here. No wonder we train so many and they head there.

You will see various staff of Dr Lance's workforce around the surgery helping out and learning what we do. Te Marino who is a Health Navigator, that is an aid to our nurses, is with us fulltime until Christmas and then we will have decided whether we can all work together. She is fitting in well and helping Paulette and Rachel with simple routine tasks and paper work for which they love her! Stephanie is a Nurse Practitioner transitioning to general practice and bringing her many years of hospital experience. Like Rachel she can prescribe medications and she has done extra years of study to enable her to see patients on her own. Like the younger doctors, she consults with the senior doctors when she needs to, as she adapts to General Practice. Patients can choose to see her too.

Whatever way the practice evolves as we go forward we are committed to providing the best possible medicine to people who care about their health. That's not negotiable.

Dr Mick Eason's untimely death is July is unfortunately a salutary reminder of the need to build in resilience to our practice when we lose key staff and I am committed to ensuring our practice survives as a quality caring multigenerational practice at least another 36 years even I very much doubt I will be there to see that.

We continue to see patients at the practice the same day if they ring early: we are open for calls from 7.45am usually [and if no-one has covid-19 or run into traffic

accidents holding up key arterial roads like what happened last week]. We always can fit in urgent patients, all babies under 12 months and mostly children under 5 yrs as well as those with serious underlying illnesses. If you fit into one of those categories and are told there are not appointments available but need to be seen, please tell the receptionist and she will pass it to a nurse to sort out. We will see you if needed. We would rather you come to us than sit for 4-6 hours at an A and E where you can catch infections. It might not be the doctor or Nurse Practitioner of your choice but we will sort it.

Be well, be safe. From Dr Jacqueline and us all at Tiakina Te Ora.