

# QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

## Executive summary for Series 1, 23-29 May 2020

This is the first of fortnightly national surveys of New Zealand general practice experience with COVID-19. **This first survey was conducted after NZ had been in lockdown (Alert 4) for over 4 weeks (25 March to 27 April), with some restrictions lifted under level 3 (28 April to 12 May) and was now under level 2 (no restrictions except physical distancing). Respondents reported that dealing with COVID-19 under these restrictions in the past two months has severely impacted and on their practices including staffing and financial viability, and affecting patient care.**

### Affects of COVID-19 on practice

- 60% report COVID-19 is putting strain on practice
- In 50% of practices GPs are off work due to illness or self-isolation
- In 60% of practices nurses are off work due to illness or self-isolation
- In 45% of practices receptionists are off work due to illness or self-isolation
- In 37% of practices staff are taking leave or being laid off

### Financial considerations

- 98% report they have the staff to stay open, and 89% think it likely that they would have the patient volume to stay open
- 2% did not think they had the financial reserve to stay open, and 21% were unsure
- 11% think it likely they will ask for financial assistance in the next 4 weeks, with a further 37% unsure
- 3% are likely to apply for a loan and 35% unsure

### Affects on patient care

- 84% report large decreases in patient volume
- 84% report limiting well / chronic care visits in the past two weeks
- 88% think they have addressed preventive needs of patients less frequently or very little
- 84% have been able to address their chronic care needs less frequently or very little
- 70% have been able to maintain continuity of care with their patients less frequently or very little
- 71% think that they are less able to coordinate care across service settings

### Electronic consultations

- 74% of respondents indicate that they have patients who struggle with virtual consultations (either internet or technical difficulties)
- Video consultations are being conducted a little by 52%, some by 12%, a lot by only 2%, and 34% were not doing these at all
- In contrast, 58% are conducting a lot of telephone consultations, 34% some, and the rest (8%) a little
- Most report they have provided a lot (25%) or some (54%) of face-to-face care over the past two weeks

**Methods** On Friday 23 May, the first of the fortnightly Quick COVID-19 NZ Primary Care Survey was launched. An invitation to participate was distributed to general practice GPs, nurses and managers across the country, disseminated by the RNZCGP and GPNZ. The survey closed on 29 May.

**Sample** There were 170 respondents: 120 GPs, 21 practice nurses, 2 nurse practitioners and 16 practice managers.

73% of practices were GP-owned; 71% had more than 3 GPs; 31% independent and part of a larger group, 1% was DHB-owned, and 14% owned by a community trust. 15% identified as rural practices, and 12% as urgent care or after-hours practice.

### Policy recommendations based on responses including free text (see page 2)

The primary care sector is stressed with staff shortages and financial hardships resulting from the extra workload, move to remote consultations and lack of recognition from the government of the role they have played. There is frustration that the initial financial promises were not fulfilled, and increased recognition and funding allocation is required to ensure all general practices remain viable and open.

## Open up the country

12% think we should open up the country, 42% do not, and 40% think that this depends. They would like to see slow and careful easing of domestic travel restrictions. Clinicians in support of opening the country cite reasons such as avoiding an economic crisis, the currently low number of COVID-19+ and low levels of community transmission.

*"Within the country, yes. To overseas visitors and travel – no"*

*"So few cases active there is no reason to further cripple the economy more than has already occurred"*

*"COVID will be back, despite our best efforts, but the economy has to be balanced against lives lost through COVID"*

**Quarantine** Almost all would like a mandatory and enforceable quarantine in place for travellers, especially those coming internationally from countries with active COVID-19 cases.

*"The borders need to be well controlled if opened and should only be to Australia."*

*"Open up the country but keep borders closed. When reopening quarantining and self-isolation will be critical"*

*"No new covid-19 cases in NZ. BUT 5 million + covid-19 cases overseas I think borders should remain closed"*

Those that do not support opening the country cite reasons such as the risk of a "second wave", a lack of knowledge and understanding of COVID-19, and public complacency surrounding distancing and hygiene measures. Some are open to the idea of a trans-Tasman travel with Australia due to the low number of cases and similar public distancing and hygiene measures already implemented.

*"Because the risk of a second wave is too high when people aren't following guidelines already."*

*"People breach and lie --- risk to others. 'High--trust environment' is not adequate plan"*

**Travel restrictions** Clinicians would like to see staged and careful easing of travel restrictions. Clinicians specifically suggest strict quarantine and management plans for flight crew, widespread quick and easy access to testing combined with public contact tracing, and close monitoring and evaluation.

*"to re-open the country safely, we need to ensure that the public has easy and quick access to testing when the need arises i.e. when a patient has respiratory symptoms"*

*"Need to continue to protect borders and quarantine new arrivals. Concerns re long cluster tails and exemptions from quarantine, such as flight crew, triggering new spread."*

## Additional comments

119 provided additional comments about their experiences dealing with the pandemic. Overall, they have found work during the COVID-19 pandemic stressful in relation to their health, the health of their patients, business viability and loss of income. Most felt devalued; some even questioning their continued vocation.

*"The lack of recognition and appreciation for the work we do has affected morale so much so that I have started thinking about my future in general practice."*

*"It bought home to me as a GP who loves her job not a viable option going forward unless large uplift in capitation...Ministry and Government has not adequately valued or supported general practice."*

They feel unsupported and underappreciated by the NZ government and are frustrated by conflicting information, compounded by uneven distribution of patients, funding, and resources between primary & secondary care.

*"DHB referrals have been sent back saying 're-refer after COVID' essentially doubling GP workload"*

*"Really under supported and under recognized for primary health's effort in managing the pandemic. Feels like DHB's got all the praise and \$\$, yet they saw very, very few actual cases. Demoralising that funding for PHC was largely ignored, yet DHB's could keep their consultants on full pay yet only working 1 in 3 weeks! Need guarantee from government that we will continue to be paid for the work we are doing managing this pandemic."*

*"Primary care's contribution to stopping the spread of COVID19 was not, and is not, being mentioned enough in media and government communications. And most importantly, in funds allocation. The hospitals won't be (and haven't been, COVID-wise) overwhelmed with a more robust primary care sector."*

*"The communication to the working GP has terrible - Facebook and the 1pm briefings have been the most informative. Public health tell us very little, even when we have swabbed a condiment case or if there are local clusters. Please give us some respect and tell us what is going on and include us in the pandemic planning"*

Despite a strong focus on stress and hardship, many primary care clinicians took an opportunity to commend their teams.

*"Very fluctuating situation which our team have brilliantly handled"*

*"Great support from our practice team and owners."*

*"Very proud of our healthcare sector"*

# QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

## Executive Summary for Series 2, 5-11 June 2020

This is the second of the national surveys of New Zealand general practice experience with COVID-19 and its aftermath. This survey was launched when NZ was in alert level 2 (moved from level 3 to level 2 on 14 May) and moved to alert level 1 on 8 June. There was still some physical distancing in place, triaging and encouragement to use virtual consultations under level 2. Under level 1 face-to-face care is not restricted except special care to be taken with people with possible COVID-19 symptoms.

### Policy recommendations

Under Alert level 1, practices are mostly back to providing face-to-face care, and moving into the busy winter season. Many practices are still financially stressed, and staff morale is low, feeling that their extraordinary efforts have gone under-recognised. Support should be provided to ensure staffing or money issues do not lead to practice closures.

Future surveys will explore the post-COVID-19 consequences further - whether and how e-consultations are conducted going forward, delayed management concerns due to COVID-19, and the rise in mental health issues and social problems from unemployment in the aftermath.

### Effects on patient care

65% of practices are still experiencing a large decrease in patient volume (down from 84% in S1), but others are now back to busy patient loads.

*Not having patients waiting in the waiting room was great. As was no appt times initially. Moving back towards "normal", I am reinforced to the idea that the standard 15 min appt is a crappy way to provide good care and makes my life a misery. [GP]*

75% still report that well and chronic care visits are limited for COVID-19-related reasons (down from 84% in S1) Practices are still conducting telehealth consultations

- 75% reported patients struggling with virtual / tele-health (internet or technical limitations) (74% in S1).
- 63% are still conducting video-consultations, but for 50% this is only a little.
- 99% are still conducting telephone consultations, with 29% over half of consultations done over the telephone. This is down from S1, when 58% of practices reported conducting over half of the consultations by phone.
- Correspondingly, 50% practices are now seeing more than half of patients face-to-face, up from 25% in S1.

Practices felt that some patients have unrealistic expectations of the care they receive, and sometimes are demanding and abusive.

- *Patient expectations have added to the stress. A large number (probably stressed themselves) have no appreciation that we are working with fast-changing and imperfect conditions and our ability to deliver care as usual (even timely flu vaccines) has been impossible through no fault of our own. This has added additional stress on the staff and the sense of injustice and frustration has taken its toll on morale. [PM]*
- *Telehealth is awful, no non verbal cues, patients talk over you (phone delay contributing but patients becoming more demanding and rude when not face to face). [GP]*

It was suggested that the media has played a part, with patients complaining about the cost of a telephone consult and refusing to pay.

*RNZ reported on patients being charged for short phone consults in a negative way, then patients who were happy to pay started arguing about the value of a phone consult [GP]*

A rise in mental health issues and complexity of presenting conditions was also highlighted post-lockdown.

*So much mental health work with anxiety and depression. Significantly increased complexity [GP]*

### Respondents reported on the level of support they had received from various organisations

For all organisations, respondents indicated a range of responses from 'none' through to 'couldn't have done more', but the proportion of those unhappy with the support varied by organisation.

They felt most supported ('moderate' or 'couldn't have done more') by their PHOs (77%) and then the RNZCGP (53%). Less than half (43%) felt supported by the Ministry of Health, and a minority by their DHB (25%), public health (37%), or NZMA (22%).

*We have felt supported quite well by our PHO and the RNZCGP have been great. But we feel let down by the government - GPs have done much of the work during this COVID situation, but we've not had much recognition, the media focus has been on the hospital doctors, and our reward for our hard work was reduced income during lockdown along with increased expenses. [GP]*

However there was great praise for the teamwork and resilience of practice staff.

- *All my staff deserve giant gold stars for riding this wave, they have all shown resilience and risen to whatever has been required, sometimes with incredibly short notice [PM]*
- *This has placed significant stress on all team members - who have coped excellently [GP]*

### **Wishing to leave the profession and burnt-out**

In this survey there are a number of GPs who are actively considering leaving the profession as a result of their COVID-19 pandemic experience. Others are feeling burnt out, taking leave for mental health reasons, or wanting a holiday which is not possible with the winter patient load.

- *Nationalised employee status with DHBs would be better. I am exhausted. I'm not sure I want to do GP any more. It's too difficult to do a good job and generate an income at the same time. [GP]*
- *Feeling ready for a break rather than a busy winter [GP]*
- *I've had 2 weeks off with relapse anxiety and clinical depression. First time in 10 yrs [GP]*
- *Half my nurses wanting to leave PHC Including myself [PN]*

### **Effects of COVID-19 on practice**

Despite now being in Alert level 2 or 1, these affects have not changed significantly since the 1<sup>st</sup> survey (S1).

- 48% report COVID-19 is putting strain on practice (down from 60% in S1)
- In 51% of practices GPs are off work due to illness or self-isolation (50% in S1)
- In 50% of practices nurses are off work due to illness or self-isolation (60% in S1)
- In 46% of practices receptionists are off work due to illness or self-isolation (45% in S1)
- In 31% of practices staff are taking leave or being laid off (37% in S1)

### **Financial considerations**

The lack of government financial support is still a common theme, although one practice said they had actually done well financially.

*We increased revenue compared to same period last year. Our practice did very well financially. [GP]*

For many others though, the lack of financial support from the government during the lockdown period was a recurring theme.

- *Having the money we were offered to support us through the huge COVID demands removed by cabinet took the wind out of my sails. At worst I did 85 hour weeks and was paid for 16 hours [GP]*
- *We were unpaid for our swabbing for more than 6 weeks. This was extremely stressful as we were the predominant practice providing swabbing in our community. This was disheartening also as our GP roles were cut back and there was a lot of uncertainty around our hours and pay [GP]*
- *We got just over 11 thousand which doesn't even cover a fortnight's wages for nurses and admin, let alone the GPs who are on guaranteed minimums and the owners pay. We couldn't apply for the wage subsidy because we were only 28% down on revenue, yet our expenses have gone through the roof [PM]*

**Method** On Friday 5 June, the second of the fortnightly Quick COVID-19 NZ Primary Care Survey was launched. An invitation to participate was distributed to general practice GPs, nurses and managers across the country, disseminated by the RNZCGP, GPNZ and PMAANZ. The survey closed on 11 June.

**Sample** There were 153 respondents: 85 GPs, 16 practice nurses [PN], and 58 practice managers [PM].

73% of practices were GP-owned; 76% had more than 3 GPs; 34% independent and part of a larger group, 7% were DHB-owned, and 14% owned by a community trust. 21% identified as rural practices, and 17% as urgent care or after-hours practice.

# QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

## Executive Summary for Series 3, 19-25 June 2020

This is the third of the national surveys of New Zealand general practice experience with COVID-19 and its aftermath. This survey was launched when NZ was in alert level 1. While the only NZ cases are from incoming travellers, practices are required to triage and COVID-19 swab patients with respiratory symptoms.

### Policy recommendations

Practices are still facing workload and financial pressures. The requirement to triage and test all patients with respiratory or COVID-19 symptoms is significantly adding to the workload and incurred costs including PPE. Ministry of Health needs to assess how patients are informed and practices funded to provide this service.

### Affects of COVID-19 on practice

The strain on the practices from COVID-19 has actually increased from the period in lock-down (69%, increased from 60% in S1) This is particularly due to the requirements to triage and swab everyone with respiratory symptoms.

- *We are struggling to manage the large 'red' stream especially children sick from daycare / school as they need to be assessed by phone then seen in PPE in separate part of building and then possibly COVID swab in full PPE by red team. Time consuming, stressful, clunky, inefficient. Parents not keen on swabs sometimes. We don't have full capacity to do swabs. We are short of nurses and docs [GP]*
- *Covid has put a huge amount of pressure on people. Patients have found testing traumatic and communication very difficult in PPE/on the phone for these other things especially when they don't think there's covid around [GP]*
- *Getting patients to understand that if they have respiratory symptoms that we need to manage how they access care differently. Also that if they have COVID symptoms they should get tested - this would be very helpful if this came from MOH or Government Level e.g. during press-conference...not just a simple "contact your GP" [GP]*

The amount of COVID-19 testing taking place varies, as some community-based centres are still operating. 11% had tested no patients in the previous 2 weeks, whereas 28% had tested 40 or more and 22% had triaged and referred 40 or more for testing. Most were able to get patients tested, but 14% they had been unable to do this for a few or some.

Staff are still being laid off or taking leave due to COVID-19 in 21% of practices (down from 37% in S1)

### Effects on patient care

Only 19% of practices are still experiencing a large decrease in patient volume (down from 84% in S1), but most are now very busy with winter workloads and lockdown catch-up.

- *We are now very busy doing medical cases that were not seen in lockdown plus cancer screening, drivers licences, home visits [GP]*
- *2-3 weeks after lockdown a predictable surge in RTIs has led to unprecedented demand for Covid swabs limiting our ability to offer chronic care consultations, which were already behind due to lockdown limitations [GP]*

35% report that well and chronic care visits are still limited for COVID-19-related reasons (down from 75% in S2).

Mental health issues are emerging.

- *Noticing more anxious people....and I already seeing lots of mental health issues [GP]*
- *Lots of need for counselling. High barrier to secondary care assessments means we are having to support patients with very fragile mental health. Most can't afford to pay. Multiple large problems stored up to deal with and can't afford to return [GP]*

### Telehealth consultations

Practices are still conducting telehealth consultations

- 48% reported patients struggling with virtual / tele-health (internet or technical limitations) (75% in S2).

- 43% are still conducting video-consultations, but only 11% are doing this for more than 20% of consultations.
- 98% are still conducting telephone consultations, but for 61% this is less than 20% of consultations.
- Correspondingly, 90% practices are now seeing most patients face-to-face (up from 25% in S1).

The majority are equipped to conduct remote consultations: 65% have equipment needed to conduct video-consults, 95% to conduct telephone consults, 90% have adequate internet and phone conductivity, 86% adequate administrative support, 82% adequate technical support, 65% have had adequate training to provide care over video or phone, and 73% feel confident to provide safe and effective care by video or phone. However this does mean that there is a sizable minority who are struggling to provide telehealth services. Only 5% had conducted no phone or video consults.

86% are confident to decide when phone, video or face-to-face consults are appropriate. However only 27% report that patients book themselves appropriately, and 57% that reception staff appropriately book patients. 90% reported that patients' lack of equipment, poor connectivity, language, or insufficient technical, physical or intellectual capability were barriers on some occasions.

However, some practices welcomed the new technology and ability to conduct business electronically.

- *Good incentive to get on board with new technology. at level 1 patients more complacent and wanting things to go back to normal* [PM]
- *Positive- email scripts to pharmacy Virtual ACC extension, work and income cert, off work cert* [GP]

### Morale

A number of practices still report burnout and low morale.

- *Burn out in all staff members from reception to GPs, stress levels, high demand from patients, anxiety, uncertainty*
- *As we get busier with increasingly complex patients with issues that have been put on hold there is increased stress and unhappiness* [GP]
- *Everything is so much more difficult due to covid 19, on multiple levels. Increased complexity, respiratory consults much more time consuming, no quick consults, patients don't understand need for separating respiratory from non. Working twice as many hours as I am paid for. Not sure how long I can carry on in general practice if things don't improve soon. Things were hard already. Now dire* [GP]

Positives reported are the way the staff and community have coped with the upheaval and the rapid changes in practice that have been implemented.

- *Positive is the strength within our team held steadfast and understanding from our community has been excellent* [PM]
- *Fantastically managed response. Full support from all team members. Revolutionary change implemented within the practice. Great transition* [PM]

### Financial considerations

For some practices, financial considerations are still a major concern.

- *The financial hit we have taken ourselves as practice owners is sustaining and continuing to sustain the practice / team and support struggling patients let alone catchup and extra work that is unfunded* [GP]
- *80% drop in income* [GP]
- *Drs at our practice took pay cuts and are working the same or more hours. We are still being paid less than precovid.* [GP]

**Method** On Friday 19 June, the third of the fortnightly Quick COVID-19 NZ Primary Care Survey was launched. An invitation to participate was distributed to general practice GPs, nurses and managers across the country, disseminated by the RNZCGP, GPNZ and PMAANZ. The survey closed on 25 June.

**Sample** There were 150 respondents: 96 GPs, 8 practice nurses [PN], and 46 practice managers [PM]. 77% of practices were GP-owned; 76% had more than 3 GPs; 28% independent and part of a larger group, 0.7% were DHB-owned, and 8% owned by a community trust. 18% identified as rural practices, and 16% as urgent care / after hours.

# QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

## Executive Summary for Series 4, 24 Jul to 6 Aug 2020

This is the fourth of the national surveys of New Zealand general practice experience with COVID-19 and its aftermath. This survey was launched when NZ was in alert level 1. The only NZ cases are from incoming travellers, but practices are required to triage and COVID-19 swab patients for surveillance purposes.

### Policy recommendations

Practices have been demoralised by inconsistent messages around COVID-19 testing, and feeling unfairly blamed in the media for low surveillance. Clear messages, adequate resourcing and payment is required going forward.

### Affects of COVID-19 on practice

The strain on the practices from COVID-19 continues, with 69% still reporting significant to severe impact, and only 6% no ongoing effect. 20% report ongoing effects of COVID-19 leading to staff layoff or affecting leave arrangements, with no change from S3.

### Testing

The biggest concern raised in this survey is around testing. 20% still report concerns about lack of financial recompense for testing. Less testing is taking place - 80% were conducting tests, with 32% having tested 11 to 39 in the previous fortnight, and only 7% 40 or more (compare 28% in S3). 8% had triaged and referred 40 or more for testing (down from 22% in S3).

- *Ongoing confusion regarding testing - understandably constantly needs review however still a disconnect between what we actually do vs what the Minister thinks we don't do! We need more accessible/walk in CBACs if they want to increase swabbing and for us to continue BAU general practice - example - having to do a COVID swab unexpectedly on my first pt of the day with waiting room of mothers and kids looking at my PPE in fear and needing reassurance they were not being exposed (not to mention that subsequently ran late for the morning)*

While most were able to get patients tested, 16% had been unable to do this for a few or more (14% in S3).

- *My notifications and swab referrals have been declined on multiple occasions at local CBAC and designated practices, despite it being my clinical judgment that they should be swabbed.*

Many commented on the inconsistencies around surveillance testing strategies communicated by the Ministry of Health, with low rates reported in the media but practices unable to test due to restrictive criteria or lack of supplies.

- *Still being tossed around between the MOH and DHBs over covid surveillance both in funding and definition. MOH continue to state that testing should be free knowing that DHBs are not paying us enough to allow the service to be "free" leaving us to run the service at a loss ie GPs are subsidising the service not government. [GP]*
- *What was said in stand up daily press conferences didn't necessarily reflect reality. Ie when the prime minister was telling everyone to get a test but we couldn't do them due to criteria or funding or lack of equipment. This made us look incompetent when we were trying our hardest. [GP]*
- *No appreciation from DHB, PHO, MOH, broken promises to support us financially, kept in the dark, constantly changing rules for testing, now gov is blaming us for not testing enough when it is their problem. [GP]*
- *Often media were reporting what was not yet known / confirmed at a practice level. For example telling NZ population to be tested at GP but not given general practice enough supplies to do so. Patients think you are lying to them as have been told to go and get tested. [GP]*
- *Good advice and direction from those higher up is required eg 3 weeks ago "stop testing" and then 2 weeks ago "test more". [GP]*

There is also an issue with patients refusing to have swabs taken.

- *Has been harder to get people to take swabs. We have tried pushing the public health message and this has increased uptake a little but not nearly the same volumes we were doing prior to most recent criteria change for testing. [PN]*

## Effects on patient care

Large decrease in patient volume is down to 10% (down from 20% in S3), with 20% reporting that well and chronic care visits are still limited for COVID-19-related reasons (35% in S3). Mental health issues are featuring significantly, with 73% of practices reporting increase in mental health presentations since the advent of COVID-19.

- *There is a base level of anxiety in both patients and staff, due to the uncertainty of COVID prevalence.* [PM]

One GP insightfully commented:

- *From having to be agile and flexible through lockdown we have developed practice relationships and areas of expertise, team work has improved, having faced extreme difficulty we are coming out this side stronger and better, we are still dealing with angry/ aggressive members of the public on a daily basis - we have stopped recording these as incidents for reflection, as it has become our new normal and most of their fear/ anger is not about our service but about the situation in general.*

## Telehealth consultations

- Only 31% practices are still conducting video consultations, and at less than 20% of consultations.
- However almost all (97%) are still conducting telephone consultations, and for 21% this is for more 20% of consultations or more
- 37% are also conducting other types of e-consultations such as via email or patient portal.
- 83% report consultations are now being reimbursed.

However, some practices value the new technology and the ability to conduct business electronically.

- *E prescriptions were, and are, fantastic We learnt to become creative. Telehealth is a fantastic tool and we shouldn't let it go. It should be another tool in our "toolbox".*
- *Emailing prescriptions is great!*

## Morale

Many mention the positive effects on teamwork in addressing COVID-19.

- *Very positive with regard to bringing out team together, bringing out everyone's creativity and helping us realize our potential in quickly adjusting to challenges successfully.*

However low morale and burnout still feature.

- *Overall mentally burned out and will quit in the very near future, no hope that there is a future for GPs* [GP]
- *Many GPs complaining of patients having long lists to attend to within the 15 minute consultation time.* [PM]
- *Extremely tiring, constant phone triage, daily changes* [PN]
- *My own anxiety levels have increased manifesting in poor sleep, poor motivation and higher self assessed burnout score.* [GP]

## Financial considerations

While some DHBs and PHOs have provided good prompt financial support for testing, this support has been severely lacking by others.

- *Our DHB (x) have been poor at supporting primary care (esp financially with significant delays in POAC payments) leaving GPs to carry all of the cash flow issues. We have not received a single note of thanks from the DHB. For a health care system and its managers to not appreciate the effort and sacrifice made by all those in primary care is shameful.* [GP]
- *We are really happy the Govt handled it well. It's been good to get more in the flow of doing virtual consults (and charging for them). ... We appreciate the funding we have been given for swabbing.* [GP]

**Method** On Friday 24 Jul, the fourth of the fortnightly Quick COVID-19 NZ Primary Care Survey was launched. An invitation to participate was distributed to general practice GPs, nurses and managers across the country, disseminated by the RNZCGP, GPNZ, PMAANZ, RGPN, and NZMA. The survey closed on 6 August.

**Sample** There were 182 respondents: 121 GPs, 13 practice nurses [PN], and 48 practice managers [PM].

76% of practices were GP-owned; 72% had more than 3 GPs; 29% independent and part of a larger group, 2% were DHB-owned, and 11% owned by a community trust, and 18% as urgent care / after hours. There was greater rural representation this survey, with 24% identifying as rural.