

Covid-19 and General Practice Part 3:

Interview with Dr. Ray Walley MRCGP FRCGP, Member of the National Covid-19 GP Liaison Committee

The IMO ICGP continue to lead on and support the HSE message emphasising that patients need to promptly seek attention for urgent care.

The IMO secretariat supported by the GP committee have organised continued contractual arrangements for Covid-19 telemedicine consultation for both public and private patients and respiratory assessments till August 10th, 2020.

This is in no way a complete overview of work done but is a summary of some priorities dealt with to date.

How has General Practice continued to respond to Covid-19:

1. The IMO ICGP HSE National GP Liaison Committee continued teleconference meetings with the HSE on a twice weekly basis with periodic additional meetings where required. HSE Meetings are held at 7.30am with IMO ICGP preparatory work done by email and a teleconference at 6pm the preceding evening.
It is planned to progress meetings to a weekly basis in August.
2. The GP Liaison Committee continued to meet with high level HSE representatives from Chief Clinical Officers Office / Operations / Infectious Disease / Procurement / I.T etc.
3. The Liaison has allowed prompt addressing of organisational and educational issues pertaining to General Practice and community care. It is recognised that General Practice has a cockpit view of Covid-19 prevalence allowing immediate addressing of prompt timely interventions with clinical and organisational answers to the continued optimum management of Covid-19, flattening the curve.
4. The IMO and ICGP separately teleconference to ensure a regular cascade to members changes in algorithms / educational material / contract briefings on issues related to general practice care and provision.
5. Covid-19 prevalence has required that GMS contract changes be prompt, dynamic and fluid. Recent GMS contract changes negotiated by the IMO include;
 - a) *Expansion of the qualification age to >70 y.o., down from 75 y.o., for chronic care management. Inclusion criteria include 1-3 of the following disease A Fib / IHD / CCF / COPD / Asthma / Diabetes Mellitus – effective 1/7/20. The new agreement allows for a telemedicine consultation. Both IMO and ICGP advocate face to face consultation as being optimal management of patients however in the context of Covid-19 where prevalence is fluid there was a requirement for a telemedicine option.*
 - b) *Acceptance of claim returns for Maternity and infant care claims expanded from 3 to 6 months.*

6. Both IMO and ICGP have recognised the importance of education of all Medical Practitioners and have organised on a weekly basis webinars. It is recognised that knowledge acquisition with Covid-19 is international with it being both fluid and dynamic with education provision having to mirror same.
7. The IMO and ICGP equally contributed to the Department of Health convened leaders forum.
8. It is recognised that Media placement of GP expert opinion is of importance in reinforcing the message of symptoms included in the HPSC algorithm for isolation, referral for testing and contact tracing based on one of the following symptoms; **A high temperature, Cough, Breathlessness, Loss of taste, Loss of smell.**

The latter is in the context that a patients GP is recognised as the primary first contact for all patients.

Media GP expert opinion has been of influence on early and accurate engagement on: *"What are Covid-19 symptoms..."*, also on the hashtag *"#wearafacialcovering"* and in advising the public to download the HSE Covid-19 App.

The IMO and ICGP have ensured that timely opinion is accessible through their respective public relations units. Both have significant presence on social media.

9. The ICGP continue to update its excellent website on a daily basis and is the most up to date information point for GP educational issues.
10. The IMO and ICGP were instrumental on the scaling back of "presumed Covid-19" local GP hubs on the basis that they will need to be re-scaleable in the winter months.

Ongoing challenges for General Practice include (in no particular order):

- Access to local Hospital based phlebotomy
- Direct referral Access to all diagnostics incl. Xray, Ultrasound, CT and MRI imaging.
- Access to Acute Medical, Surgical and Paediatric Assessment Units
- Timely provision and resourcing of flu vaccinations in context of expansion of qualifying population
- Prioritising Children's immunisations and maternity care.
- Recognition of the unique challenges posed by Childhood fevers/illness and how both general practice and hospital paediatrics will organise services for the winter.
- Commencing a return to chronic care
- Ensuring GP self and staff care
- Ensuring continued access to PPE
- GP Manpower deficits
- Rostering for out of hours and Hub shifts in addition to surgery shifts.