



Patient Journey Overview

The patient journey outlined below is intended to serve as a template and an example that can be adapted.

1. Patient contacts practice/is contacted by practice
2. Patient is pre-screened for COVID-19 status using questionnaire and given advice if needed regarding isolation
3. If patient is identified to be on the non-respiratory pathway, the appointment is booked following the instructions outlined in Appointment Book Management Principles (C 230)
4. If the patient is identified as previously clinically extremely vulnerable and on the non-respiratory pathway, the appointment is booked, following the instructions outlined in Appointment Book Management Principles (C 230)
5. If the patient is identified as being on the respiratory pathway, clinical triage is arranged
6. Clinical triage takes place (if required) and if treatment cannot be deferred, the appointment is booked, following the instructions outlined in Appointment Book Management Principles (C 230)
7. Practice identifies if patient is clinically extremely vulnerable
8. Patient details are confirmed (e.g. email address)
9. Appointment is booked or clinical triage arranged
10. Clinical triage takes place (if required) and appointment is then booked
11. Patient is called 48 hours before appointment and is screened for COVID-19 status, attendance procedure is explained.
12. Chaperoning and consent procedures are explained, and appointment is then confirmed
13. Patient attends practice and attendance procedure is followed including screening upon arrival
14. Patient returns to reception to sign treatment plan and to pay for treatment.
15. Patient is asked to retreat back into the waiting room while maintain a 2 metre distance and staff will open the door to allow patients to exit the building.