



VIEWS AND REVIEWS

TAKING STOCK

Rammya Mathew: Innovation during the pandemic

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Like many others, in recent weeks I've stepped into various clinical roles to support the response to covid-19. A few weeks ago I started triaging calls from patients with suspected covid-19 who had contacted the NHS 111 telephone service. Now I find myself working in a primary care "hot service" developed by our GP federation, where we have the facilities to see and assess patients with suspected covid-19 face to face in a dedicated clinic or, if required, in their home. It's been energising to be a part of this, but at times it's also been unnerving.

Being immersed in the clinical work has undoubtedly brought many advantages: perhaps most notably, it's helped me and my team (who usually spend part of our week on system improvement and population health) to identify immediate needs regarding covid-19 and to innovate in response to these.

When we started supporting NHS 111 we found a significant proportion of patients reporting breathlessness, and although we were measuring respiratory rates by video call, we felt uneasy about not doing pulse oximetry testing. Rather than asking patients to come in for this, it made sense to send an oxygen saturation probe out to them. As a result we procured hundreds of probes, distributed them to our member practices, and then worked with local third sector organisations—which, within the space of a week, had organised themselves to support emergency delivery of probes to patients.

As I sat in the hot service and spoke to a patient who was reporting new onset breathlessness, I experienced at first hand the benefits of this new arrangement. I was able to get an oxygen

saturation probe out to my patient in under an hour. My subsequent assessment confirmed significant desaturation on exertion, and the patient was blue lighted by ambulance to hospital. We were able to get the patient the right care at the right time and in the right place.

For a GP federation, its member practices, a social enterprise, and a local charity to come together to achieve this sort of system change within a week would previously have been unthinkable. To me this story illustrates the need for practising clinicians, rather than management consultants, to be at the fore of innovation in healthcare: we need to drive change because we understand the system more than anyone else, by virtue of working in it. But my eyes have also been opened to the wealth of talent in the third sector and how imperative it is that we continue to harness this, even after the pandemic.

Covid-19 will leave a lasting legacy: we'll emerge from this crisis having witnessed what's possible. The challenge, of course, is to capture and hold on to the good things happening now and make them part of our new "normal."

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