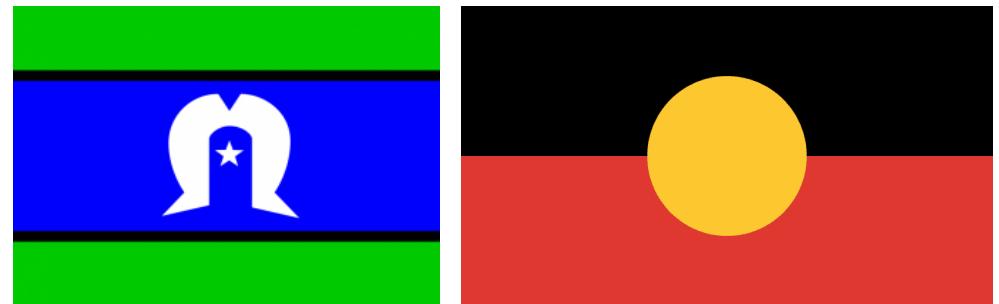


# *Returning to 'COVID normal' - what support is required?*

## *Acknowledgement of Country*

North Western Melbourne Primary Health Network would like to acknowledge the peoples of the Kulin nation as the traditional custodians of the land on which we're meeting today.

We recognise their continuing connection to the land, waters and culture, and would like to pay our respects to Elders past, present and emerging.



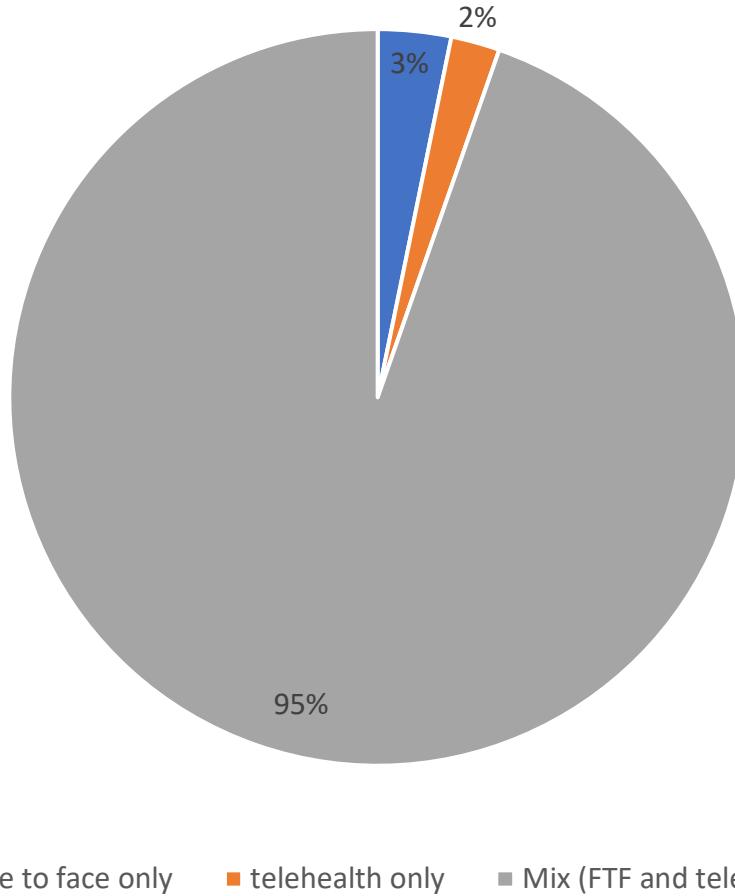
# *Background*

## **Aim**

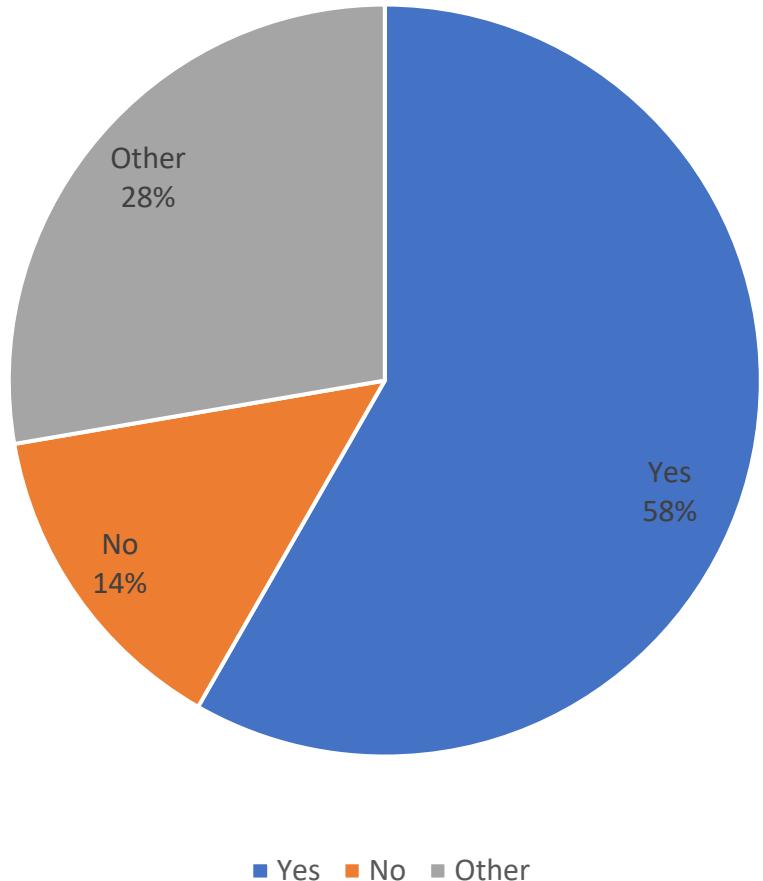
- gather insight from general practice on care delivery in the current COVID environment
- gather evidence about barriers to face-to-face care and potential strategies to overcome them
- Collect examples of innovative practice that can be shared with other practices

For this session we would like to present our initial findings, test with the audience and start to develop a plan of support

## *Current provision of care for patients (all patients)*



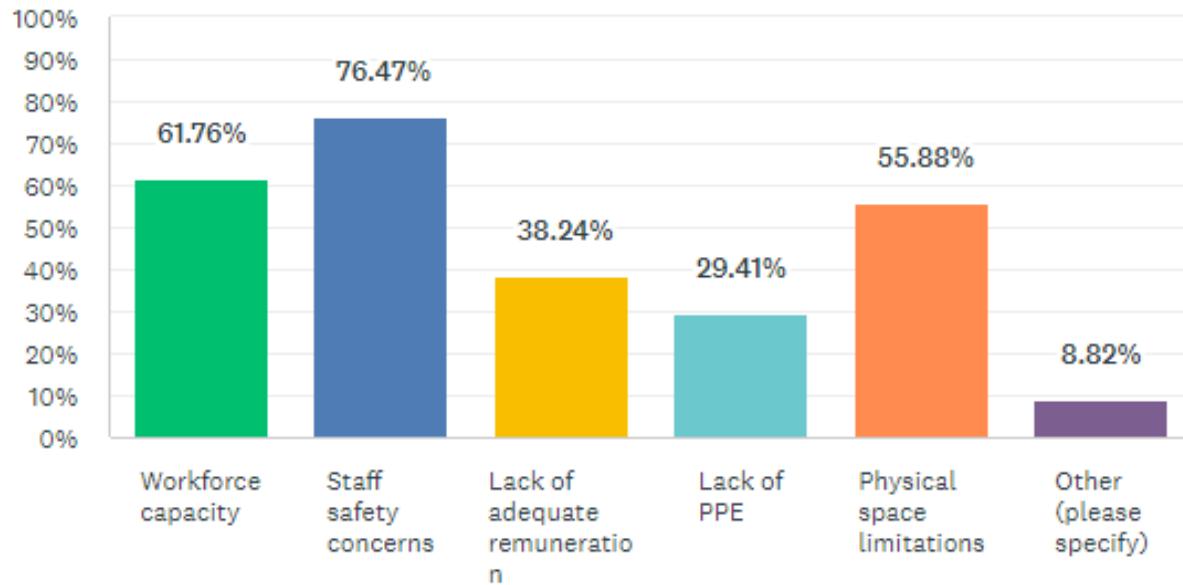
# *Seeing respiratory patients face-to-face*



## **Other (mix of responses) including:**

- Decision re: FTF consultation is dependent on different circumstances, history of patient and in some cases doctor's discretion
- Can vary between GPs in same practice
- FTF assessment following prescreening via phone/car park assessment
- Patients enter clinic via separate entrance, seen outside
- See once quarantine is complete (for COVID patients)

# Barriers to seeing patients with respiratory symptoms face-to-face



| Support that would be required       | Response |
|--------------------------------------|----------|
| PPE                                  | 81.82%   |
| Education and training               | 63.64%   |
| Resources (including HealthPathways) | 63.64%   |
| Workforce                            | 63.64%   |
| Physical Space                       | 54.55%   |
| Other                                | 9.09%    |

When asked if they would see respiratory patients FTF if support was available:

- Yes - 41.18%
- No - 58.82 %

## Reasons for no:

- we will see children under the age of 10 but not adults. Majority of patients attending this clinic are over the age of 65 with complex health needs
- Our surgery is not coping with normal consultations.
- At present the Team Members feel that their safety, and the safety of their families are important/ Patient and staff safety ++
- Workforce capacity mainly, and GP resp clinics remain open
- Space limitations and lack of adequate ventilation

# Strategies to support safe practice

| Strategy   | response |
|--|----------|
| Pre-screening questions regarding COVID status             | 76.55%   |
| Separate triage/waiting area e.g., outside                 | 56.19%   |
| Negative RAT/s before apt – not required to be sighted     | 45.58%   |
| Separate treatment areas for respiratory patients          | 40.41%   |
| Negative RAT/s before apt – sighted at time of appointment | 28.76%   |
| Other  | 19.30%   |
| Negative PCR before apt                                    | 12.83%   |
| Separate time-slots for respiratory patients               | 12.83%   |

| What support is required to continue to see patients FTF | Response |
|--|----------|
| PPE  | 77.91%   |
| Workforce  | 45.40%   |
| Resources (including HealthPathways)                     | 37.42%   |
| Education and training                                   | 36.81%   |
| Physical Space   | 36.20%   |
| Other  | 0.00%    |

## 'Other' responses

- No waiting times for those with respiratory patients see doctor straight away
- Temperature checks on arrival
- RAT only required for procedures >30 mins
- After appt patients do not go to reception - called later for payment
- Compulsory mask wearing for all patients
- Seen outside
- intersperse face to face and telehealth appointments to reduce patients on site
- We see without any perquisites. Keep short, use mask and hand sanitizers, keep updated with Covid Vaccination

## *Innovative practice ideas*

Practices who are successfully seeing respiratory patients FTF have clear, agreed workflows that are supported by policies and protocols. Some examples:

- *Different colour slot for appointments so everyone knows that it is a respiratory patient. Patients wait outside and come in with doctor then leave immediately after consult so no contact with anyone else. Billing is done by phone or automatic debit*
- *Set up 2 fever rooms, we have a tent outside and we have separate waiting room area if we get inundated, Otherwise patient is asked to wait in their car or outside and we call them once we have space*
- *We direct patients to government websites for education - this helps at consult time as patients already understand the basics or have a list of questions driven from trying to understand condition.*
- *Nurse at entrance in full PPE taking temperatures. Have buzzers (like in restaurants) that they would give to patients with respiratory symptoms they would wait in their car and when it was their turn to be seen the buzzer would sound.*
- *Telehealth screening + seeing patients that need to be seen at the end of the day (not so much innovative as probably the norm now - but definitely had a lot of work put into making it work)*

# *Support required...*

## **PPE**

- Increased PPE amounts available
- Ability to order individual amounts (currently for FTF care needs to be delivered in 'bundles' as per NMS)
- Provision of PPE that can be used for patients. Currently NMS guidelines indicate for staff only.
- Provision of RATS for staff and patients
- Fit testing

## **Learning from peers**

- Sharing innovative practice workflows/policies etc.
- New processes and procedures that have been implemented
- Waiting room management
- Support for teams who dealing with difficult patients

## **GPRCs**

- Greater public awareness of GPRCs
- Increased access to same day appointments at GPRCs
- Increased understanding that GPRCs feedback to regular GPs that will build patients trust in the system

# *Support required cont.*

## **Communication**

- State and Federal Governments to communicate changes early regarding COVID vaccinations etc. with general practice prior to public announcements

## **Public Messaging**

- Government messaging that face masks must still be worn in medical clinics - need publicity that the pandemic is not over and that we need to protect vulnerable patients and staff from respiratory infections by these methods
- Education as to the reasons that precautions will be taken at practices so that patients are prepared and may be less resistant
- Extra advertising to patients to stop abusing staff

## **Workforce**

- Shortage of doctors, admin and nurses
- Staff burn out

# *Support required cont.*

## **Remuneration**

- Our approach protects both staff and other patients from contracting respiratory illnesses, however it is expensive both with equipment and time. General practice is not adequately funded for the service it provides the community
- Staff at GP clinics deserve the same financial benefits as in loading and bonus to help them stay in the medical work force. Everyone is getting burnt out and the constant financial underpayment is increasing the feeling of fatigue and burnout

## **Continued Support for telehealth**

- Long telephone telehealth consults to be reinstated

*Thank you*