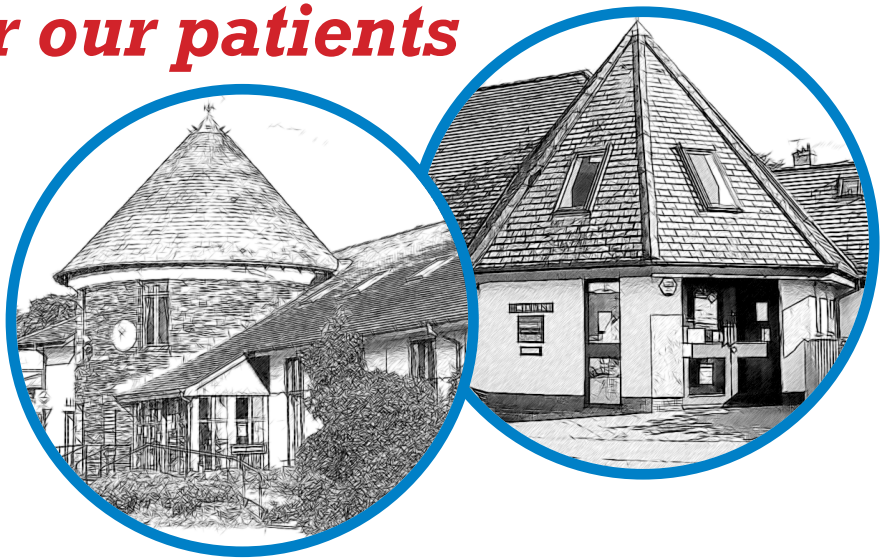


# Newsletter for our patients

August 2020

**Riverside Surgery**  
**Bovey Tracey**  
**01626 832666**

**Tower House Surgery**  
**Chudleigh**  
**01626 852379**



## Practice staff news

We would like to offer huge congratulations to two of our GPs, Dr Keeler from Riverside and Dr Williams from Towerhouse, who will be going on maternity leave later this year. We are already far along in our cover recruitment process and will be providing more details when we have them. We would like to assure you that there will be no reduction in appointment capacity during this time.

## A GP's comments

There have been so many changes to GP work life and home life since covid hit.

As GPs we enjoy the patient contact, and face to face appointments give us work satisfaction on so many levels. When covid hit, the doors slammed shut and we were left to refashion our role to one which was safe primarily for our patients, but also for ourselves, all the staff and all our families.

I personally sometimes felt quite worried but really tried to be a rock for the staff and when talking to the patients on the phone. This is easier said than done as when it comes down to it we are all human and experience emotion in the same way.

I was scared for my family and friends but at the same time I was grateful to have a job that

I could concentrate on during these challenging times.

My colleagues at work were fantastic as we offered each other lots of support and we had frequent open forums to discuss how we were feeling. This helped a lot if any of us were going through a difficult patch.

The whole team pulled together (GPs/nurses/HCAs/admin team) and came up with ideas on how to deliver a safe service to our patients.

It was at times like these that I felt very proud to be part of such a great team.

Whilst we were concerned for our families' health, this never seemed to be the predominant focus. It was about taking care of our patients. This was, and is, a proud NHS moment!

We decided that running mostly telephone consults was a really effective way of managing patients.

We have also started to introduce video consults which again are effective. Patients send in photos of rashes and so on and fill in econsult forms, which again means we can do so much work without needing to bring patients into the surgery.

Of course, we do see patients whom we feel the need to examine, and it feels really good to regain that face to face contact (even with masks on). However, it's so important to realise that

every contact has to be brief in order to minimise infection risk to the patient.

My life as a GP feels much more settled now. Less worrying. More, this is the new norm. And actually the new norm is looking quite manageable.

I think phone and video consultations are both safer and more efficient for the patients for now.

I can also see some aspects of how we are currently working as being potential long-term changes, but we will always seek to ask our patients for their opinions when making changes.

I shall still always prefer seeing my patients in person, but accept this may be limited to a chosen few each day for some time!

I shall still always give high levels of care over the phone nonetheless.

So, the team feels strong and resilient. I feel we are offering a safe and excellent service to our patients.

All of our changes have our patients' safety at the heart of it.

But life does carry on, which I find a strong reflection.

There is more to life than covid and we GPs are here and doing all the same things we were before, just in a slightly different format.

Do please all be reassured that we are here for you the same as ever!

## Face coverings to be worn at the surgery

As we move further into a new kind of normal and slowly increase the amount of patients coming back in for face-to-face appointments, we would kindly ask that all patients attending the surgery wear a face covering or face mask. Our staff will of course still be wearing all of the required PPE, but we ask that you respect this request as an additional layer of protection to protect our staff and other patients.

We are unfortunately unable to provide face masks for patients.

Thank you for supporting us by following this new guidance. ○

## Monitoring your blood pressure at home

Keeping an eye on your blood pressure is important and becomes more important as you grow older because high blood pressure (hypertension) increases your chance of having a stroke and other illnesses.

If you've being diagnosed with high blood pressure, you'll know that your GP will always check your blood pressure at every appointment. One problem with this is that most people's blood pressure reading is likely to be above normal during an appointment with a GP or another medical professional. This can happen even if you think that seeing your GP or a hospital doctor does not worry you in the slightest.

With the advent of blood pressure machines, small, reliable and accurate enough to be used at home, the recommendation now is for patients themselves to take blood pressure readings in their own home. The machines we recommend for patients consist of a unit with an air pump and a digital display powered by internal batteries. The air pump is connected by a flexible

rubber tube to an inflatable arm cuff.

There are other monitoring devices which have a wrist cuff or a finger cuff, but these devices are not considered suitable for reliable clinical monitoring. The same applies to digital wrist watches having a built-in blood pressure monitor.

Most blood pressure machines for home use have an internal digital clock which you set to the correct time and date when you switch on the machine for the first time. Every time you take a blood pressure reading, the machine will remember the reading, and the time and date on which they occurred, though it's a good idea to write down in a note book your dates, times and readings, just in case the machines 'forgets' the readings, perhaps when you have to fit new batteries.

To allow your GP to interpret your readings, to see if you have 'high blood pressure', there is a on-line form available at <https://towerhousesurgery.co.uk> which you can fill in with your readings. Your filled-in on-line form will be sent to your GP automatically.

If you haven't got internet access, there's an equivalent paper form available from Reception which you can fill in and return to the Surgery so that your GP can have a look at your readings.

You will be contacted if the GP determines that you need to be treated, perhaps by taking tablets to reduce your blood pressure. After treatment is started, you will be asked to provide another set of readings after a short interval.

If your blood pressure is borderline, not needing you to start any treatment, you might be asked to provide another set of readings after a short interval.

If your blood pressure is fine, you will usually not be contacted, though you might be asked to send in another set of readings

after a certain period, perhaps weeks or months. ○

## GP patient survey

The practice has now received the results of our annual GP Patient Survey and would like to thank any patients who were surveyed for their feedback.

Any patients who would like to check the practice's results and how they compare to local and national averages can do so via the link:

<https://www.gp-patient.co.uk/report?practicecode=L83045> ○

## Corona virus updates

As we said in our previous newsletter, because of the covid pandemic, the practice has been forced to make many changes both to the way we work and to the way we manage our patients. We would like to thank the vast majority of our patients for their understanding. Not only have these changes been challenging, but they have also needed the practice and our patients to embrace new technologies, new ways of working and new processes.

No doubt once the 'dust settles' most of our processes will go 'back to normal' but we'd like to think that a few positive changes will remain.

As we settle into our 'new normal' we are beginning to reintroduce a number of essential and non-essential services that were paused during the height of the pandemic. Our team will be in touch with patients to book appointments as we do this and would ask that patients do not contact us for updates on when services will be re-introduced.

We have also made a lot of changes inside the practice to ensure that now we have re-opened our doors and waiting rooms, our patients are able to travel through the premises safely and our staff can work safely.

Things will look different, but all of the changes have been made with safety AND functionality in mind.

All options have been considered, so we ask that you please comply with our new processes for our staff and your own safety.

More importantly, despite the many changes to our processes and practice, our brilliant staff have remained as the one constant during this extremely challenging time. They have worked tirelessly during the pandemic, dealing with change and flux and have at all times provided the best service for our patients that they could.

You, our patients have been patient, understanding and have engaged and volunteered whenever asked. Thank you!

## Total triage

As part of the response to the coronavirus, the practice and all NHS primary care moved to a total triage way of working. Essentially this means that all patients requesting appointments are consulted via telephone or video consultation in the first instance.

In the majority of cases, our team have been able to deal with patient queries remotely but should patients then need to be seen face to face, then and only then are they asked to attend an appointment at the practice.

We appreciate that it will take our patients a little time to get fully accustomed to our new way of working.

It has been an adjustment for our staff too but we have had some great feedback from patients who have enjoyed the flexibility of speaking to our clinicians from the comfort of their own home! Not only that, but during the most challenging times of the early pandemic it allowed our doctors to work and triage patients from home also. Despite the relatively drastic

change to our ways of working, all patients who have been assessed as needing to be seen have been able to access an appointment on the day of their triage.

There will no doubt be an opportunity at the end of this pandemic (it WILL come, one day!) for us to review the changes that we have made and see which ones we would like to keep.

We can assure you that you our patients will be consulted throughout this process.

## Devon Carers

So many people today take up an unpaid role to take care of someone else, sometimes on a very occasional basis but often full-time. Devon Carers is an organisation which enables unpaid carers to maintain their own health, wellbeing and independence, and to care safely, confidently and effectively.

They provide carers with the information and advice they need in their caring role and help carers find support in their community and from local community organisations.

Devon Carers is led by carers to ensure that carers have choice, control, and a voice as expert partners in care. Many of their team are carers, or have been carers in the past and can draw upon their own life experiences, as well as receiving up-to-date training, in their support of carers.

The organisation continually looks at ways they can improve their service, acting upon advice and feedback from carers as well as professionals. They believe that carers should be acknowledged as experts in care for their loved one and it is Devon Carers role to support them in their caring role.

If you're looking after someone, full-time or part



The Summer 2020 edition of Devon Carers' free magazine, available from the website <https://devoncarers.org.uk>

time, and you sometimes feel you might like some support, whether just the occasional chat or more practical help, then do get in touch with Devon Carers. They're helping and supporting people like you, and they know how being a carer can sometimes be a joy and sometimes difficult to cope with.

Visit <https://devoncarers.org.uk> or you can phone them on 03456 434435.

## School age immunisations

An update from VirginCare, who manage the school immunisation programme.

They say that at present they are in discussion with NHS England to ensure they are able to catch up with all children missed from this year's Y8 & Y9 cohort HPV & TDip/Men ACWY vaccinations. These details are currently being finalised.

They have started to gain consents for this year's childhood flu programme going out through schools.

VirginCare also say that community venues for the home educated or those requiring early vaccination due to vulnerability are being finalised currently.

Once the vaccination venues have been agreed, information will be made available to parents about booking vaccinations.

In the meantime, if any parents need direction on where to register their consent, they can complete the process at

<https://schoolimms.virgincare.co.uk/flu/2020/devon>

## Changes within our premises

We have installed a one way system throughout the surgery to aid social distancing.

All clinicians will be wearing suitable PPE and all other staff will be wearing face coverings when in corridors and communal areas. We have

installed Perspex screens at all reception desks as well as drastically reducing the number of seats in our waiting areas.

Patients will also have their temperature taken with an infrared thermometer prior to entering the clinical areas of the surgery.

The touch screens are no longer in use and there are hand sanitiser stations in many locations.

Patients may still need to queue to speak to a member of our admin team but we would recommend that any patients not attending for an appointment continue to use the telephone where possible.

The physio service is not managed by the practice but we understand that they're hoping to start up again soon.

## Data protection and management

As part of our response to the Covid-19 pandemic, we have had to make small changes to the way in which we handle your data. These are explained in our supplementary and main privacy notices on our website.

Full details can be found at: <https://www.towerhousesurgery.co.uk/pages/Data-Protection>

As patients you have control of how and when we as the practice, your Data Controller, use and share your data. You have the right to opt out of data sharing at any time by contacting a member of our team.

## Data sharing

It really is important and useful for patients to give their permission for all their health records to be shared among all the NHS bodies likely to be involved in their treatment.

If you are unfortunate enough to need emergency hospital treatment, and you've agreed for your medical data to be shared, then anyone treating you in hospital will have access to your

records and be able to give you appropriate treatment.

If you need treatment out of normal surgery hours and are seen by a GP or other doctor outside of our practice, shared data will give that doctor your full history so that you receive the most appropriate treatment as quickly as possible.

Outside bodies have access to your data *only when you're under their direct care*.

If you haven't yet given your permission for your data to be shared, and you'd like to, please let us know. There's just a simple form to fill in to get the data sharing sorted out.

## Data in the NHS

The NHS, as with a great many other organisations, is depending more and more on stored data whether in written form or as pictures from X-rays and scans.

Unlike some other bodies, personal data acquired by the NHS is stored safely and very securely in order to protect all the confidential information which is amassed on patients.

Patient data is one of the NHS's strengths. No other country has a dataset comparable to the NHS — many patients have been followed, as the saying goes, from cradle to grave. This longitudinal nature of much NHS data is valuable for research into the progression of diseases and in the quest for time-proved treatments.

## Remote consultations

We have had some remote video consultations, but the far more popular method both with patients and clinicians seems to be telephone consultation.

We have found that the large majority of triage is possible via telephone.

Video consults have sometimes been invaluable, especially during the height of 'lockdown', in cases where a patient requires

visual consultation but the patient is either reticent or unable to be seen face to face.

Some drawbacks have been that we are reliant on the quality of the patients' internet connections, which in large parts of our rural location isn't fantastic.

Video consults will almost always be preceded by a telephone consult where it is then decided that video is necessary. The practice then sends the patient a text message providing a link, patients click the link which will open up a two way video consultation.

The system we use, AccuRx, was chosen specifically for its data security and reliability.

## eConsult

Our online consultation platform eConsult is programmed by clinicians and asks specific, targeted questions to patients to give the GP as much information as possible prior to contacting the patient.

eConsult will direct the questioning based on pre-programmed routes, set by clinicians, based on their answers. A member of our team will then respond to all consult requests by the end of the next working day.

eConsult is suited to dealing with all conditions or concerns and has in-built fail-safes to recognise any 'red flag' conditions in which the patient needs to be directed to immediate emergency care.

Where the system recognises patients are interested in services to which they can self refer, it allows them to do so.

It will also recommend any ways in which patients can 'self care' for minor ailments. Visit: <https://towerhousesurgery.webgp.com/>

## Blood tests

We do understand that waiting for blood or other test results can be a worrying time. We usually



*The lift at Riverside is fully operational and much appreciated by patients who have trouble with stairs.*

receive results within 24 hours and ALL results are reviewed by a GP immediately after we receive them from the testing laboratory.

Remember that what is considered a 'normal' result from a blood test will vary from patient to patient, depending on many factors which a GP has to take into account.

If we get in touch with you very quickly after you've had a test, this is not necessarily because things are urgent, but rather because our system for monitoring test results ensures that all results are dealt with speedily.

If a blood test result does call for urgent action, you will certainly be contacted to make a GP appointment.

If one of our Receptionists asks you to make a GP appointment, please do not pressure them to book you in urgently. You will always be informed if there's a need for urgency.

If your results are fine, we generally will not contact you.

We know that you might not be comfortable with hearing nothing back after having a test, and therefore might feel the need to phone for confirmation that you have nothing to worry about. We would ask you, though, not to phone about test results at times when our telephone lines are likely to be very busy.

Our peak times are all day Mondays and Fridays, and early mornings and afternoons on Tuesdays, Wednesdays and Thursdays.

## Anxiety

Most people who suffer from periodic feelings of acute anxiety for no apparent reason do realise that being anxious is not the same as being under immediate threat, though the feelings can be just the same. Anxiety can be very tiring and overwhelming. Intellectually, sufferers generally feel that they

should be able to control their irrational anxiety and this can make them feel inadequate, sometimes with feelings of shame because they can't make the anxiety go away.

The fact is that irrational anxiety cannot be overruled with intellect, no matter how hard we try. Irrational anxiety is an emotional state and beyond the control of the intellect.

However, it is possible to use the intellect to distract us from acute anxiety, at least for a while. The secret is to engage the intellect with a task which so occupies it that the anxiety can be disregarded while the task is being carried out.

One task which some sufferers have found extremely useful is to read out loud for a while from a favourite book, a newspaper, or other interesting source. It's very difficult to remain acutely anxious while concentrating on reading aloud.

Another idea is to do some mental arithmetic, such as counting backwards in threes from a large number divisible by three such as 8913. This would give 8910, 8907, 8904, 8901, 8898, and so on.

You can also check that each number you arrive at is divisible by three by adding its digits and seeing if the total is divisible by three. For example, if you add up the digits in 8907, you get 24 which is divisible by three, so that confirms that 8907 is divisible by three.

This particular task is harder than you might think and certainly makes it difficult to remain anxious while you're doing it.

## Social prescribing

Introduced as part of the NHS five-year plan in which the NHS committed to ensuring that people will get more control over their own health and more personalised care when they need it. The Personalised Care

## TED talks

A reminder that there are lots of very interesting and informative talks, each lasting about 15 minutes, available at [www.ted.com](http://www.ted.com)

Among them are:

- ❖ How to meaningfully reconnect with those who have dementia
- ❖ Which is better: Soap or hand sanitiser?
- ❖ A global pandemic calls for global solutions
- ❖ How digital innovation can fight pandemics and strengthen democracy
- ❖ The new science of personalised vaccines
- ❖ Can steroids save your life?
- ❖ A dose of reality about generic drugs
- ❖ The case to infect volunteers with Covid-19 to accelerate vaccine testing
- ❖ How fast can a vaccine be made?
- ❖ How tech companies can help combat the pandemic and reshape public health
- ❖ When is a pandemic over?
- ❖ The secret weapon against pandemics
- ❖ What is a coronavirus?
- ❖ Overcoming depression (five talks)

There are also talks aimed primarily at medical professionals but many of them will be interesting to lay people too. These talks are hosted at [www.tedmed.com](http://www.tedmed.com). Among them are:

- ❖ Why partnership is at the core of effective healthcare
- ❖ Lessons learned from the center (sic) of America's opioid epidemic
- ❖ When it comes to heart and brain disorders, sex matters
- ❖ What happens when the immune system goes rogue?
- ❖ Talking simply, not simplistically, about health
- ❖ The community's role in the childhood obesity epidemic
- ❖ A tribute to nurses
- ❖ How we can outsmart epidemics

Model which was formed as a result includes the provision of Social Prescribing which seeks to improve the lives of patients for whom the wider determinants of health have an impact.

Social prescribing can be used to address so much more than social isolation.

The effects of social prescribing are difficult to accurately measure at the moment, but time will tell. NHS England continues to explore how best we measure social prescribing effectiveness. However, on the ground, GPs are already saying that the impact is felt by way of their being able to refer to a social prescriber patients who, for example, are

frequent attenders for non-medical needs.

There is more and more evidence to suggest that social prescribing does reduce the number of frequent attenders, and A&E admissions, and also frees up GPs to give them more time to focus on the medical needs of patients.

## Our social prescriber, Andrea, reports on her role

I clearly understood the role when I joined the practice as I had had a lot of previous experience of delivering this kind of provision well before we knew it was called social prescribing.

I started by establishing links with existing local services and talking with the practice to establish how they saw referrals to me would work and ensuring that they knew what the criteria are (this piece of work is ongoing as I can't wholeheartedly say that all the health care people I'm in contact with understand what the role entails).

The Covid-19 pandemic has drastically changed how I work. All intervention is now conducted over the telephone rather than face-to-face. This means that my assessments take much longer because patients are less likely to open up over the telephone than when they can see someone in front of them. Body language is so important at this stage.

I haven't met over half of the patients on my caseload at present.

Directing patients to services (this is called 'signposting' in the jargon) is difficult because most services aren't operational or have switched to delivering their services 'remotely' and many older patients don't have access to the technology required.

In the early stages of lockdown my role changed significantly in terms of how often I contacted my patients.

Ordinarily, a social prescriber would have between six and twelve contacts with a patient and, for some, I'm contacting them weekly. In the early days it was daily for some of them.

My focus was initially around the shielded patients who, with the help of the surgery team, were screened and then anyone requiring non-medical support was flagged to me.

In Bovey Tracey, as a representative of the surgery, I was part of the steering group who set up Bovey Parish Covid-19 Action Group. My role was to co-ordinate medication delivery and work with the local pharmacies to establish

a robust system for this using reliable volunteers. This service is currently ongoing and the group are now looking at how we support the town moving on beyond covid.

The surgery administration team were also able to refer patients to me who were struggling to access food deliveries, comfort phone calls, food parcels or other needs. With the provision of local volunteers and NHS responders these needs were met.

Many of the patients I've been in regular contact with have told me that the support has been invaluable to them, particularly those who live alone with no family nearby.

Where appropriate, I've also introduced regular befriending calls in addition to my input.

Covid-19 has highlighted a level of deprivation that was previously unknown. So much so, that Bovey now has its own foodbank.

In Chudleigh, the covid response was managed via the Town Hall, with a team of volunteers assisting with medication deliveries, shopping and befriending.

## Results from social prescribing

Because of covid, social prescribing has not necessarily been used in the way we had originally intended, both because we are only just slowly getting back to anywhere near the pre-covid levels of 'normal' work as we used to, but also because Andrea, our social prescriber, has been invaluable acting as a 'go between' from GP's to local voluntary organisations. Andrea has made regular welfare calls on our most vulnerable patients, delivered medication and prescriptions for shielded patients and been heavily involved with local voluntary groups during her own time too.

Although our social prescribing might not have been developing in the way it was originally intended, it has been invaluable during this period and has taken away from GP's that often 'hidden workload' and allowed them to concentrate on what they do best, medicine.

We are a part of the Newton West Primary Care Network, and, as Andrea has reported in this Newsletter (below), we are recruiting three new members to our social prescribing team who, led by Andrea, will assist both the local community and their GP colleagues even further.

## Andrea talks about Newton West Primary Care Network

I'm pleased to confirm that Newton West PCN has now appointed three further Social Prescribing Link Workers and a Health and Wellbeing Coach to the team.

This means that each practice will now have a dedicated link worker instead of having to spread me across the five settings.

It's a very exciting time and evidence that our PCN has recognised the positive impact of social prescribing so I feel extremely proud of what has been achieved so far.

I will remain at Riverside and Tower House to work with our patients and also will have time to look at collaborative working to meet the needs of the communities.

In addition, I'll be able to liaise with the surgeries and prescribing team to look at specific patient groups who might benefit from a social prescribing intervention. It's an extremely exciting time as we now have an opportunity to mould and grow the service with a team of people who have a diverse range of experience and skills.

## Type 2 Diabetes — know your risk

Type 2 diabetes is one of the biggest healthcare challenges of our time. The free *Healthier You* programme provides guidance on how it can be prevented or delayed and is currently being offered over telephone, group video conference, or online through apps and websites.

You can use the Diabetes UK risk tool to find out if you are at risk of developing the disease.

If identified as moderate or high risk, you will be invited to sign up to the local Healthier You service. Visit <https://riskscore.diabetes.org.uk/start>

## This year's flu vaccinations

To ensure your safety and that of our staff, we will be managing our flu clinics slightly differently this year due to the continuing covid pandemic.

The government has announced that more people will be eligible for flu vaccination this year, including: household contacts of previously shielded patients, Year 7 school children (aged 11 on 31st August 2020), and health and social care workers. The aim is to further extend the vaccination programme in November and December to include everyone aged 50–64, as stocks of vaccine permit. This extension will be phased in to allow us to prioritise those in 'at risk' groups. We will be in touch with patients in the 50–64 age group when we have further information.

Eligible primary school children and Year 7 children will be offered the vaccination through their schools' vaccination programmes.

## How our flu vaccination scheme will work

Please note that because of the special covid measures in place, you will not be able to book your

flu appointment on-line this year.

If you are eligible to have a flu vaccination, we will contact you. We will text, email or get in touch direct to invite you to make an appointment. When you receive your invitation, please try to telephone the surgery within the following seven days between 9.30am and 4.30pm and our staff will be happy to arrange your flu appointment for you.

**Please do not contact us about flu vaccination before we have been in touch with you about your vaccination.**

Patients considered to be at highest risk from flu will be given priority for early appointments.

If you have any queries regarding flu vaccination, please go to <https://www.gov.uk> or <https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/>.

If you still have any queries about your flu vaccination, please telephone the surgery and speak to a practice nurse before your appointment.

## Guidance when attending for your vaccination

When attending for your flu vaccination it is very important that you follow all the guidance below to keep everyone as safe as possible:

- ❖ If you are unwell on the day of your appointment, please do not attend. It would help if you would contact us a few days later and ask to be given an appointment for the next vaccination session.
- ❖ Please do go to the toilet before you leave home — ours will be out of use during our main flu clinics.
- ❖ Please attend alone if possible.
- ❖ Bring as few items as possible with you.
- ❖ Please wear a face covering.
- ❖ Please wear loose clothing suitable to allow quick and

easy access to your upper arm for vaccination.

- ❖ Please arrive at the time of your appointment, otherwise you will be asked to wait in your car or outside.
- ❖ We will measure your temperature when you arrive at the front door, and if it is 37.8°C or over, or you have a new continuous cough or loss of or change to your sense of smell or taste, we will ask you to return home without being vaccinated and we will advise you to visit <https://www.nhs.uk/conditions/coronavirus-covid-19/> to find out what to do. If you do not have internet access, you should phone 111 for advice.
- ❖ If your temperature is normal, we will ask you to sanitise your hands and book in at reception before joining a socially distanced queue through the waiting room.
- ❖ You will then be directed through to a doctor or nurse for your vaccination. Please remember that you will not be able to discuss any other problems with the doctor or nurse during your appointment.
- ❖ Once you have had your vaccination, you will be directed through a one-way system out of the building, sanitising your hands on the way.

Please help us to keep you, other patients and our staff safe by following all of this guidance when you attend for your vaccination.

## More information

For the latest information on vaccination, and a great many other topics, please visit our website [www.towerhousesurgery.co.uk](http://www.towerhousesurgery.co.uk) and our Facebook page <https://www.facebook.com/RATHPPG/>.

For covid information, visit <https://www.nhs.uk/conditions/coronavirus-covid-19/>