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Covid-19 and General Practice: Part 4

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General Practice has been represented by high level members of both the IMO and the ICGP to liaise with the HSE and Department of Health in response to the Covid-19 pandemic.

This briefing covers the period 20/7/20 to 20/11/20. In this period the primary access for Covid-19 testing referral continued to be from general practitioners with the system peaking at 120,000 weekly tests by early November 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 teleconference on a formal weekly basis. Liaisons are at 7.30am on Fridays.

2. The Committee meets with high level HSE representatives from the Chief Clinical Officers Office / Operations / Infectious Disease / Procurement / I.T. etc.

3. The liaison serves the purpose of continued prompt addressing of organisational and educational issues pertaining to General Practice where 90% of all clinical consultations continue to occur. It is recognised that General Practice has a granular view on both Covid-19 and non Covid-19 effects on patients and services. This allows active discussion on interventions both clinical and organisational for the optimum management of Covid-19 and non Covid-19 issues.

4. Modifications of both the children's and adult algorithm occurred in consultation with both the IMO and ICGP reflecting the responsibilities of general practitioners. Learning from past experience there was a recognition that a GPs first knowledge of change should be through its professional bodies which accordingly happened.

5. The IMO and ICGP has engaged to ensure a regular cascade to members changes in Covid-19 algorithms / educational material / contract briefings on issues related to general practice care and provision. There is a recognition of a danger of messaging and information overload in circulating information to GPs so data provision has been moderated.

Contractual changes:

Covid-19 prevalence has required that GMS contract changes be prompt, dynamic and fluid. Recent GMS contract changes negotiated by the IMO include;

1. Contractual resourcing of flu vaccination for at risk groups on basis of age and morbidity. This includes for the first-time provision of a Nasal spray flu vaccine to all children between ages 2 – 12 years old. 600,000 nasal flu vaccines will be available for children whilst 1.35 million doses will be available for adults.
2. The HSE engaged the IMO to act as an intermediary on the provision of continued resourcing of out of hours GP co-operatives with agreement that weekend and bank holiday Covid-19 referrals will be facilitated on all patient contacts.
3. Provision of the chronic care contractual services is ongoing having been expanded from July 1st, 2020 to GMS patients >70 years old with morbidities including; A Fib / IHD / CCF / COPD / Asthma and Diabetes Mellitus.
4. The IMO secretariat supported by the GP committee have continued to organise contractual arrangements for Covid-19 telemedicine consultations and respiratory assessments for both public and private patients. These were to cease in August but after negotiation with the HSE have been extended till 2021.
5. A request was made to the IMO in October to ask GPs to refer contacts for a 3-day period only when the Contact tracing system was swamped. The patient numbers involved were a maximum of 10,000 equalling an average of an additional 3-4 patient referrals per GP. The IMO National GP committee unanimously supported this urgent request from the HSE / Department of Health on a strict interim basis only. GPs were not asked to contact trace. This proved to be a successful brief intervention.

Education and the Media:

1. IMO and ICGP have recognised the importance of continued education for all Medical Practitioners and have organised webinars on a weekly/monthly basis. These webinars continued in the summer vacation period and have also served the purpose of cohesive team building whilst also allowing ventilation of concerns.

2. GP Media expert opinion placement has been a priority for both IMO and ICGP to ensure knowledgeable commentary from General Practice. Important Media messages have been:

   ''Download the HSE Covid-19 App.''
   ''General Practice continues to be open to meet patient needs''
   ''Get Flu vaccinated''

   The IMO and ICGP have ensured that timely opinion is accessible through their respective public relations units.

3. The ICGP continues to update its excellent website on a daily basis and is the most up to date information point for GP educational issues.

Covid-19 GP Hubs:

Covid-19 Hubs are for Covid-19 and/or Presumed Covid-19 patients only.

Exclusion criteria includes: -

1. Acutely unwell patients who require AMAU/ Emergency Dept. referral
2. Non Covid-19 patients
3. Maternity patients
4. Children under 16 years of age

Many Hubs in the second wave have either had to expand service hours or be re-opened. These hubs have proved to be an asset to GP practices over-burdened with Covid-19.

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

Representations were made to the HSE on the following issues with an abridged status included;

- Access to local Hospital based phlebotomy – regional improvements are variable
- Re-Opening up cervical check to direct GP referral – operational
- Re-opening of National screening Mammogram service - operational
- Direct referral Access to all diagnostics incl. Xray, Ultrasound, CT and MRI imaging – operational in many areas with plans to be national
- Access to Acute Medical, Surgical and Paediatric Assessment Units – ongoing discussion
- Covid-19 testing for children with imminent procedural appointments via GP – ongoing discussion
- Prioritising of remaining limited Flu vaccine supply to key workers etc. - operational
- Nursing Home GP support – ongoing discussion
- Deficiencies with contact tracing system – ongoing employment of new staff
- Reversal of redeployment to allow re opening of allied community service provision – ongoing discussion
- Ensuring continued access to PPE – operational with plans to revert to Monthly order system with a back-up system for emergency orders
- GP Manpower deficits discussion – ongoing discussion
- Rostering for out of hours and Hub shifts in addition to surgery shifts - ongoing discussion
- Recognition of imminent questions from foreign travel retest access – under consideration
- Nursing home test access for new staff - operational
- Consideration of expanding Children's flu access up to and including 17-year olds if surplus supply available – under consideration
- Mental Health prevalence and service access – ongoing
- General Practitioner health matters – ongoing

Since the arrival of Covid-19 practices have polarised from same day face to face consultation access to 100% telephone/video consultations, reverting to a mid-ground of > 70% face to face, often reflecting the level of Covid-19 prevalence locally. Workloads are prioritised on clinical basis with “urgents” taking precedence over “routines”, with the administrative task list lengthening.

GPs and their staff have shouldered quietly the burden of this commitment. It is recognised that whilst in a second wave it is of the utmost importance that GPs look to their own health and to the health of their practice teams to prioritise their own prescription of diet, exercise and work life balance recognising the unique times we live in.