

## **Covid-19 and General Practice: Part 5**

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

General Practice is represented by high level members of the Irish Medical Organisation (IMO) and Irish College of General Practice (ICGP) in liaison with the HSE and Department of Health in response to the COVID-19 pandemic.

This briefing covers the period 21/11/20 to 15/02/21.

The National GP / HSE Liaison Committee teleconference on a formal weekly basis at 7.30am Fridays with further engagement continuing between the secretariats/practitioners of IMO / ICGP / HSE / Dept. of Health where appropriate.

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

1. In this period Ireland progressed to a third wave lockdown on December 30th with more than 1000 deaths and 100,000 cases recorded in January. Positivity rates reached 20-30% with significant staffing capacity issues for healthcare settings forcing the invoking of 'the derogation work policy'. By January 22nd the UK variant was identified in >50% of cases and recognised as more infectious. General Practice continued to be first point of call for the majority of acute/new Covid-19 consultations and referrals for Covid-19 testing in this period.
2. Recognising the danger of the potential for exacerbation of the pandemic by a seasonal outbreak of Influenza, 'Flu' vaccination of all patients over 65 years old was prioritised. By 16th of December 900,000 adult vaccines were administered, 75% by GPs and 25% by pharmacists. The target of >70% of over 65s coverage was achieved. Equally 230,000 children were flu vaccinated by same date.
3. Covid-19 mass vaccination clinics of GPs and Practice Nurses were organised with co-operation from the National Ambulance Service / HSE / Irish Defence Forces with the IMO and ICGP playing a significant management component. 1900 GPs and Practice Nurses were done at 3 venues on the 17th of January with a further 5000 practice staff at 4 venues on the weekend of the 13th of February. Talks are ongoing to ensure all remaining practice staff will be vaccinated.

### **Contractual changes:**

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

1. Provision of the chronic care contractual services is ongoing having been expanded from 1st of January to GMS patients >65 years old with co-morbidities including A Fib / IHD / CCF / COPD / Asthma and Diabetes Mellitus.
2. The IMO secretariat supported by the GP committee have organised continued contractual arrangements for Covid-19 telemedicine. Consultation/test referral/results advice and respiratory assessments for both public and private patients.
3. Contractual arrangements negotiated by the IMO continue in place for out of hours GP care provision.
4. The IMO were successful in ensuring that appropriate indemnity was put in place for the Covid-19 Vaccination Programme.

### **Covid-19 Vaccinations:**

The National Immunisation Advisory Committee (NIAC) provided evidence-based advice to the Chief Medical Officer to inform policies on vaccines and immunisation in Ireland. On this basis a Covid-19 rolling programme starting with vaccination of the most vulnerable has been set in train. In recognition of the success of General Practice in significantly improving vaccine rates of children since transfer of the primary Child immunisations to General Practice in 1996 with similar success in the recent Flu vaccine programme it was decided to focus vaccinations of the over 70s in the community in General Practice. GPs have a unique continuity of care relationship with their patients allowing them to identify accurately and quickly patient cohorts as specified by the National Covid-19 vaccination programme. Vaccinations will occur in well ventilated rooms with appropriate social distancing in the GP recovery facility. The following ages are the order in which patients will be initially invited 85+, 80 – 84, 75 – 79 & 70 – 74.

900 practices have been identified as having over 200 >70 years old patients and will receive a delivery of vaccines to their designated centres based on their registered patient populations. Smaller practices are allowed buddy-up with larger surgeries whilst facilities are being arranged to allow mass vaccination of smaller practice lists utilising the economies of scale of existing General Practice staff.

First deliveries of vaccines to general Practitioners commenced on the 15th of February starting with Practices with larger cohorts of over 85s.

The IMO secretariat and committee members have played a significant role in the facilitation of this roll out.

### **Education and the Media:**

The IMO and ICGP have recognised the importance of continued education of all Medical Practitioners and have organised on a weekly/monthly basis webinars. Most recent webinars have included the planned rollout of the Pandemic vaccine.

1. 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.
2. 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 daily and is the most up to date information point for GP educational issues.

### **Covid-19 GP Hubs:**

Covid-19 Hubs are for Covid-19 + / or Presumed Covid-19 + patients and GP referral 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

Hubs in the third wave have either had to expand service hours with many being re-opened. These hubs have proved to be an asset to GP practices over-burdened with Covid-19 preventing the need for Emergency Department immediate referral allowing safe community assessment for patients and staff. By 9th of February 2021 there were 17 hubs in operation.

### **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:

- Direct referral Access to all diagnostics incl. Xray, Ultrasound, CT, and MRI imaging – operational nationally.
- Covid-19 testing for children with imminent procedural appointments via GP – operational
- 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 - ongoing
- Recognition of need for Isolation / quarantine arrangements for foreign travellers – ongoing
- Nursing home test access for new staff - operational
- Consideration of expanding Children’s flu access up to and including 17 years old if surplus supply available – completed
- Mental Health prevalence and service access – ongoing
- General Practitioner health matters – ongoing

Consultations having previously returned to >70% face to face reverted to a more pronounced triage with greatly reduced in person attendance at surgeries due to the significant prevalence of Covid-19 Nationally. Workloads are prioritised on clinical basis with 'urgents' taking precedence over 'routines', with the administrative task list lengthening.

Personal Healthcare of both GPs and their staff is emphasised to ensure maintenance of good physical and mental health.